



**Practice Handbook
and
Guide for Pediatric Care**

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- We believe in the effectiveness of vaccines to prevent serious illness and to save lives.
- We believe in the safety of our vaccines.
- We believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics.
- We believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.
- We believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he had delayed inoculating his favorite son Franky, who contracted smallpox and died at the age of 4, leaving Ben with a lifetime of guilt and remorse. Quoting Mr. Franklin's autobiography:

"In 1736, I lost one of my sons, a fine boy of four years old, by the smallpox...I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen."

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under immunization, there have been small outbreaks of measles and several deaths from complications of measles in Europe over the past several years.

By not vaccinating, your child may unintentionally transmit a preventable and potentially fatal disease to another person. Many cannot be protected from disease by vaccination because of their age or weakened immunity. Thus, persons undergoing chemotherapy and young infants are counting on you to help protect them. Unvaccinated children can also cause birth defects in the unborn through infection of pregnant women with preventable diseases such as measles.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do.

Delaying or "breaking up the vaccines" to give one or two at a time over two or more visits goes against expert recommendations, and can put your child at risk for serious illness (or even death) and goes against our medical advice.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is the right thing to do for all eligible children and young adults.

Finally, if you choose not to vaccinate your child according to the schedule recommended by the American Academy of Pediatrics and Centers for Disease Control and Prevention, we ask that you please find another health care provider who shares your views. We feel that we cannot in good conscience endorse these practices by participating in them.

Welcome!

Thank you for choosing Bay Shore Pediatrics. We look forward to providing the best health care possible to your child. This handbook is intended to help answer some of the most common questions that parents have regarding the care of their child, and to explain how to best access the services we provide. If after referring to this guide you have unanswered questions please do not hesitate to call us during our regularly scheduled office hours. When our office is closed there will always be a physician available to assist in the care of your child in the event of an emergency. This service is only for established practice patients. Established patients include newborns that have designated us as their pediatrician and those who have been seen in our office and have designated us as their primary care physician. In order to be able to continue to provide this type of service, we ask that you please follow the guidelines presented in this booklet.

* If after consulting this booklet you feel your child has an emergency that cannot wait until office hours, please call 410-535-8202 and the physician on call will be contacted. If the nature of the emergency is such that you cannot wait for the physician to return your call please seek care at the nearest emergency facility.

Disclaimer

***This is the ninth version of this booklet and all information contained within it is subject to change without notice. Continual updates will be made with added information and possible revisions of existing information.*

****Medical care is a constantly evolving field and new information changes standard practices. If you disagree with the advice or instructions contained within, please seek the opinion of additional physicians or resources.*

Financial Responsibility Notice

Bay Shore Pediatrics tries hard to contain the cost of the medical care we provide. You can help a great deal by paying your co pay at the time of service. The following is a summary of our payment policy.

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable co-insurance and co-payments for participating insurance companies. If active participation in an insurance plan cannot be verified at the time of your appointment, payment for the entire cost of services is expected at the time of service. If subsequent reimbursement by an insurance company is received for those services an adjustment to the charges will be made and the appropriate balance will be refunded. Bay Shore Pediatrics accepts cash, personal checks, and credit cards.

All patient payments will be applied to the earliest charges. We bill participating insurance companies as a service to our patients. Patients are responsible for all charges. Deductible and co-payments are due at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, the patient will be expected to pay the balance in full at that time.

Patients with an outstanding balance more than 60 days overdue must make arrangements for payment prior to scheduling well child appointments. Noncompliance with this policy may result in discharge from the practice as it interferes with our ability to provide care in an efficient and cost effective manner to all our patients.

Please discuss any billing or payment concerns with the business office, our physicians do not directly address billing matters. If you need assistance or have questions, please contact the Billing Coordinator between 9:00 a.m. and 4:30p.m., Monday through Friday at 410-535-0551.

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Office Hours

Monday through Thursday 9:00 am to 5:00 pm
Friday 9:00 am to 5:00 pm
Walk In Sick Visits (M-Th) 5:00 pm to 7:00 pm

Closed on New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Office Policies

PRIMARY CARE PHYSICIAN: To ensure continuity of care, we ask that you designate a doctor in the practice as your child's primary care doctor. We will make every effort to have your child seen by their primary care doctor for well child visits. For sick visits, circumstances may prevent your child from seeing their primary care doctor in which case the doctor scheduled to be in the office will see your child.

APPOINTMENT TIMES: We strive to keep on schedule. To help us achieve this goal please arrive at least 15 minutes prior to your appointment time. If you arrive late we may need to reschedule your appointment so that our commitment to other patients can be kept. Occasionally, a child's illness is unexpectedly severe and it therefore takes priority over scheduled visits. Obviously this may cause delays and in such cases we ask for and appreciate your understanding.

To ensure that each child is given the best care and attention possible, we ask that families schedule no more than two siblings to be seen together in a single visit.

FORMS: Forms for school, daycare, and sports participation should be given to the receptionist at the time of your arrival. Please complete all portions of the form for which you are responsible for prior to arriving for your visit.

MISSED APPOINTMENTS: If you know that you will not be able to make your appointment please call as soon as possible to reschedule. If you miss three visits without calling in advance (24 hours notice for well child visits and 2 hours notice for sick visits), you may be asked to find another practice to care for your child's health care needs.

Well Child Visit Schedule Labs and Immunizations

Birth in the Hospital	Hep B
1 week if breastfeeding, sooner if there is concern about weight or jaundice	
1-2 weeks if bottlefeeding	
2 months	DTaP, Hep B, IPV, Hib, Prevnar, Rotarix
4 months	DTaP, Hep B, IPV, Hib, Prevnar, Rotarix
6 months	DTaP, Hep B, IPV, Hib, Prevnar
9 months	Hemoglobin and lead level
12 months	MMR, Varivax, Prevnar
15 months	DTap, Hib, Hepatitis A
18 months	
2 years	Hepatitis A Hemoglobin and lead for those with risk factors
3 years	
4 years	MMR, DTaP, IPV,
5 years	varivax
6 to 12 years	visits every 2 years
11-12 years	Tdap, Menactra, gardasil
12 to 18 years	annual visits Menactra prior to college

*****Pediarix**-a combination vaccine which includes Dtap, Hep B, and IPV is used for the 2,4, and 6 month visits.***

The **influenza vaccine** is recommended for children, especially children with asthma, congenital heart disease, sickle cell disease, immunodeficiencies, and kawasaki's disease. Please ask your doctor if you are not sure if your child needs this vaccine. This vaccine is administered between October and April.

The **synagis vaccine** is recommended for premature infants. If your infant was born at less than 35 weeks gestational age, please ask your doctor if he/she qualifies for this vaccine.

Rotateq (rotavirus vaccine) is an oral vaccine that has just recently been approved.

Hepatitis A vaccine is an injectable vaccine that has just recently been recommended.

Gardasil-vaccine for females 9-26 years of age. Protects against HPV

green vomit or bloody stools. If formula or milk is not tolerated, try to orally rehydrate with pedialyte or koelectrolyte; available as liquid and popsicles. If pedialyte is not tolerated in large amounts, try smaller amounts using a syringe or spoon every 15 minutes.

Upper respiratory infection (the common cold)

Cough and runny nose is also a common illness in children. It is usually caused by a virus, therefore antibiotics will not help. Symptomatic treatment with over the counter medications may be used for children over 4 years of age. For younger children, use saline drops 4x/day before feeding or sleeping. If your child is feeding and sleeping well despite these symptoms, do not use anything. These viral symptoms can last for 2 weeks. If after 2 weeks, these symptoms persist or if fever develops, call your doctor. Most children will have approximately 7 separate respiratory illnesses during the winter season.

Constipation

Constipation is a very common problem among children. It usually manifests in the childhood years when children start preschool or day-care.

Constipation can range from having only one large bowel movement a week to having small hard stools every day. Often children need to be treated with medications and a routine needs to be encouraged. It is not unusual for children to be on medication for one year before establishing a routine. Do not use enemas or suppositories unless prescribed by your doctor.

CO-PAYMENTS: Co-payments are due at the time of service. For payments not made at the time of service there will be a \$5.00 processing fee assessed to help cover the cost of billing.

INSURANCE COVERAGE: Not all preventative care recommended by the American Academy of Pediatrics is covered by every Insurer. Some insurers limit the total number of preventative healthcare appointments; payment for visits beyond your health plan's limits is the responsibility of the patient. Please check with your insurer if you have questions regarding your coverage.

IMMUNIZATIONS: This practice seeks to vaccinate all of our patients according to the guidelines put forth by the American Academy of Pediatrics and the Centers for Disease Control. If you do not wish to vaccinate your children it is probably best that you find a practitioners that shares your healthcare beliefs.

CARE OF A MINOR: All patients under the age of 18 must be accompanied to their visits by a PARENT or LEGAL GUARDIAN. While we sympathize that it is sometimes difficult to make arrangements for parents to attend visits to the doctor, especially in emergencies, we feel it is important to do so both from a medical and legal perspective. It is not acceptable to have alternate caregivers, such as daycare providers or family friends, accompany patients to their visits. As well, it is not appropriate for teenagers to attend appointments without a parent except in situations specifically allowed for by law.

TERMINATION OF PHYSICIAN PATIENT RELATIONSHIP: A patient may terminate their relationship with the physicians of this practice by notifying us of their wish to do so, by missing three scheduled appointments without calling in advance, or by transferring their care or records to another local primary care provider.

PRESCRIPTION REFILLS: Please allow 3 business days for prescription refills.

SPECIALIST REFERRALS: Please allow 3 business days for specialist referrals to be completed. Referrals must be picked up in person, they will not be faxed or mailed.

Emergencies

We understand that being a parent can be one of the most anxiety provoking and stressful experiences that life has to offer. Often situations occur outside of scheduled office hours which raise health care questions. Hopefully this guide will provide answers to most of those questions. To use it, find the section that best applies to your question. Often the section will contain the answer to your question. As well, it will have instructions regarding which conditions warrant a call to the “on-call physician” or a trip directly to the emergency department. These instances are denoted by a “*”. If your question is not addressed here and you feel that it truly cannot wait until regular office hours, please call 410-535-8202 and the “on-call physician” will be contacted. In order to be able to continue to provide this type of service, we ask that you please follow the guidelines presented in this booklet.

REFERRALS FOR EMERGENCY ROOM AND URGENT CARE CENTER VISITS: Many insurers require referrals for emergency room and urgent care center visits. If your insurer requires a referral, you must call our office and request it before going to the emergency room or urgent care center. If our office is closed at the time please call the next day to request the referral. If you have any questions about referrals, deductibles, or other coverage please call your insurer.

If the nature of the emergency is such that you cannot wait for the physician to return your call please seek care at the nearest emergency facility.

Care of the Newborn - Congratulations!

The birth of a child is a joyous event. To ensure your child receives the best care possible it is important to be aware of signs that may signal illness.

Signs of illness in the newborn

Poor feeding- refusing feeds or less frequent feeding
fever (rectal temperature greater than or equal to 38.0 C or 100.4 F)
Only check your baby’s temperature if there are other signs of illness.
Inconsolable fussiness

Newborn Babies

Fever in a newborn (12 weeks of age or younger) is a serious matter. Often it represents a viral illness but sometimes can be a serious bacterial infection. Because one is not able to tell the difference between the two without laboratory testing, the newborn with a fever should be brought to the Emergency Department immediately.

Infant and Toddler

In the child age three months to three years a fever greater than 39 degrees C or 102.2 F can be a sign of a bacterial illness. In boys younger than six months and all girls in this age group it can be a sign of a urinary tract infection especially when associated with chills and vomiting.

* Please call your physician anytime if your child age 3 months to 3 years has a fever 39 C or 102.2 F.

Older Child (greater than 3 years)

A fever in an older child even as high as 104F is not usually an emergency unless associated with other worrisome symptoms such as an unusual rash, stiff neck, or lethargy.

Give the child plenty of fluids

Treat with appropriate dosages of Tylenol or Ibuprofen (Never Aspirin).

Dress them in light clothing.

If desired you can give them a tepid bath, NEVER give them a cold or ice bath, NEVER use rubbing alcohol to cool them.

Call your physician if you are unable to fully wake your child, they complain of stiff neck, severe headache, or unusual rash.

Gastroenteritis (Vomiting and Diarrhea)

Vomiting and diarrhea are fairly common in young children. The most common cause is a virus but occasionally it can be caused by a bacteria.

Usually, your child does not need to be seen for these symptoms. The most important thing is to keep your child from becoming dehydrated. Signs and symptoms of dehydration include: lack of tears when crying, no wet diaper in more than 12 hours, sunken eyes, dry mouth, and lethargy. Call your doctor if this occurs or if your child has bloody,

Jaundice

Babies sometimes develop a yellow color to their skin and the whites of the eyes after discharge from the hospital.

* If this happens please call your pediatrician. Usually it is a normal process that goes away on its own but sometimes it represents a problem.

Medicine

Please DO NOT give your newborn any medicines (including over the counter and alternative remedies) without checking with your physician first.

Many medicines, which are perfectly safe in older children, can be harmful in newborns.

Common newborn concerns

Some infant girls can have vaginal bleeding at about 3 days of life. This can last for approximately 3 days. This is due to decreasing levels of estrogen in the baby. No treatment is needed for this.

Hiccups and sneezing are normal in babies.

Nasal congestion is also normal in babies

Fever

Fever, defined as a rectal temperature greater than 100.4 degrees Fahrenheit (F) or 38 degrees centigrade (C), causes anxiety in almost all parents. It is a normal response to both viral and bacterial infections. Some experts feel that it actually assists our bodies in fighting disease. However, anyone who has had one knows that it makes you feel miserable. Because it is a sign of infection it is important that you know how to properly measure your child's temperature, know when to contact your physician, and give the proper dosage of medication if you choose to treat it.

Temperature Measurement

Rectal thermometers should be used in children less than three years of age. It is the most accurate. Most clinical guidelines are based on oral or rectal temperatures, which differ from axillary. As well, tympanic (eardrum) thermometers are difficult to use reliably.

Vomiting (green or multiple), a small amount of food colored spit up after feeding is expected.

Very loose stools (watery) or bloody stools.

Difficulty breathing

Please call the office if you note any of these signs. Call your doctor immediately if your baby (age 8 weeks or younger) has a fever greater than or equal to 100.4 F (38.0 C).

Breast-feeding

Begin breast feeding as soon as possible after delivery

Your baby should breastfeed every 2-3 hours for the first 2-3 weeks. You should wake your baby up for feedings overnight if more than 4 hours has lapsed.

Breastfeed on each side for at least ten minutes per feeding and alternate the breast you start with.

Approximately 6-8 wet diapers a day and at least 3 stools a day indicate adequate feeding

If you are having difficulty with breast feeding, it is okay to supplement with formula.

It is important that the mother eats a well balanced diet and drinks plenty of fluids while breast-feeding.

Avoid caffeinated beverages if possible. Babies can become jittery or irritable from caffeine.

Vitamin D supplementation is recommended for breast-fed babies.

Breast care

Clean nipples with water. Do not use soap. May express milk from breast and apply over nipples if sore and cracked. You can also apply lanolin after every feeding to dry and cracked nipples. If nipples are still cracked and sore after a few days, call for a lactation consult. Pumping may be necessary temporarily to allow time for nipples to heal. If you develop fever, flu like symptoms, warm, tender, or red breasts, call your primary care doctor. But continue to breastfeed frequently in the meantime.

Bottle-feeding

If you choose to bottle feed Vitamin D supplementation is not required for bottle-fed babies. Start with 1 1/2 to 2 ounces of formula every 3-4 hours as tolerated. Burp your baby after each ounce. Feedings may be increased slowly as tolerated by the baby. One of the signs of overfeeding is frequent vomiting. If this occurs, try to decrease the feeding by half an ounce but increase the frequency so that the total volume for the day is the same. Wake your baby up at night for feedings until 1 month of age.

DO NOT give your baby any sugar water or plain water. The amount of fluid from formula or breast milk is adequate even in very hot days. Throw away formula if left out for more than 1-2 hours. Throw away formula that has been in the refrigerator for more than 1-2 days. Breast-feeding and bottle-feeding exclusively should continue until 4 months of age.

Bowel patterns of newborns

Normal breast fed babies can have bowel movements after every feeding and bottle fed babies can have 1-4 bowel movements a day.

If bowel movements are every other day or every few days, do not worry as long as baby appears comfortable and the stool is soft. It is also normal for infants to pass gas and appear to strain with stools.

If your baby has very hard or pellet size bowel movements, you may start with diluted pear or prune juice to soften stools. DO NOT use honey, laxatives, or suppositories unless you have discussed this with your doctor.

Sometimes hard stools can cause a tear in the anus and result in blood-streaked stools. Apply Vaseline around the anus if this occurs. If this persists or if there is blood mixed in the stool, call your doctor.

Umbilical cord care

The cord can be left alone without cleaning. Cord usually falls off at about 1-3 weeks. There may be a small amount of oozing or discharge after it falls off. Allow it to dry, if it continues to ooze make an appointment to be seen.

Cigarette Smoke

Cigarette smoke causes cancer and a variety of other illnesses including nasal congestion and cough. It is not alright to smoke in any part of a house or car that contains children.

Sleep

The American Academy of Pediatrics (AAP) recommends that all babies sleep on their back to prevent SIDS (sudden infant death syndrome). Please use a firm mattress designed to work with your crib. Avoid fluffy bedding. Do not have your baby sleep on their stomach unless instructed by your doctor.

Circumcision care

Your child's circumcision will look differently when it is fully healed (takes about 1 week) than it does now. A small amount of Vaseline can be gently applied to it with every diaper change for 5 days.

You may gently clean the site with warm soapy water with each diaper change. Make sure to pull back the skin on the shaft of the penis from the tip when bathing to avoid adherence of the skin to it. DO NOT use baby wipes or harsh detergents. DO NOT use excessive pressure or try to remove any film.

If your child is not circumcised, clean the penis as you would the rest of his body. DO NOT pull back the foreskin for the first 6-12 months of life because it is initially attached to the tip of the penis. There is no need to use cotton swabs or antiseptics to the area. Ask your pediatrician when it is okay to retract it.

Swelling, redness, or pus can be signs of an infection.

* If these occur and are significant call our office. If the office is closed, report to the emergency room.

Bathing

To prevent accidental scalding the hot water temperature in your house should not exceed 120 F.

You may give your baby a sponge bath until the cord falls off (around 2 weeks of age). After that your baby can be bathed in a basin with warm water and mild soap. Always clean front to back when cleansing genitals, especially in girls. NEVER leave an infant unattended in a bath.

DO NOT use cotton swabs on the insides of their ears, wax can become impacted or trauma can occur to the canal.

Preventing Illness

Many well wishers will want to hold and touch your newborn. Having them wash their hands before holding the baby can help avoid infections.

Avoid contact with anyone having cold symptoms, active cold sores, sore throat, fever, or any other signs of illness.

*This is important because a newborn (8 weeks of age or younger) with a fever (100.4 F or 38C rectal) is a serious matter. Often it represents a viral illness but sometimes can be a serious bacterial infection. Because one is not able to tell the difference between the two without laboratory testing, the newborn with a fever should be brought to the Emergency Department immediately.