

II. THE TELEPHONE

The telephone is essential for us to communicate; therefore, the following suggestions are offered:

1. We have 24-hour telephone coverage. Call the office number (601-684-7623) at any time (nights and weekends, too) for help. During regular and after hours; clinic personnel will perform this service. At other times the answering service will respond.
2. Have pencil and paper at the telephone to write instructions.
3. In many instances the nurse will be able to help you with your problem. If not, she can arrange for you to talk with the doctor. He is available any time for valid emergencies, but cannot be interrupted for non-emergencies when seeing patients. He will usually return calls after office hours.
4. If you want your child seen because of illness or injury, simply tell the office receptionist, "My child is sick (or injured), and I would like to have him examined." It is not necessary to ask for the doctor or nurse to arrange this.

III. TREATMENT OVER THE PHONE

(See IV. Injuries and Accidents, V. Illnesses)

We usually prefer to examine sick children rather than to treat them by telephone.

First, we are more certain of the diagnosis.

Second, we know when not to prescribe medicine. It is best not to take drugs unnecessarily as many cause undesirable side effects and allergic reactions.

Third, we can determine how long medication should continue. A "little prescription" taken 3 or 4 days is rarely adequate.

Most behavior problems should be discussed at the office and not over the telephone and extra appointment time should be requested.

IV. INJURIES AND ACCIDENTS

1. **Life-threatening injuries:** Call 911 or take the child to a hospital emergency room.
2. **Ingested poisons or overdoses of medicine:** Call the office promptly or poison control at 1-800-222-1222.
3. **Cuts:** Cuts that stand open usually require sutures. Telephone before coming to the office. The bleeding from cuts should be controlled with pressure **directly** on the injury for 5-10 minutes. This should be done promptly and will avoid excessive apprehension on the part of the child. Usually, cuts in the mouth do not require treatments unless the bleeding is not easily controlled or there is a large wound.
4. **Head injuries:** In general, if there is no unconsciousness, no vomiting or prolonged pain, and no unusual drowsiness, an examination is not needed. You should check with us by telephone if there is any question in your mind regarding the seriousness of the injury, and especially if there is vomiting or unconsciousness.
5. **Burns:** Flood the burned area immediately with cold water. Apply no ointments. Call the office.
6. **Insect Stings:** Fire ant bites always cause a yellowish blister. Calamine lotion for itching is usually all that is needed.
Bee and wasp stings usually cause redness and considerable swelling that lasts two to five days. Any other symptoms may require the doctor's attention.
Spider bites rarely cause any reaction. However, the spider should be caught and kept for identification in case of a reaction to the bite.
Cold compresses are excellent to control acute discomfort in any of these stings. Any rare, serious reaction — fainting, breathing trouble, severe abdominal pain, hives, or vomiting — will occur within 45-60 minutes. Children with such reactions should be taken to the emergency room immediately.

Prevention

- Do not give children under 4 years of age nuts, gum, popcorn or hard candy to eat because of the danger of aspiration.
- Drugs, poisons, and household chemicals should be kept out of the reach of children, preferably locked away.
- Remember children can get severe sunburn and the sun can later cause skin cancer. Please use common sense and sun screens appropriately.
- Children should be properly restrained in seat belts when riding in motor vehicles. Children less than 4 years of age should be in an approved car seat. Children between 4 and 8 years should be in an approved booster seat.

V. ILLNESSES

- 1. Teething:** Teething does not cause high fever, extreme irritability, or diarrhea. Extreme drowsiness and poor feeding in small infants warrants an examination.
- 2. Vomiting:** Vomiting without other symptoms should be treated by giving frequent sips of clear liquids. If it continues, call us.
- 3. Simple Diarrhea:** Diarrhea without high fever, without mucus or blood in the stool, and without prolonged vomiting may be safely treated first with limited simple diet and clear liquids and, with improvement, other foods from the Sick Child's Diet. The number of bowel movements should decrease in 1-2 days, and they should become normal in 5-7 days.
- 4. Colds and upper respiratory infections:** These are nearly always due to viruses. Most colds last 7-10 days. Antibiotics are not needed.
- 5. Infected bites and impetigo:** Clean thoroughly with antiseptic soap to remove the crusts and apply antibiotic ointment 3-4 times a day. Clean and trim fingernails. If the sores do not clear promptly, the child should be examined.
- 6. Diaper rash:** Diaper rash may be due to a number of things. Use Desitin or other zinc oxide-containing cream.
- 7. Seizures:** Seizures are frequently the result of high fever. They generally are brief, lasting 3-5 minutes. Brief seizures are often accompanied by much rattling in the throat and some blueness, but are not considered dangerous. It is potentially harmful to put objects in the child's mouth, especially fingers. Lay the child on his

side with his head lower than his hips. Apply cold cloths to the child's head. Sponge with cool water. Give nothing by mouth. Call the office immediately or bring your child to the nearest emergency department.

- 8. Fever:** Fever is the body's normal response to infections and plays a role in fighting them. The usual fever that all children get is not harmful.

Call our office about fever immediately if:

- Your child is less than 2 months old and temp is 100.4° rectally or higher.
- The fever is over 105° F (40.6°C).
- Your child is crying inconsolably.
- Your child is difficult to awaken.
- Your child's neck is stiff.
- Any purple spots are present on the skin.
- Breathing is difficult and not better after you clear the nose.
- Your child is unable to swallow anything and drooling saliva.
- Your child looks or acts very sick (if possible, check your child's appearance 1 hour after your child has taken Acetaminophen or Ibuprofen).

Call within 24 hours if:

- Your child is 2 to 4 months old (unless the fever is due to immunizations given in the past 48 hours).
- The fever is above 104 degrees, especially if your child is less than 2 years old.
- Burning or pain occurs with urination.

Call during regular hours if:

- Your child has had a fever more than 72 hours.
- The fever went away for more than 24 hours and then returned.
- Your child has a history of febrile seizures.
- You have other concerns or questions.

9. Medications you should have on hand:

- a. Acetaminophen (Tylenol) Use every 4-6 hours as needed for fever.
- b. Antibiotic ointment. Use for impetigo, infected bites or abrasions.
- c. Pedialyte (1 quart).
- d. First Aid Kit.
- e. Ibuprofen (Motrin, etc.) Use every 6 hours for fever.
- f. We do not recommend alternating acetaminophen and ibuprofen.

DIET FOR A SICK CHILD

Pedialyte	Gatorade/Powerade (dilute for diarrhea)
Jello	Popsicles - Pedialyte type preferred
Crackers/Toast	Bananas
Pears	Applesauce
Broth	Lean meat
Rice or baked potato	Sherbet

VI. IMMUNIZATIONS AND TESTS

The following is our present schedule for immunizations*, tests, and examinations:

4 - 7 days.....	Check-up
2 months.....	Check-up, Immunizations
4 months	Check-up, Immunizations
6 months	Check-up, Immunizations
9 months	Check-up, Finger prick for Anemia &/or Lead Screen
12 months	Check-up, Immunizations
15 months	Check-up, Immunizations
18 months	Check-up, Immunizations
2 years.....	Check-up
3 years.....	Check-up
4 years	Check-up, Immunizations Vision and Hearing Screening
Each year thereafter.....	Check-up
11-12 years	Check-up, Immunizations

*The immunizations given at checkup visits are given in accord with the American Academy of Pediatrics immunization schedule.

No tetanus booster is needed except as recommended for routine immunizations unless the wound is very bad or deep and 5 years have elapsed since the previous booster.

We recommend that a yearly check-up be done on older children, preferably when they are well so that testing and immunizations can be properly given. This check-up is best done near the birthday anniversary. If done on a regular basis, no additional examinations are necessary for kindergarten, school, or camp.

VII. CHARGES

1. Our fees for professional services are based on time and/or skill involved.
2. Initial office visits require more time than later visits, and require the opening of medical and financial records; therefore, they cost more than later visits.
3. Weekend visits cost more to provide and thus there is an increased charge. ER visits are even more expensive.
4. Difficult diagnostic problems and illnesses, and emotional problems requiring an additional amount of time may cost more than the usual office visit.
5. Payment is requested at the time that service is rendered.
6. A statement itemizing your account will be given you after each visit. This should be kept for insurance and tax purposes. No additional itemized statement will be sent routinely.
7. We will be glad to file insurance for hospital care. Payment for hospital care is required in full within 60 days of the date of hospital discharge, regardless of insurance coverage.

NOTE: This office is not responsible for collecting on your insurance claim nor settling disputed claims. If you need to make special financial arrangements, please discuss this with our office manager.
8. We will be happy to discuss our charges with you.