



Comprehensive health care for infants, children, adolescents and young adults. Providing excellent medical care in a loving environment with a focus on development and the family.

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<http://www.eschildrens.com>

IMPORTANT NOTE:

Please talk to us before making any changes in your baby's diet.

Breast feeding is the preferred method of feeding your newborn; however, there are other excellent infant feedings that are appropriate for you to use if breast feeding is discontinued. Lately, there has been discussion about who should properly recommend infant formulas. We are concerned about this trend and hope if you have any questions about infant formula use and selection that you would contact our office.

The American Academy of Pediatrics has condemned the practice of promoting these products in the media. The Academy believes, as we do, that your pediatrician should be the one to make these important nutritional decisions. Nutrition of your baby is too important a subject not to discuss it with your pediatrician.

THE ART OF PARENTHOOD

Our children are watching us live, and what we are shouts louder than anything we can say.

When we encircle them with love they will be loving.

When we are thankful for life's blessings they will be thankful.

When we express friendliness they will be friendly.

When we speak words of praise they will praise others.

When we set an example of honesty our children will be honest.

When we practice tolerance they will be tolerant.

When we confront misfortune with a gallant spirit they will learn to live bravely.

When our lives affirm our faith in the enduring values of life they will rise above doubt and skepticism.

We can't stand there pointing our finger to the heights we want our children to scale. We must start climbing, and they will follow.

Wilferd A. Peterson

ABOUT THE PROVIDERS

Rhoda E. Burns, M.D.

Dr. Burns graduated from Fairhope High School in 1976. She received a BS in biology from Birmingham-Southern College and went on to attend the University of South Alabama College of Medicine. After completing her M.D. she performed a residency in pediatrics at the Children's Hospital of Philadelphia and became board certified in pediatrics. She is married to Bill Passmore, who is self-employed. They have two girls, Lizy and Kate.

Paula S. Drummond, M.D.

Dr. Drummond is a native of Pensacola. She graduated from Florida State University, and attended medical school at the University of Florida College of Medicine. She completed her pediatric training in Houston, Texas at the Texas Children's Hospital and became Board Certified in Pediatrics. Dr. Drummond and her husband, Shawn, moved to the Eastern Shore in 1994. They have three children, Jimmy, Katie, and Zane.

Jennie W. Breslin, M.D.

Dr. Breslin graduated from high school in Pensacola, FL. She received a BA in psychology from the University of South Alabama. She received her medical degree from the University of Alabama at Birmingham, and she completed her pediatric residency at the Children's Hospital of Alabama. Dr. Breslin is Board Certified in Pediatrics. Her husband, Mark, is an engineer. They have two daughters, Rachel and Sara.

Margaret T. Moore, M.D.

Dr. Moore is a native of Camden, Alabama. She received her medical degree from the University of Alabama at Birmingham in 2005. She completed her pediatric residency at The Children's Hospital of Alabama in Birmingham. She became Board Certified in Pediatrics in October 2005. Dr. Moore is married to Jason Moore whose career is in forestry. They have two children, Marlee and Tait.

Elizabeth M. Orr, M.D.

Dr. Orr is a native of Fairhope, Alabama. She graduated from Fairhope High School in 2003. She received a BS from Birmingham-Southern College, and then attended the University of Alabama School of Medicine where she received her medical degree in 2011. She then completed her pediatric residency at the Arkansas Children's Hospital in Little Rock, AR in June 2014. Dr. Orr is Board Certified in Pediatrics.

Jennifer Walker, M.D.

Dr. Walker is a graduate of Fairhope High School and attended Florida State University for her undergraduate and medical school education. Her undergraduate studies were in biology and chemistry, and she received her medical degree in 2009. She completed her residency at Sacred Heart Hospital in Pensacola, Florida. Dr. Walker is Board Certified in Pediatrics. She lives in Fairhope with her husband, Camp, and their 2 daughters, Elaine and Julia.

Ashley Penn, C.R.N.P.

Ashley is a native of Oneonta, AL where she graduated high school in 1999. She attended UAB to obtain both her B.S. in Nursing (2004) and M.S. in Nursing (2009). She received her Acute Care Pediatric Nurse Practitioner certification in 2010 and was employed at Children's of Alabama in Birmingham until she and her husband, Adam, relocated to the Eastern Shore in 2014. They have three children, LJ, Luke, and Laura Kate. Adam works in electrical wholesale management in Mobile.

Olivia Akins, C.R.N.P.

Olivia is a native of Uriah, AL and graduated from Blacksher High School. She received her B.S. in nursing from the University of South Alabama. She then attended Troy University, where she received her M.S. in nursing. Olivia is a board-certified Nurse Practitioner. She is married to Stephen Akins, a biology teacher at Spanish Fort High School.

ABOUT THIS BOOKLET

This patient information booklet was prepared to help you and your child's caretakers understand and recognize the importance of comprehensive pediatric and adolescent health care. Knowledge of how this care is provided will help you utilize our services more effectively.

Parenting is a combination of common sense, consistency and love which only the child's caretakers can provide. Parenting is the greatest joy imaginable, but at times it can be an almost overwhelming responsibility. Our goal is to help you raise a healthy and self-assured child. This requires effective communication between you and our staff. Please do not hesitate to ask questions about your child's health. Before coming to the office, make a list of questions you want answered. Make sure your questions are answered fully and that you understand what we have told you. You should feel completely informed about our findings and recommendations. We also welcome your suggestions.

STRUCTURE OF EASTERN SHORE CHILDREN'S CLINIC

Eastern Shore Children's Clinic was founded in 1974 as a group practice of board certified pediatricians. We offer all needed primary care for infants, children, adolescents, and young adults (through age 18). As a group practice devoted only to these age groups, we can better serve you by sharing certain responsibilities such as night, weekend, and holiday coverage. The group concept also has the advantage of using the skills of any other member of the group as a consultant. However, we want you to be comfortable with each of us since, at certain times, any one of us might be on call to assist you in managing a specific problem. For non-emergency care or health supervisory visits you may identify with any one of us as your primary health care provider.

DISCLOSURE OF PROTECTED HEALTH INFORMATION

We strive to maintain confidentiality in regard to information released to individuals. Alabama State Law requires that information be made available to both parents of the child, regardless of custody. Information will be given out to both parents unless the court has taken away all parental rights. We must have a copy of the court order terminating the parental rights. We ask you to fill out your patient information sheets and list all persons that may be given information on treatment, payment, or appointments. The names that are listed will be allowed access to your child's records.

The State of Alabama considers your child an adult in healthcare situations at the age of fourteen. When your child turns fourteen they will be asked to fill out another information page stating who may access their medical records. Please understand that this is a state law and we must abide by it.

APPOINTMENTS

The appointment schedule has been designed to accommodate most situations. Health supervision (check-up) visits and complex problem appointments should be scheduled several days to weeks in advance to ensure that adequate time can be allowed for the visit. During a check-up visit, topics such as growth and development, behavioral issues, and immunizations are addressed. This is also an important time for counseling and teaching of caretakers. Sick visits may be scheduled on a daily or as needed basis. Sick care visits are limited to the problem at hand and should not be expected to substitute for health supervision visits. If you must cancel an appointment, please give as much notice as possible.

TELEPHONE CALLS

The tremendous volume of calls received by our office can create problems for all involved. We try to answer calls as efficiently as possible. The following suggestions may help to minimize your time on the phone:

- Identify the nature of your call at the onset so that the appropriate office personnel can assist you.
- Avoid making non-urgent calls in the early morning.
- Have writing materials and a pharmacy phone number readily available before calling.
- In case of a life-threatening emergency, take your child to the nearest hospital emergency room or call **911**.
- If your child has ingested something call us or contact Poison Control directly at (1-800-462-0800 or 1-800-292-6678).
- In an urgent situation, please call before coming to the office to be certain we are prepared for your problem.

Our personnel are trained to assist you with many of your concerns and problems both in the office and on the phone. Our nurses have written instructions to help them make appropriate decisions relative to the management of common pediatric problems. When calling for information that requires the office staff to check your child's chart or other information sources, please provide a phone number where you can be reached when this information is available. This includes all requests or refills for prescription medications. Phone calls are returned as quickly as possible.

NIGHT, WEEKEND AND HOLIDAY SERVICES

Eastern Shore Children's Clinic provides extended office hours on weekday evenings and on Saturday mornings. The exact duration of these hours is dependent upon the extent of illness in the pediatric community at any one time. Please call as early as possible during the day, especially if you feel your child will need to be evaluated by a pediatrician. If a non-emergency problem arises after office hours you may call our office and leave a message with our answering service, who will have medical personnel return your call. In case of life-threatening emergency however, please take your child to the nearest hospital emergency room or call 911.

FEES

Fees are determined by the complexity of the medical problem and the time involved, both before and after the visit as well as during the actual office visit. Every effort is made to provide comprehensive, quality health care at a fair cost. Additional information concerning fee schedules is available from our receptionists. Discussion of, or any questions concerning our fees are welcomed. Payment is expected at the time of service unless other arrangements have been made. For your convenience, payment may be made by cash, check or bank card. Since your insurance policy is a contract between you and your insurance company, please review your policy and become familiar with its benefits. Questions regarding the filing of insurance claims or the responsibility of payment can be discussed with our receptionist. In most cases, a copy of the office charge slip will be sufficient for reimbursement purposes when attached to your insurance form. Bills unpaid for more than 120 days will automatically be turned over to a collection agency unless other arrangements have been made.

HEALTH SUPERVISION VISITS

- Prenatal**
1. Prenatal Assessment
 2. Anticipatory Information
 3. Explanation of Office Practices and Introduction to Staff
- 1-2 Weeks**
1. Follow-up Exam after Hospital Discharge
 2. Physical and Developmental Assessment
 3. Newborn Screening #2
- 1 Month**
1. Physical and Developmental Assessment
 2. Hepatitis B Vaccine #2
- 2 Months**
1. Physical and Developmental Assessment
 2. Pentacel #1 (DTaP/Hib/Polio Combo), Prevnar #1 and Rotavirus #1 Vaccines
- 4 Months**
1. Physical and Developmental Assessment
 2. Pentacel #2, Prevnar #2 and Rotavirus #2 Vaccines
- 6 Months**
1. Physical and Developmental Assessment
 2. Pentacel #3, Prevnar #3 and Rotavirus #3 Vaccines
- 9 Months**
1. Physical and Developmental Assessment
 2. Hepatitis B Vaccine #3
 3. Vision Screening
- 1 Year**
1. Physical and Developmental Assessment
 2. Prevnar #4 and Hepatitis A #1 Vaccines
 3. Complete Blood Count
 4. Lead Screening
- 15 Months**
1. Physical and Developmental Assessment
 2. MMR #1 and Varivax (Chickenpox) #1 Vaccines
- 18 Months**
1. Physical and Developmental Assessment
 2. Pentacel #4 Vaccine
 3. Developmental Screening
- 2 Years**
1. Physical and Developmental Assessment
 2. Speech Screening
 3. Hepatitis A #2
- 3 Years**
1. Physical and Developmental Assessment
 2. Speech and Vision Screening
 3. Catch up Immunizations if Needed

- 4 Years**
1. Physical and Developmental Assessment
 2. Quadracel Vaccine (DTaP/Polio Combo)
- 5 Years**
1. Physical and Developmental Assessment
 2. MMR #2 and Varivax #2 Vaccines
 3. Complete Blood Count
 4. Hearing and Vision Screenings
- 7 Years**
1. Physical and Developmental Assessment
 2. Hearing and Vision Screening if Needed
 3. School Evaluation
- 9 Years**
1. Physical and Developmental Assessment
 2. School Evaluation
 3. Hearing and Vision Screening if Needed
 4. Gardasil (HPV) Vaccine
- 11 Years**
1. Physical and Developmental Assessment
 2. Sports Participation Exam
 3. Hearing and Vision Screening if Needed
 4. Tdap, Menactra, Gardasil, Hepatitis A and B Vaccines if Not Done Earlier
- 13 Years**
1. Physical and Developmental Assessment
 2. School Evaluation and Sports Participation Exam
 3. Gardasil, Menactra, Hepatitis A and B Vaccines if Not Done Earlier
- 14 Years**
1. Physical and Developmental Assessment
 2. Tdap Booster
 3. Gardasil, Menactra, Hepatitis A and B Vaccines if Not Done Earlier
- 15 Years**
1. Adolescent Physical and Developmental Assessment
 2. Hearing and Vision Screening if Needed
 3. Gardasil, Menactra, Hepatitis A and B Vaccines if Not Done Earlier
- 17-18 Years**
1. Pre-College Physical
 2. Gardasil, Menactra, Hepatitis A and B Vaccines if Not Done Earlier

YOUR NEWBORN

Your child will receive a thorough physical exam after birth and on the day of discharge. After each exam the pediatrician will discuss any abnormal findings with you and answer questions. We strongly recommend that newborns stay in the hospital for a minimum of forty- eight hours. This allows time for feedings to be well established and also allows time for detection of medical conditions such as jaundice, which may affect your child's health. Discharge prior to forty-eight hours is not usually in the best interest of the child or mother.

Prepare to feel exhausted. Some mothers also experience depression. If your depression is interfering with your ability to care for your child, please discuss this with us or your physician.

FEEDING

The decision of whether to breast or formula feed is a personal decision - you should not let any one else make this decision for you. Your child will thrive with either method. Your nurses are familiar with both feeding methods and will help you become comfortable feeding your child. Feeding time should be a relaxed and pleasant time. You should find a comfortable chair with a nearby table.

BREAST FEEDING

Breast feeding provides the best form of nutrition available for your child. In the long run, breast feeding is very convenient and economical; but in the first few days breast feeding may seem very challenging. Most infants do not nurse well until they are several days old, and it takes several days for your milk to come in. Try to be patient. The nurses at Thomas Hospital are very supportive of breast feeding and they will work with you until you feel comfortable.

Breast feeding should begin as soon after delivery as possible and continue on demand. Early, frequent feeding benefits your child by providing colostrum, hastening the production of milk, and preventing breast engorgement. The first few times you feed your infant one of the nurses will show you how to position him and make sure he gets the breast properly in his mouth. Be sure that you are comfortable with this before you leave the hospital.

Initially, nurse about seven to ten minutes on each side at each feeding. Once your milk comes in, nurse until your breast empties to prevent engorgement or until your child is satisfied. If your child seems to want to suck all the time, you may want to use a pacifier to satisfy his strong sucking instinct. When it is time for him to stop nursing, remove your child from your breast by breaking suction with your finger inserted into the side of his mouth. Burp your infant between sides and after feedings.

Air dry your nipples following feedings. Do not use creams, alcohol, or other cleansers unless recommended by your nurse. A small amount of milk may come out of your nipples between feedings. A breast pad inserted in the bra over the nipple will help to absorb the milk. Be sure to change the pad when it becomes wet to prevent irritation of the nipple. As the baby first begins to nurse you may experience some soreness. Have the nurses help you position your child properly. You may want to try several positions to rotate the pressure of the baby's mouth on your breast. Nurse on the least sore side first and expose your breasts to dry heat between feedings.

Nursing mothers should drink enough fluids to satisfy their thirst. Most foods eaten by the mother will be well tolerated by her infant. If you find that certain foods seem to disagree with you or your infant, avoid them temporarily. They may be different for each child. If your physician recommends medication while you are nursing, discuss this with your physician or feel free to contact us regarding any possible effects the medication might have on your infant.

The decision regarding how long to continue nursing is a very personal one. Many factors, such as length of your maternity leave, the availability of facilities to express breast milk, other responsibilities at home, your health, child care arrangements, and you and your infant's enjoyment of nursing will enter into the decision. Feel free to discuss these issues as they arise.

FORMULA FEEDING

We will recommend a formula for your child if you choose to bottle feed. If you have a preference for a specific formula, please discuss this with one of us. Please do not change formula without first discussing this with one of us. Nipples and bottles should be sterilized until the child is 6 months old. Before offering the bottle, test the nipple by turning the bottle upside down. The bottle should drip gently. If there is a steady stream, the nipple should be discarded. If there is no dripping, the hole should be enlarged with a hot needle. Test the temperature of the formula before feeding your infant by sprinkling a few drops on your inner wrist. The formula should feel lukewarm, not hot or cold. The nurse will discuss the different formula preparations available (ready-to-feed, concentrate, and powder). Your child should be fed every 3-4 hours on demand. If your child cries before 3-4 hours is up, consider other causes of crying. If you feed your child every time he fusses, you will over feed him and teach him bad eating habits. Most infants will not take more than 32 ounces in a 24 hour period. If your child seems to want more please discuss this with us. Always hold your baby while feeding. Make sure the nipple is always filled with milk to prevent air swallowing.

- **Do not** put your child to bed with a bottle
- **Do not** bottle prop
- **Do not** heat milk or baby foods in a microwave
- **Do not** use infant feeders or other force feeding techniques

WATER AND JUICES

Water is not usually necessary for a newborn getting an adequate amount of breast milk or formula. If your child's stools are very hard we may suggest adding some water to their diet. Juices are usually started between four and six months of age. Avoid citrus juices before ten months of age as they may cause an upset stomach. Juices may be tolerated better in infants if mixed half and half with water. Never give honey to a child under one year of age.

VITAMINS

Breast milk and commercial formulas have a full complement of all necessary vitamins. Supplemental vitamins should not be necessary for most children. Extra vitamins do not prevent or cure colds, stimulate the appetite or increase resistance to infections, despite many suggestive advertisements. If your infant is exclusively breast fed or receives formula prepared with water that does not contain fluoride, we may recommend a fluoride supplement.

SOLID FOODS

The American Academy of Pediatrics recommends that infants should be fed breast milk or formula exclusively until they are between four and six months old. By four months old most infants have the body control and interest needed to begin solid foods. Start with one teaspoon of dry cereal mixed to a thin consistency with breast milk, formula or water in a dish. Gradually increase the amount to 2-3 tablespoons. Do not feed solids through a bottle. Gradually add fruits, yellow and green vegetables and meats over the next few months. Individual foods should be introduced one at a time, about a week apart. In this way, foods which the infant cannot tolerate will be easily identified. Junior foods and soft table foods can be introduced around eight to nine months of age. Feel free to discuss feeding practices with us.

Never feed your baby or toddler peanuts, popcorn, crisp bacon, sunflower seeds, hot dogs or raw crisp fruits or vegetables which might get caught in your child's windpipe. Do not feed prepared foods directly from the container unless you use the entire jar. Saliva introduced by the spoon into the jar will spoil the food more rapidly. Use a feeding dish whenever possible.

Be aware that a strictly vegetarian diet does not provide adequate nutrition for the growth of young bodies and minds. Do not begin a restricted diet for your child without first discussing it with one of us.

SKIN CARE

Other than plenty of water, little is required for infant skin care. The nurses will instruct you on the proper technique of bathing, until the umbilical cord is healed you should use only sponge baths without soap. No oils or lotions should be applied to the skin even if it is peeling. Cornstarch may be applied by hand to chapped areas around the neck or diaper area. Cradle cap should be treated by shampooing regularly with a baby shampoo and scrubbing with a soft toothbrush - no baby oil should be applied. In severe cases a stronger shampoo may be recommended. It is common for infants to develop small pimples on their face due to hormonal changes. These require no special treatment and will go away with time.

NAVEL CARE

Keep the umbilical cord clean and dry. Alcohol should be applied with a Q-tip or cotton ball on and under the cord stump with each diaper change. There may be occasional oozing of blood as the umbilicus heals - this is no cause for alarm as long as it is small amounts. The umbilical cord usually separates between 7-21 days. Consult us for active bleeding, reddened skin around the cord or foul smelling drainage.

DIAPER CARE

Keep your infant's bottom clean and free from irritation by changing his diaper frequently and cleaning with a soft cloth with mild soap and water. Alcohol-free diaper wipes may be used after your child is two weeks old. At some time prior to becoming toilet trained, almost every baby experiences some irritation in the diaper area. This does not mean that you have failed as a parent! If a rash does develop, try some of the following suggestions. If using cloth diapers, use a mild laundry soap which does not include enzymes or use a good diaper service. Fasten diapers as loosely as possible to allow for air circulation around the diaper area. Use a heavy layer of zinc oxide (Desitin, etc.) on the area that is reddened. If these measures fail, contact us for further recommendations.

CLOTHING

Babies come into this world without clothes and, provided the environment is warm enough, could continue to get along well in this state of nudity, much to the dismay of infant clothing manufacturers. The ideal room temperature is in the low 70's. Your full term infant requires no more clothing than an adult to be comfortable. If your baby is sweating, he is too warm. A cold baby will complain. Use a mild detergent such as Dreft and be sure to wash new clothes before putting them on your child.

VISITATION

It is best not to expose your infant to crowds until he is at least two months old. When a child is first born their immune systems do not function well and they are more susceptible to illness. Visiting close relatives and having a few "well" friends over is fine as long as everyone washes their hands before handling your child. Early morning or late afternoon walks can benefit both mother and child.

CRYING

All babies cry. It is their only way of expressing themselves. Your child may cry because he is hungry, wet, tired, cold, hot, gassy or even just bored. Many babies are fussy and uncomfortable in the late afternoon or evening. Do not assume your child is hungry just because he cries, even though he will probably eat if you feed him. If it has been a short time since his last feeding, consider other causes for his crying and try to comfort him in ways other than feeding. Suggestions for comforting include:

- Hold him and rock him. Newborns need to be held for several hours each day. You will not spoil him by meeting his needs.
- Rock him in a swing or cradle.
- Soothe him with a constant monotonous noise (vacuum cleaner, dryer, clock, radio, dishwasher).
- Carry him in a front sack.
- Warm his bed with a hot water bottle or heating pad (remove it before putting him down) or wrap him in a warmed blanket.
- Go for a ride in the car (this almost always works, be sure to put him in his car seat).
- Call us if none of the above measures will comfort your child and he cries inconsolably for several hours.

OTHER NOISES

All babies hiccup. This requires no treatment but may be relieved by offering him a small amount of warmed water. All babies sneeze. It is their only way of clearing the nose. It is common for babies to make noises when they eat. Your child may occasionally sound congested due to mucus in his nose or throat. If he seems congested, you may clear his nose with the bulb syringe. Consult us if the congestion is constant or interferes with his eating or sleeping.

BOWEL MOVEMENTS

There are so many variations of normal bowel movement that a "normal" pattern is hard to describe. Normal bowel patterns vary from up to 10 movements a day to movements only every several days. Patterns of bowel movements tend to change as the infant matures. Babies may strain, pull up their legs, or cry while producing a bowel movement. Unless the bowel movement is like a hard pellet, this is perfectly normal behavior. If your child goes longer than usual between bowel movements and seems uncomfortable, you may give him a glycerin suppository one time. If the problem continues, consult us.

SLEEP

Sleep patterns vary from child to child. Some children require much more sleep than others. Try to make a clear distinction between day and night now. Make nighttime interactions brief and spend more time entertaining your child during the day. Put your child in a bed of his own when he is drowsy but not fast asleep so that he learns to fall asleep in his own bed. Be sure to place your child on his side or back to lower the risk of crib death. Do not use pillows or very soft bedding for infant. Most children begin to sleep through the night between 4- 6 months of age. Contrary to popular belief, rice cereal will not help your child sleep through the night faster.

SPITTING UP

All babies spit up, this is not the same as vomiting. If the child is thriving, there is no need for concern. Try to burp your child after every one to two ounces. If you are not sure whether the spitting is significant, bring your child in for a weight check.

JAUNDICE

Many new babies develop this very common condition during the first few days of life. About half of full-term and three-fourths of premature babies are affected by this condition. Jaundice causes your baby's skin and whites of eyes to turn somewhat yellow due to a build-up of bilirubin in your baby's blood. High levels of bilirubin, left untreated, can cause brain damage or other lifelong serious conditions. Sometimes, jaundice resolves on its own. Occasionally however, your baby may need treatment for jaundice. Call our office if your baby becomes yellowish in color, is not feeding well, is very fussy, is hard to wake up or will not sleep at all, or is having a decrease in wet or dirty diapers. A simple heel-stick blood collection can tell us if your baby's bilirubin level is too high. If too high, treatment called phototherapy, can begin to lower that level. Phototherapy consists of undressing your baby and placing him under special lights that help breakdown the bilirubin in your baby's blood. The lights will not hurt your baby and this treatment can usually be done in your own home.

SAFETY

Accidents are the number one cause of death from one year of age until the early twenties. Many survivors are seriously injured. The majority of these accidents are preventable.

Early in infancy your child will begin to wiggle and roll from side to side. Never leave your child unattended on a dressing table or adult bed. Areas such as the crib with the sides up and the playpen are the only safe place for an infant to be left alone. Assemble all bath supplies before

beginning the bath – **never leave your child to get something else.** Infant walkers are also dangerous with injury rates reported as high as 50%.

Be very careful around hot liquids, including bath water. Your home hot water heater should be set below 120°. If your baby does get burned, immediately apply cold water.

This will neutralize the effects of the heat and help lessen his pain. All homes should be equipped with smoke detectors. These should be regularly tested. Teach your child what to do in the event of a fire. Remember that the most common form of burn is caused by the sun. Recent evidence has shown beyond a doubt that many forms of skin cancer are caused by damage to unprotected skin from life-long exposure to excessive sunlight. It has been estimated that each blistering sunburn doubles the life-time risk of skin cancer. Always use sunscreen when your child will be in the sun. Prevention is the cure for skin cancer.

Toys should be too large to swallow, too tough to break, and should have no sharp points or edges. Rounded toys of smooth wood or plastic are safe. Keep buttons, beads and other small objects out of your baby's reach. Plastic bags, long telephone cords, harnesses, necklaces and venetian blinds cords can strangle your child. Keep these all out of reach.

When your infant begins to move about the room, put safety plugs into all empty sockets. Keep scissors, knives and breakable objects out of reach. If you keep firearms in your home, keep them locked, unloaded, and use trigger locks. If necessary, fence off stairways and close doors to rooms you do not want the infant to enter. Do not keep your children from exploring safe cupboards and using all their senses to learn about their world, if they are playing with items which will not endanger them.

Poison proof your home. Destroy old medications. Put cleaning agents out of sight and reach. Do not use food containers or soda bottles to store poison. Lock cabinets with potentially dangerous substances. Purchase a one ounce container of Ipecac Syrup to have available at each location of care for your child to be used in case of an accidental ingestion. Never administer it unless you have contacted one of us or the Poison Control Center.

Remember that the most significant cause of death and serious injury to children is due to motor vehicles. Your child's first ride should be a safe one. He should come home from the hospital in an approved car safety seat used according to the manufacturer's directions. There is never a good excuse for transporting a baby in a car without a seat restraint. An infant between six and 12 months of age and weighing 20 lbs or more is ready to be buckled into a forward facing car safety seat. It is extremely important to place and anchor the seat as recommended by the manufacturer. After your child is both over 4 years of age and more than 40 pounds, a booster seat is appropriate. Older, heavier children should use a seat belt. The middle of the back seat in the car is the safest place for young passengers. Do not place your child in the front seat if you have a passenger side airbag. Please wear a seat belt yourself. Parents who do not wear seat belts set a poor example for their children and double the risk of being killed in a fatal crash compared to those who do. What children see is what they do!

PASSIVE SMOKING

Conclusive evidence now shows that children who live in a home where cigarettes are smoked have significantly more health problems than children not exposed to cigarette smoke. These problems include:

- More frequent doctor visits
- Increased risk of hospitalization for bronchiolitis or pneumonia

- More episodes of ear infections and more frequent need for tubes
- Increased risk of asthma
- Higher possibility of crib death

If you smoke, do both you and your child a favor - QUIT!

DISCIPLINE

Discipline means teaching. Discipline and punishment are not the same thing. A well disciplined child rarely needs to be punished. The purpose of discipline is to help your child learn to behave in a desirable, safe way and to respect the property and feelings of others.

A young child generally wants to please his parents. You can help your child do the right thing if you let him know what you expect. Be consistent with your requests. Keep them few in number and enforce them.

Your child needs limits and controls. A young child can not handle total freedom, but should have the chance to create, experiment, and make decisions among acceptable alternatives.

Be realistic in your expectations. Note that some of the best discipline comes in the form of your child's relationships with other children.

Remember that children usually behave better when they are busy. Be prepared at times of unavoidable waiting with a toy, book or game.

Finally, not a single set of rules will fit all children. The shy, quiet child needs encouragement to open up and may require few restrictions. The secure, outgoing child will require more frequent rules and restrictions.

There may be times when you feel punishment is necessary. There are various forms of punishment, some more constructive than others. Your doctor can discuss these with you at a health supervision visit.

RECOMMENDED READING

1. What to Expect the First Year by Arlene Eisenberg, Heidi Murkoff, and Sandra Hathaway. Workman Publishing, New York, 1989.

2. Caring for Your Baby and Young Child by Steven Shelov, etc. Bantam Books, New York, 1989.

EASTERN SHORE CHILDREN'S CLINIC NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at the Practice may be billed to and payment may be collected from you, an insurance company or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Practice or the hospital. For example, we may disclose medical information about you to people outside the Practice who may be involved in your medical care, such as family members, clergy or other persons that are part of your care.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the Practice and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other Practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts.

WHO WILL FOLLOW THIS NOTICE. This notice describes our Practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff and other Practice personnel.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION. We create a record of the care and services you receive at the Practice. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Practice, whether made by Practice personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; public health risks; and worker's compensation.

NOTICE OF INDIVIDUAL RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny *your* request to inspect and copy in certain very limited circumstances.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the Practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer and you must provide a reason that supports your request. We may deny your request for an amendment.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

Right to Request Removal from Fundraising Communications. You have the right to opt out of receiving fundraising communications from the Practice. **Right to Restrict Disclosures to Health Plan.** You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing and you must specify how or where you wish to be contacted.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

CHANGES TO THIS NOTICE. We reserve the right to change this notice. We will post a copy of the current notice in the Practice's waiting room. **COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact Regina Blackwell, Privacy Officer, (251) 928-0624. 150 S. Ingleside St., #7 Fairhope, AL 36532. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION. Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you have any questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer.

CHILDREN'S TYLENOL DOSING INFORMATION

Dosing Information for Healthcare Professionals



Use this chart to determine the proper dose of TYLENOL® for your patient.
If possible, use weight to dose; otherwise use age.

**DOSE: Every 4 hours as needed.
 Do not give more than 5 doses in 24 hours.**

WEIGHT	AGE	Infants' TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160 mg (in each 5 mL)	Children's TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160 mg (in each 5 mL or 1 tsp)
6-11 lbs	0-3 mos	1.25 mL	—
12-17 lbs	4-11 mos	2.5 mL	—
18-23 lbs	12-23 mos	3.75 mL	—
24-35 lbs	2-3 yrs	5 mL	5 mL (1 tsp)
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs	11 yrs	—	15 mL (3 tsp)

mL = milliliter

tsp = teaspoon

Remind parents and caregivers:

- Read and follow the label on all TYLENOL® products
- Repeat dose every 4 hours while symptoms last
- Do NOT give more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Use only the dosing device (syringe or dosing cup) that came with the product

All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL)

INFANTS' & CHILDREN'S MOTRIN DOSING INFORMATION

Dosing Information for Healthcare Professionals



Use this chart to determine the proper dose of MOTRIN® for your patient.
If possible, use weight to dose; otherwise use age.

**DOSE: Every 6-8 hours as needed.
 Do not give more than 4 doses in 24 hours.**

WEIGHT	AGE	Concentrated MOTRIN® Infants' Drops Active Ingredient: Ibuprofen 50 mg (NSAID)* (in each 1.25 mL)	Children's MOTRIN® Oral Suspension Active Ingredient: Ibuprofen 100 mg (NSAID)* (in each 5 mL or 1 tsp)
—	<6 mos	—	—
12-17 lbs	6-11 mos	1.25 mL	—
18-23 lbs	12-23 mos	1.875 mL	—
24-35 lbs	2-3 yrs	—	5 mL (1 tsp)
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs	11 yrs	—	15 mL (3 tsp)

mL = milliliter

tsp = teaspoon

Remind parents and caregivers:

- Read and follow the label on all MOTRIN® products
- Repeat dose every 6-8 hours as needed
- Do NOT give more than 4 doses in 24 hours
- Use only the dosing device (syringe or dosing cup) that came with the product

*Nonsteroidal anti-inflammatory drug

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