

WELLSPAN
PATIENT
INFORMATION



Pediatric Medicine

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Continuity of Care

Our goal is to make your experience comfortable and familiar. We want to be easy to use. We know your child and your family. Using the same primary care pediatrician (PCP) or same doctor for follow-up appointments will help make your experience familiar and easy.

Primary Care Pediatrician (PCP)

Your child's PCP is the doctor that your child saw for their last well check-up appointment.

- Your general questions and forms are directed to your child's PCP.
- All labs, consults, and other records are reviewed by your child's PCP.
- You are free to change your child's PCP by scheduling your child's next check-up with any of our doctors.
- If your child has chronic medical concerns, it is very important to schedule with the same PCP for well visits.

Following up with the same doctor is important.

- To make your experience as easy as possible, we ask you to schedule follow-up appointments for past problems with the doctor that first saw your child.
- That doctor already has a plan if your child is not getting better.
 - We want to save you the frustration of “starting over” with another doctor.
 - Please ask to follow-up with the doctor who saw your child first.

Please let us know if you have any suggestions so that our office is “easy to use.”

Insurance Policy

Newborns are only covered under birth parent's insurance for the first 30 days following birth. Once your baby is born you have those 30 days to add them to an insurance policy. If your newborn does not have active insurance coverage after 30 days, they will be marked as Self Pay.

Not all insurances cover all visits or immunizations. This is why it is best to check with your insurance carrier for specific coverage information. You will be responsible for payments of services that are not covered. We accept cash, check, Visa, MasterCard, Discover, and American Express.

All office visit copays, deductibles, and unpaid balances are expected to be paid at the appointment. Please show your current insurance card at each visit so your visit can be billed correctly.

The billing for our office is done by WellSpan Medical Group's Physician Billing Service. All billing questions can be directed to our Patient Financial Representative at (717) 851-6816.

Financial Hardship

If you are experiencing a financial hardship, we encourage you to contact a patient financial representative at (717) 851-6816. The representative will try to assist you by reviewing your payment options.

If you are experiencing food, housing, transportation, or other hardships PA 211 can help. Call 211, text your zip code to 898-211, or visit pa211.org.

After Hours Calls

For calls after hours, dial the office number. The phone will be answered by our on call services, who will transfer your call to our nurse call center should you need advice. They have access to our physicians, if needed, for serious issues. One of our physicians is on call 24 hours a day, 7 days a week.

Referrals

When our pediatricians refer your child for specialty care, our referral department will complete the necessary information based on your insurance. If your child requires more specialized highly specialized care, we have strong working relationships with Johns Hopkins University Hospital in Baltimore, Penn State Hershey Medical Center, and Children's Hospital in Philadelphia. Please ask your insurance carrier about coverage benefits when seeing a specialist.

Emergency Department

Unexpected accidents and illnesses happen during childhood. Please call our office before going to the emergency department, if possible. We can help you make that decision. Emergency departments are designed to handle true emergencies. There is little benefit in taking your child to the emergency room if it is not a true emergency.

Urgent Care Walk-In options are available when you need care today and your PCP is not available. Check available locations on wellspan.org. Urgent Care facilities will not see children younger than 3 months old.

Call 911 for urgent problems.

Arriving Late/Missed Appointment Policy

PURPOSE: The WellSpan Medical Group practices are to provide care to the people within the communities they serve. The primary goal is to be accessible and maintain an ongoing relationship with all patients in order to effectively meet their needs for medical services.

POLICY: The policy recognizes that the reason for patients being late is often multi-factorial, and that many factors may often be out of the patient's control. This policy is designed to maintain efficient office flow without creating unnecessary hardship to the patient arriving late, or other patients waiting to be seen.

PROCEDURE: At the time of appointment scheduling, all patients will be informed by the employee scheduling the appointment to arrive 15 minutes prior to their scheduled appointment time, to allow for processing and preparation for the appointment.

- For a patient arriving 15 minutes after their appointment time- they will be considered late for their visit.
 - Any patient that is more than 15 minutes late will be informed they are late and the doctor will have to be asked if they can accommodate the appointment.
- Only the doctor, Practice Manager, and Office Manager can decide to request the patient be cancelled or seen by another doctor in the office.
- Under these circumstances, a patient may be asked to reschedule:
 - If siblings are scheduled and they are late for their appointment, the doctor will only see one of the children. It will be up to the discretion of the doctor.
 - If a parent brings their other child for an appointment without scheduling an appointment, it is at the discretion of the doctor to see the child. We prefer the parent call to schedule.

- The following will occur when patients miss appointments:
 - If a patient is unable to keep their scheduled appointment, it is required they call to cancel the appointment.
 - When a patient fails to cancel their scheduled appointment, it will be counted as a “Missed Appointment.”
 - Repeated “Missed Appointments” in a revolving 12-month cycle, may result in dismissal from the practice.

Prescription Refills

Please call your pharmacy for any prescription refill and ask them to notify us.

Requests for ADHD medication refills require AT LEAST 24-48 HOURS ADVANCED NOTICE. Your PCP is responsible for signing these prescriptions. Providing enough notice helps prevent any delays in getting your child’s medication.

- Please verify your preferred pharmacy location. Once the prescription is sent, we are unable to change pharmacy locations.
- If your doctor approves, we may be able to provide you with up to 3 months of prescription refills.
- Stimulant medications are legally controlled substances that are tracked and monitored. Please be careful to keep these medications in a secure location. If you lose the medicine, we may not be able to provide another prescription before the next scheduled refill.

School Notes

Please do not ask our staff or doctors to write an excuse for school unless your child was actually seen by one of our doctors. We are cooperating with the schools to try to lower truancy rates. As a note of warning, we have had several cases of notes forged or altered. We will not tolerate this action and may dismiss you from the practice.

Health Forms

School, work, athletic, daycare, and camp forms will be completed if a routine physical examination has been performed in our office within the year. These forms will be completed as a courtesy to the patient at no charge. Although we will try to complete them sooner, we do ask that you give us 5-7 business days for their completion.

There is a charge for completing the following forms: disability, family/medical leave, worker’s compensation, and life insurance.

Treatment of Minors

With few exceptions, all children are considered minors until 18 years of age. If the patient is under 18 years of age, they must be accompanied by a parent or guardian. If a caretaker other than a parent or guardian needs to bring your child into our office, please let us know. We will need to make sure the necessary forms are filed in your child's record.

Cell Phones in Exam Room

Please silence your cell phone during the appointment. Do not answer the phone or text while in the exam room. You are not allowed to take photos or video.

Bad Weather

York Pediatric Medicine makes every effort to be open during scheduled hours. If it is necessary to close the office due to inclement weather, we will make every possible attempt to contact you. You can also check wellspan.org for notifications.

Treatment of the Common Cold

Colds are probably the most frequent childhood illness. They are caused by viruses. This means antibiotics do not work on colds. Medications will only help manage symptoms. Colds tend to last 1-2 weeks, especially in small children. Infants with colds seem to have trouble breathing because they breathe mainly through their noses. It is important to keep the nose as clear as possible and not be overly concerned by noisy nasal congestion.

If a cold progresses to tight, rapid breathing or wheezing, you should call the office. If a cold is accompanied by a brassy, bark-like cough or inspiratory noise, your child may have croup. This many times occurs suddenly at night, during damp, cool weather. If this happens, try to comfort your child by picking them up. The severity of croup many times can be lessened by taking your child into the bathroom and running a steamy shower or by putting his or her coat on and holding him in the night air on the back porch. You should call our office for advice if the distress continues.

Some general guidelines to follow with the common cold include:

- Almost always use a cool mist humidifier next to the bed. Vaporizers are also helpful.
- For newborns and young infants, sometimes using two drops of NASAL saline or Ayr in each nostril followed by suctioning with the bulb syringe helps to clear the nasal passages.

- If you cannot get to the pharmacy to get NASAL or Ayr, a saline solution of ¼ teaspoon of salt in 4 ounces of water can be used instead. Use 2 drops in each nostril followed by suctioning with the syringe. Throw away any of this unused mixture after 48 hours and make a new solution if necessary.

Scan this code to learn more about colds in children.

You can also visit wellspan.org/health-library/ and search for *colds in children* in the Search Content box.



Fever

When a child has a fever it means they have a higher temperature than normal. A normal temperature varies from about 97.7 degrees to 99.5 degrees Fahrenheit when taken by mouth and approximately one degree higher when taken rectally.

Most fevers are caused by illnesses such as colds and the flu. Immunization can also cause fever.

There are different ways to measure the temperature in a child. These include rectally, orally, tympanic (ear) and axillary. Please check with the doctor or nurse on how to take the temperature if you are not comfortable. Usually a rectal temperature is relied upon in children less than one year and oral temperatures in older children. Axillary temperatures can be used, but are not as reliable as rectal or oral temperatures. The axillary temperature tends to be one degree Fahrenheit less than the oral temperature. After a temperature is taken, please note the time, the temperature, and the method of assessing the temperature. Forehead tapes and pacifier thermometers are not accurate and should not be relied upon.

For most fevers the child does not need to be seen by the doctor. Fever is a natural body reaction to various illnesses and should not be feared. The severity of the illnesses is not necessarily related to height of the fever. It is more related to how the child acts and responds to his own environment. If your child smiles, is attentive, and is active, you are probably dealing with a minor illness. There are certain instances when the doctor should be called. These include:

1. An oral/rectal temperature greater than 103 degrees (especially if medicine has been used to control the temperature).
2. Any fever greater than 100.5 degrees that lasts longer than four days,
3. Abnormal behavior or warning signs including abdominal pain, ear ache, sore throat, urinary complaints, significant headache, neck pain,

neck stiffness, excessive irritability, poor responsiveness, or significantly ill appearance in the child.

4. In young infants less than 2 months of age, a rectal temperature 100.5 degrees or above should be reported to the doctor.
5. If you have any doubts concerning the fever in your child.

For most children, the fever itself does not normally cause significant problems.

Please follow the tips below to treat the fever:

- Keep the child cool and dressed in light clothing.
- Do not use heavy covers or blankets in bed.
- Keep the room cool. If possible, keep the room cooler than 70 degrees,
- Give the child cool liquids so they stay hydrated.
- Medications like acetaminophen (Tylenol) or ibuprofen (Motrin) can be given if your child is older than 6 months. Do not give your child aspirin.
 - Acetaminophen (Tylenol) comes in the form of drops, elixir, chewable tablets, junior strength, and extra strength.
- Give your child a sponge bath if their temperature is more than 103 degrees. Use warm water (not hot or cool). Put your child in the tub and sponge them for about 30 minutes.
- Do not given an enema.
- Do not rub the child with rubbing alcohol.

The above information and instructions are intended to be informative and helpful. Call the office for assistance if you have any questions about fevers.

Febrile convulsions (a type of seizure from having a fever) may happen in young children (6 months up to 6 years) with a high fever. They happen in a very small percentage of children and many times in families in which there is a family history of febrile convulsions. They usually happen when the fever starts and can last 5-10 minutes. If your child has a convulsion and fever, sponge them with cool water. Ventilate the room with cool, fresh air and call the office for help and assistance. Simple febrile convulsions are not dangerous.

Scan this code to learn more about fevers in children.

You can also visit wellspan.org/health-library/ and search for *fevers in children* in the Search Content box.



Convulsions/Seizures

Convulsions can occur at any age. A child having a convulsion exhibits stiffening of the body followed by jerky, flailing movement, drooling, eyeball rolling, and unresponsiveness. When accompanied by fever, they are usually the short lasting (no more than 5 minutes), harmless febrile convulsion. These convulsions require no treatment and most children outgrow the tendency to convulse with fever. By the time you recover from the scare and call the office, the seizure is usually over.

Convulsions without fever can be more serious and longer lasting. This type of convulsion may require diagnostic work-up and perhaps medication.

If a seizure does occur, try to remain as calm as possible. If your child feels hot, sponge them with cool water and ventilate the room with cool, fresh air. If your child has no fever, loosen any tight clothing and ventilate the room. Do not try to stop the convulsion by holding your child. Turn the child on his side in case there is vomiting and place the child on a soft protective surface. Watch the child closely.

Seizures will usually stop. They are rarely dangerous.

Call the office for assistance and advice. ALL seizures must be seen and discussed and if necessary evaluated. If the seizure lasts more than 5 minutes, call 911 for assistance.

Scan the top code to learn more about convulsions/
seizures in children.



Scan the bottom code to learn more about fever seizures
in children.

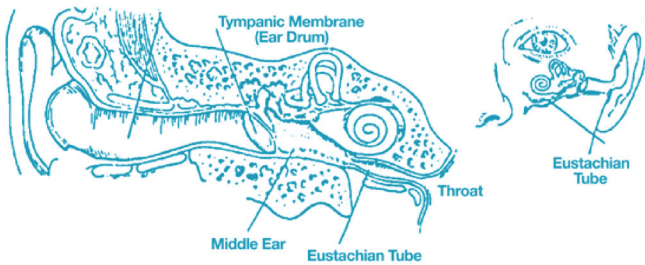
You can also [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for
seizures in children in the Search Content box.



Earache

Earache is caused by pressure behind the eardrum and inflammation of the drum (A). Both conditions are the result of infection in the middle ear space (B) caused by viruses and bacteria that travel up the eustachian tube (C) and become trapped and cause the resulting infection. Colds, viral illnesses, and allergies lead to recurrent congestion of the eustachian tube and recurrent infection. Ear infections are treated to avoid damage to the drum and the

surrounding bony ear cell (mastoids) and prolonged moderate hearing loss. Prolonged moderate hearing loss can lead to poor speech and language development.



Antibiotics such as Amoxicillin are often used to clear the infection and reopen the eustachian tube.

Many children have 2-3 ear infections a year during the early years of childhood. If properly treated there will be no residual effects from these infections. As your child grows the eustachian tube will widen and straighten and will rarely become congested. The result will be far fewer infections.

Earaches develop suddenly, many times at night. An ear can look normal and be uninfected in the afternoon and develop an infection that evening. If your child develops an earache, it is important to call the office during office hours. If the pain develops during the early morning hours or if you are unable to come into the office for several hours, Tylenol should be given. Pain relief is important and Tylenol will help.

Scan this code to learn more about earaches in children.

You can also visit wellspan.org/health-library/ and search for *earaches in children* in the Search Content box.



Swimmer's Ear

If your child swims, they might get swimmer's ear. Swimmer's ear is caused by water being trapped in the external ear canal which becomes contaminated with bacteria. To tell the difference between swimmer's ear and a middle ear infection, pull on your child's ear lobe. If it is painful to the child, it is probably swimmer's ear. If you think your child has swimmer's ear, you should make an appointment with one of our doctors. Your child might need antibiotic ear drops.

In order to prevent swimmer's ear, you can put four drops of a solution of equal parts of white vinegar and water in each ear after swimming.

Scan this code to learn more about swimmer's ear.

You can also visit wellspan.org/health-library/ and search for *swimmer's ear* in the Search Content box.



Sore Throats

Sore throats are common in all children from a year old to adulthood. Sore throats can happen on their own or be a symptom of other illnesses like a cold or the flu. Sore throats are caused by various viruses and several bacteria. They are not serious or dangerous infections and in time will clear up without any medication. Any sore throat that lasts more than 2 days should be looked at by a doctor. The only sore throat which is medically important is the sore throat caused by the bacteria Beta Hemolytic Streptococcus Group A (Strep Throat). The strep throat inflammation is not dangerous, but the chance of subsequent rheumatic fever is a major concern. STREP THROATS ARE THE ONLY SORE THROATS REQUIRING TREATMENT SUCH AS PENICILLIN, EES, AMOXICILLIN. There is usually a quick response to medication. Most children on medication can return to school after 24 hours since they are no longer contagious. The diagnosis of strep throat can ONLY be made by examination and throat culture. We process the cultures on site and document the presence of Beta Hemolytic Strep Group A. Results are processed within 1 hour.

Since not all sore throats need to be treated with medication, only repeated, documented strep throats (4-5 per year) and large unhealthy tonsils need referrals to an ear, nose, and throat doctor (ENT). Sometimes, the tonsils may need to be removed so that the infections do not come back.

Scan the top code to learn more about strep throat in children.

Scan the bottom code to learn more about a tonsillectomy.

You can also visit wellspan.org/health-library/ and search for *sore throat children* in the Search Content box.



Abdominal Pain

Children complain about abdominal pain or stomach pain frequently. The pain occasionally is associated with meals, either before or after, emotional upsets, or many times is used as an attention getter. True abdominal pain can be associated with a viral gastrointestinal upset and many times will accompany or proceed vomiting and/or diarrhea. This pain is mainly mid-abdominal and spasmodic. Many times it is abrupt in onset and quite severe. Often it is accompanied by the passage of gas.

When should you be concerned?

- Pain that becomes steady and lasts several hours.
- Progressive right lower abdominal pain.
- Pain accompanied by dark red blood or clotted blood in the diaper/pants or around the rectum.
- Recurrent mild abdominal pain that recurs over 1-2 days.
- Pain accompanied by recurrent vomiting or abdominal distention.
- Pain accompanied by burning on urination or frequency of urination.

The above information and instructions are intended to be informative and helpful. Call the office for assistance if you have any questions about abdominal pain.

Scan this code to learn more about abdominal pain in children.

You can also visit [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for *abdominal pain in children* in the Search Content box.



Vomiting and Diarrhea

Vomiting is often caused by a virus. It will usually stop in 12-24 hours. Many times it is followed by diarrhea. We become somewhat more concerned when vomiting and diarrhea occur in patients less than 6 months of age.

If your baby has had one or two episodes of vomiting, start frequent, small sips of Pedialyte for 12-24 hours. Use 1 teaspoon every 5-10 minutes for an hour, then 1 tablespoon every 5-10 minutes in the next hour, gradually increasing the volume as long as it is tolerated. Do NOT let your baby drink a whole bottle or cupful at one sitting. This tends to upset the stomach even

more. After your baby is able to tolerate 3-4 ounces of Pedialyte, you may try other clear liquids. Gradually expand the diet, possibly starting with bananas, rice/cereal, applesauce, and toast (sometimes referred to as the BRAT diet). From here, try to get your baby back on their regular diet by the 3rd day of the illness if possible.

Along with the vomiting, most children will have diarrhea. The diarrhea may last several days. If your child has more than 6-8 individual/separate episodes of stooling per day, please call the office. Also, STAY AWAY FROM milk and milk products for 3-4 days and then restart using your usual formula.

CAUTION: If your child cannot keep even the smallest sips of liquid down, you should call the office. Watch for signs of dehydration. Is your child's mouth moist? Are there tears when your child cries? Is your child still urinating, at least 3 times in a 24-hour period? If your child seems to be dehydrated or if you are unsure, call the office. The above information and instructions are intended to be informative and helpful. Call the office for assistance if you have any questions or concerns about vomiting and diarrhea.

Scan the top code to learn more about vomiting in children.



Scan the bottom code to learn more about diarrhea in children.

You can also visit [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for *vomiting in children* or *diarrhea in children* in the Search Content box.



Burns

Burns are very painful injuries. They should be treated quickly and effectively. Place cracked ice in a plastic bag covered with cloth or submerge the burned area in cold water. The coldness helps reverse the damage caused by the heat. Let the blisters break or get smaller on their own. Put Bacitracin ointment on the blisters when they break. Cover the blister area with a light dressing. The burn can be left open once it heals. Aloe gel can be used if there is no blistering. Give your child ibuprofen for pain.

The burned area should be washed and rinsed with clean water 2-3 times daily and Bacitracin ointment applied. If the burn becomes infected it must be seen by a doctor. If the area involved is small, treat as described above. Call our office if the burn area is large.

Tips on Burn Prevention:

- Keep child away from kerosene heaters.
- Keep child away from wood stoves.
- Keep pot handles turned toward back of stove. Use back burners of stove, if possible.
- Do not allow child to reach up and touch stove burners. Turn off unused burners. Close oven doors.
- Check bath water before use.
- Keep electric cords out of reach. Never allow your child to even think about putting a cord near his mouth.
- Use cool steam vaporizer.
- Use outlet covers.

Scan the top code to learn more about when to call for help for minor burns in children.



Scan the bottom code to learn safety tips on preventing burns in children.

You can also visit [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for *burns in children* in the Search Content box.



Choking

Many children will temporarily choke or gag on pieces of food or candy. Most of the time they are able to cough these particles up without any problem. Once up and visible, they should be removed by a sweeping motion of the finger. Keep things like coins, buttons, and screws out of reach. Small children (younger than school age) should not be given chewing gum. If your child swallows something they should not, make sure they are not having any breathing problems like coughing, choking, gagging, or wheezing. Call our office for advice. Most objects will pass without any problems. If your child is not able to cough up a foreign body and appears to be in some distress, make sure they can breathe around the object and can scream or cry. If they can, encourage them to continue to cough.

Pediatric CPR & Choking

It is strongly recommended that all parents take an approved CPR course sponsored by the American Red Cross or American Heart Association. Call your local chapter for their class schedule.

Scan the top code to learn more about infant CPR.



Scan the bottom code to learn more about child CPR.

You can also visit wellspan.org/health-library/ and search for *swallowed objects* in the Search Content box.



Foreign Objects Swallowed

As part of learning and exploring, small children (ages 2-4 years) frequently put objects in their mouths and swallow them. Some are digested, some are not. Most pass without any problems. They swallow coins, marbles, toy pieces, and even miniaturized batteries. Most objects pass through the digestive system without any problems and are passed in 2-12 days. Occasionally an object will get trapped and have to be removed.

Signs of Trapped Foreign Body:

1. Tight, constricted cough and choking with breathing difficulties.
2. Gurgling sounds in the throat.
3. Difficulty with swallowing.
4. Abdominal pain, abdominal distention, vomiting.
5. Rectal bleeding.

If your child is having severe breathing difficulty, call 911 immediately. If the child shows symptoms described in #4 or #5 above, call our office for advice. Also, call the office if the child swallows a lead object, coin, or battery as the object may have to be removed. Do not use laxatives, ipecac, or any medicines to cause vomiting.

Scan this code to learn more about swallowed objects.



You can also visit wellspan.org/health-library/ and search for *swallowed objects* in the Search Content box.

Cuts & Scratches

All cuts and scratches should be treated with direct pressure to control the bleeding. Then, clean the area well with soap and water. Minor injuries should be treated with a topical antibiotic such as Bacitracin and then covered with a Band-Aid.

Sometimes it is hard to determine if a cut needs stitches. If the edges of the cut are gaping open after the bleeding is controlled and the area is clean, the cut probably needs stitches. The routine immunizations given in the office cover the need for tetanus immunization at times like this. However, if there is a particularly bad cut, especially a dirty cut, a tetanus booster will be given if it has been 5 years since your child's tetanus vaccine.

Scan this code to learn more about cuts.

You can also visit wellspan.org/health-library/ and search for *scratches* in the Search Content box.



Dental Emergencies

If your child falls and injures their face, look closely at the mouth, gums, and teeth. Make sure there are no broken or missing teeth and that the gums and tongue are intact.

If a primary (first) tooth or permanent (second) tooth is loose or broken, contact your dentist as soon as possible.

If a permanent tooth is knocked out, make every attempt to find the tooth as quickly as possible. Gently wash the tooth under a faucet, but DO NOT SCRUB the tooth. Attempt to gently reinsert the tooth back into the empty socket or place the tooth in a glass of milk and go immediately to your dentist or the emergency department. Don't forget to take the tooth.

Cuts on the gums usually heal very well but should be discussed with the office.

Cuts on the tongue, if small, usually heal well and quickly if left alone. Large, gaping cuts might need stitches.

Scan this code to learn more about dental injuries.

You can also visit wellspan.org/health-library/ and search for *dental injuries* in the Search Content box.



Extremity Injuries

Children always seem to be jumping, climbing, and falling. Many times they will injure their arms, legs, hands, or feet. Fortunately, most of these injuries are minor, at worst resulting in sprains and strains. If there is minor swelling, no bruising, and reasonably good mobility of the joints, apply ice and keep an eye on the injury. By the next day the injury will hopefully be forgotten. Your child should see a doctor if there is significant swelling, bruising, they can't move the area, or they are in excessive pain. Some injuries may need to be X-rayed. Your child may need to be referred to an orthopedic surgeon if there is a fracture.

Scan this code to learn more about preventing injuries from activities in children.



You can also visit wellspan.org/health-library/ and search for *injury prevention in children* in the Search Content box.

Head Injuries

Head trauma is very common, especially in toddlers. Fortunately, young children have very resilient skull bones and fractures are rare. Most minor head injuries fortunately never cause problems. Most minor head injuries do cause the appearance of a fairly large swelling which usually improves with ice.

Head injuries can be serious problems whether or not the child becomes unconscious. Note the details of the injury and any problems in the child. Skull X-rays are rarely needed with most head injuries.

Many head injuries result in signs and symptoms of a mild concussion. These symptoms reflect very mild transient brain swelling. These symptoms are headache, vomiting 1-2 times, and drowsiness. These symptoms usually clear within 2-3 hours.

Your child should be observed closely for 48 hours. Your child should be awakened 2 times a night (at your bedtime and 4 hours later) for 1 night. Give your child a light diet for 12 hours. Do not use sedative medications. After speaking with the doctor, acetaminophen (Tylenol) may be given for headaches. Call the doctor immediately or bring the child to the office for any of the following problems:

- worsening headache, neck pain
- unusual behavior confusion, amnesia
- stumbling, abnormal movements

- persistent vomiting (3 or more times), especially if more than 6 hours after head injury
- unequal size of pupils (black, round part of eyes)
- convulsions, seizures
- vision problems - blurred or double vision
- very noticeable drowsiness or lasting more than 2-3 hours
- clear or bloody discharge from the nose or ears

Treat the child normally after 48 hours.

The above information and instructions are intended to be informative and helpful. Call the office for assistance if you have any questions about head injuries.

Avoid Head Injuries:

- No seated walkers
- Keep stairways gated
- Don't walk away from changing table
- Don't leave infants alone on the bed or couch
- Bicycle riders should wear a helmet
- Watch baseball bats
- Don't leave infants alone or unbuckled in infant seats
- Watch table edges and hearth edges

Scan this code to learn more about head injuries in children.

You can also visit wellspan.org/health-library/ and search for *head injuries in children* in the Search Content box.



Nosebleeds

Nosebleeds are common in children. Most cases are due to picking/irritating the nose or to upper respiratory infections. In rare cases, nosebleeds may indicate a more serious problem such as a problem in blood clotting.

Most bleeds start from blood vessels in the front section of the nasal septum (cartilage in the middle). To treat a nosebleed, use your thumb and index finger to pinch the nose shut by squeezing the nostrils together. Keep the child's head up and tilted forward (not backward). A roll of cotton or

gauze pressed between the upper lip and gum may also help. Most bleeds will stop in 5-10 minutes. If bleeding continues, call the doctor. DO NOT pack materials into the nose.

Other things that may help prevent further or repeated nosebleeds include: cutting the child's fingernails, using a vaporizer or humidifier, and applying petroleum jelly to the inside of the nasal septum to reduce drying.

Scan this code to learn more about nosebleeds.

You can also visit wellspan.org/health-library/ and search for *nosebleeds* in the Search Content box.



Insect Bites

Insect bites (mosquito, bee, wasp) are all taken care of in a similar way. Apply ice or cold compresses to the area. Try to scrape or tease out the stinger of a bee. Do not squeeze the stinger with tweezers. Give your child Benadryl for a bee sting if there is a reaction. Call the office right away if your child starts to have shortness or breath or gets hives. Severe reactions usually occur within 5-15 minutes. There may be considerable swelling at the site, which may last several days.

Tick Bites

Try to get as much of the tick as possible using tweezers to forcibly pull the tick from the skin. The remaining raw area should be treated by cleansing with soap and water and applying Bacitracin ointment.

Bike Helmet Safety

Bike helmets help prevent head injuries. There is an 85% decrease in head injuries and an 88% decrease in brain injuries when bike helmets are worn.

The helmet should fit snugly and can be adjusted with various pads included with the helmet. The helmet must be worn covering the forehead to work. Straps should be adjusted so that they come together just under each ear to form a "V." The helmet buckle should be adjusted so that the helmet fits snugly and so that the helmet is not allowed to slip from side to side or front to back.

Picking the right bike helmet is important to prevent injuries. Picking the right bike is also important. Below is a list of tips to help pick the right bike:

- Have the rider stand over the bike to make sure the size of the bike is correct.
- Make sure that children can reach the pedals when they are seated. They should be able to safely get off the bike from the seated position.
- Check the tires for proper inflation. Always inflate with a low volume hand pump. Never use automobile air hoses since this is a high pressure pump which could cause injury and possibly damage to the tube. Check the tires for treadwear.
- Check the breaks to make sure they work.
- Handbrakes should be adjusted so the lever stops with enough room for fingers to fit between the lever and the grip. The pads should be contacting the rim evenly and not excessively worn.
- The handlebars should be tight.
- The wheels should rotate quietly and smoothly with no excessive wobble or broken spokes.

Scan this code to learn more about bicycle and tricycle safety.



You can also visit wellspan.org/health-library/ and search for *bike safety* in the Search Content box.

Poison Prevention

Childhood poisoning almost always happens quickly and is not expected. If your child has eaten or drank a drug or chemical, try to remember how much was in the container before they ate or drank it. Never leave anything dangerous to your child open or out where they can get it. The highest risk age group is from 1-3 years of age.

Some statistics:

- 90% of all poisonings cases involve children
- 41% happen in the kitchen
- 21% happen in the bathroom
- 12% happen in the garage, basement, or laundry room
- Toxic materials were out and in sight 75% of the time

Common products that can be toxic if taken in excess: medicine (aspirin, acetaminophen-tylenol, sleeping pills, vitamins, iron pills, heart medication, antihistamines), and household products (mothballs, furniture polish, weed killers, drain cleaners, insect and rodent killers, bleach, kerosene, paint thinner, and refinishing products).

Scan this code to learn more about poisoning in children.

You can also visit [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for *poisoning in children* in the Search Content box.



Injury Prevention

No child under age of 13 should ride in front seat of a car if car is equipped with passenger air bag.

0-6 months:

- Use an appropriate car seat for every car ride.
- Do not leave the baby alone on high places – the baby will fall.
- Use a gate at each stairwell.
- Never carry or hold anything hot near your baby. The baby will get burned. To protect your child from burns, lower the temperature of your hot water heater to 120-130 degrees Fahrenheit.
- Never leave small objects near your child. Your child will choke.
- Install smoke detectors.
- Sit-in walkers are not recommended at any age.

7 months - 2 years:

Children in this age group are curious. This could lead to more accidents or eating/drinking things they should not. Some children are more adventurous than others. It is always important to pay close attention to children to make sure they stay safe.

- Keep using the right size car seat.
- Continue to use gates at the stairwells.
- Furniture with sharp edges should be removed or padded.
- Never leave containers of hot food or liquid near the edges of tables.
- Make sure the child has a safe place to play, away from the hot stove, oven, or iron.
- Make sure kerosene heaters and radiators have some protective device around them so that your child is not burned.

- Never leave your child alone in the bathtub or near a pool.
- Never leave small objects around your child. Your child could choke on them. Never feed your child hard pieces of food or candy. Do not feed your child jelly beans or peanuts.
- Put latches on all cupboards and drawers that have harmful things inside of them.
- Be careful of hanging cords from appliances, open receptacles, and over hanging pot handles.

2-4 years:

- Follow the same tips from the list above. Your child might also learn to ride a tricycle at this age.
- Always make sure you are watching your child when they are riding a bike. Never leave them alone on the bike.
- Continue to use car seat properly.

5-7 years:

- At this time, your child may learn to ride a bicycle. If this is the case, you should buy your child a helmet when you buy the bike.
- Your child should never ride without a helmet.
- Never let your child ride in the street.
- Teach your child street safety such as stopping at the curb, never crossing the street without an adult, and so on.
- Always use a seat belt.

8 years and above:

- Skateboards/scooters are associated with a large number of knee and wrist injuries, minor abrasions, and cuts. Make sure to explain why wearing a helmet, wrist guards, knee pads, and elbow pads is important.
- Teach your child the “Rules of the Road” for bicycling. Never let your child ride at dusk or at night.
- Do not let your child swim without adult supervision.
- Never swim in canals or fast moving water.



Medicine Safety

Keep all medicine out of children's reach and sight, even medicine you take every day. Kids often get into medicine and vitamins if it is kept in places within their reach, like in purses, on nightstands or on counters.

Remember that child-resistant packaging is not childproof. So put medicine away after every use, even if you need to give another dose in a few hours.

Use a medicine schedule to keep track of your child's medicine.

When other caregivers are giving your child medicine, write clear instructions about which medicine to give, how much to give and when to give it.

Child's Name	Date	Time	Medicine (Active Ingredient)	Amount	Medicine Given?
Jack	Mon. 3/15	7:00 AM	Children's Tylenol® (Acetaminophen)	5 mL	✓

Poison Help Number
1-800-222-1222





Water Survival Skills

Teach children the 5 water survival skills. Make sure kids know how to swim and develop these skills:



1 Step or jump into water over his/her head and return to the surface.



2 Float or tread water for one minute.



3 Turn around in a full circle and find an exit from the water.



4 Swim 25 yards to the exit.



5 Exit from the water without using the ladder.

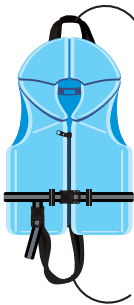
Life Jackets

Choose a U.S. Coast Guard-approved life jacket that is right for your child's weight and water activity. Teach children to wear life jackets when boating or participating in water activities. Inexperienced swimmers and children who cannot swim should wear life jackets when they are in or near water.

8 to 30 pounds
Infant

30 to 50 pounds
Child

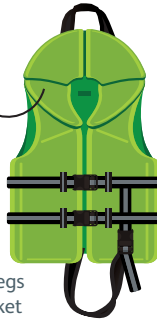
50 to 90 pounds
Youth



Grab straps to help you pull a child out of the water.

Neck collars provide extra head support for the child.

Straps between the legs help keep the life jacket from riding up.



All buckles and straps should be fastened and pulled tight.

Scan this code to learn more about preventing drowning.

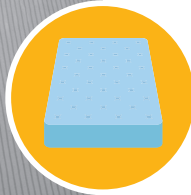
You can also visit wellspan.org/health-library/ and search for *water safety for children* in the Search Content box.



Safe Infant Sleep



Place babies on their backs for naps and at night until they are 1 year old. Make sure babies sleep on a firm, flat surface in their own crib, bassinet or play yard.



Choose a firm mattress and fitted sheet for baby's crib. Remove toys, blankets, pillows, bumper pads and other accessories.



Dress baby in a wearable blanket or onesie. A loose blanket could cover baby's airway or make their body temperature too high while they sleep.



Share your room, not your bed. Place baby's crib, bassinet or play yard in your bedroom instead of letting baby sleep in the same bed with you.

Scan this code to learn more about safe sleep for babies.

You can also visit [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for *safe sleep for babies* in the Search Content box.

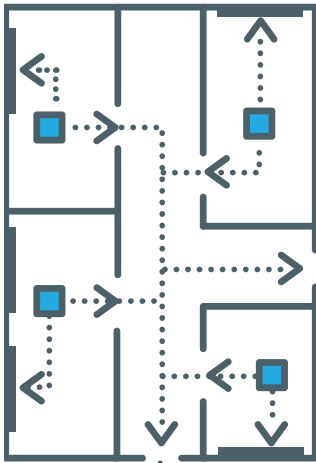


Fire Safety



Install smoke alarms and test alarms every month. Make sure there is a working smoke alarm on every level of your home, inside bedrooms and near sleeping areas.

Create a home fire escape plan with two ways out of every room. Choose a place for your family to meet outside that is a safe distance away from your home.



Practice a home fire drill at least twice a year, during the day and at night. Make it a goal for everyone to exit the home in less than two minutes.

If there is a fire, leave the home immediately. If there is a lot of smoke, get low and crawl out as quickly as possible. Call 911 after you are a safe distance away from your home.



Scan this code to learn more about child safety and fires.

You can also visit [wellspan.org/health-library/](https://www.wellspan.org/health-library/) and search for *fires* in the Search Content box.



Child Passenger Safety



Choose the right car seat for your child. The car seat label will help you make sure it is the right seat for your child's age, weight, height and level of development.



Keep children rear-facing until they are age 2 or older before moving to a forward-facing seat. Keep all children in a harnessed seat and then booster seat until they have reached the upper height or weight limits of each seat.



Teach your kids from a young age to buckle up every ride, every car, every time. All kids under age 13 should ride in a back seat.



Use and install your car seat according to the directions. Follow the labels on the car seat and read the car seat manual carefully. Visit safekids.org to find a Safe Kids coalition for additional help or use our online Ultimate Car Seat Guide (www.safekids.org/guide) to get help based on your child's age and weight.

Scan this code to learn more about car seats.

You can also visit wellspan.org/health-library/ and search for car seats in the Search Content box.



Notes

Notes

