



# **Pediatric Associates** of Alexandria

Patient  
Information



# CARE OF YOUR NEW BABY

PEDIATRIC ASSOCIATES OF ALEXANDRIA, INC

*Caring for Infants, Children, & Adolescents*

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## ☞ PRENATAL VISITS ☞

Choosing a pediatrician for your child is a difficult but very important decision to make. At Pediatric Associates of Alexandria, we understand this and thus offer a one-on-one meeting between you and one of our providers free of charge. This one-on-one approach is to provide you with undivided attention in answering any questions you may have as well as acquainting you with our office. Prenatal visits can be scheduled Monday through Friday.

If you choose Pediatric Associates of Alexandria to be the healthcare provider for your newborn, please notify your obstetrician. When asked in the delivery suite whom you have selected to be your child's pediatrician, please use the name of one of our doctors (George, Dierks, Bryant, Nussbaum, Parente, Hopper, Ahdoot, Kernan, Sideridis) and not the corporate name so as to avoid confusion.

## ☞ OFFICE PROCEDURES ☞

<b>Office Hours</b>	Monday-Thursday	6AM – 8PM
	Friday	6AM – 6PM
	Walk-In Clinic Mon-Thr	6AM – 7PM
	Walk-In Clinic Fri	6AM – 6PM
	Saturday (only HealthPlex)	8AM – Noon
	Sunday (only Potomac Yard)	8AM – Noon
	No Walk-In Clinic	

**(walk in clinic is for our established patients only)**

### **Appointments**

Patients will be **seen by appointment only** and are scheduled during office hours, not after hours. Well visits are best scheduled in advance. Sick visits are best scheduled in the morning on the day of the visit. Should you find it necessary to break an appointment, please call and reschedule. Regrettably, missed check up appointments without 24 hours prior notice will be charged. A minimum of 2 hours prior notice is needed for cancellation of sick appointments.

**\*Walk-in clinic is available on Monday, Tuesday, Wednesday, Thursday from 6am - 7pm, and Friday from 6am - 6pm.** Parents with children who walk in without an appointment during non-designated walk-in time will be asked to make an appointment or wait until the next available appointment. If you feel your child needs immediate medical attention, it is best to go to the Emergency Room rather than coming into the office.

## **Specific Provider**

We suggest meeting all the providers in our group. Should you prefer anyone in particular, we will try to accommodate your wishes.

## **On Call Doctor**

After hours, one of our physicians will be on call evenings, nights, weekends, and holidays for urgent issues and emergencies only. If the on call doctor does not return your call, call again. When you call, please provide the following information:

- Your phone number where you can be reached and your name
- Patient's name and age
- The problem providing symptoms and temperature if there is a fever
- Pertinent medical history (heart defect, diabetes, etc.)

## **Please reserve routine and non-urgent concerns for regular office hours.**

The on call doctor does not schedule appointments. Appointments are only made during office hours.

## **Fees, Billing, and Insurance**

Information regarding our fee schedule is available in the office or by telephone. Because of the work involved and the high cost of monthly billing, payment at the time of service is requested. Visa, MasterCard, Discover, and American Express are accepted.

Insurance forms are the responsibility of the patient unless we participate with your plan. Receipts with full information for the insurance companies and for tax records are given with each visit. Please keep these receipts since they are also your itemization for supplemental and major medical policies.

If there are any questions regarding insurance, we will be glad to give assistance during regular office hours.

## **☞ HOSPITAL CARE ☞**

During your stay in the hospital, one of our physicians will examine your baby within a day of birth and regularly thereafter. We will discuss with you your baby's health and answer any questions you may have regarding your child.

## **Jaundice**

This describes a yellowish color of the skin and whites of the eyes that may be noted in the first week of life. It is due to elevated levels of bilirubin, a breakdown product of red blood cells. Bilirubin is cleared from our body by the liver. However, the liver is not fully functioning in the first few days of life resulting in an accumulation of bilirubin which in turn makes the infant appear yellow.

If blood incompatibility is not an issue between the mother and infant and the newborn lacks signs of infection or liver disease, time and normal feedings will handle most cases of physiologic jaundice. Should bilirubin rise to worrisome levels, the infant will be placed under a special light in addition to normal feedings to reduce the level of jaundice.

## **Blood Tests**

Prior to discharge, your infant will have a blood test done to check for several different types of rare inherited diseases, including PKU (a type of mental retardation) and hypothyroidism (under active thyroid). If this test is done prior to 24 hours of age, it may not be completely accurate and will need to be repeated.

## **œ FEEDING œ**

Feeding is one of your baby's first pleasant experiences. At feeding time, the baby receives nourishment from his/her mother's love. The food, correctly taken, helps your baby to grow healthy and strong. Mother's love, generously given, helps your baby to feel secure. Help your baby to get both kinds of nourishment.

## **Technique**

Both of you should feel comfortable. You should be calm and relaxed. Your baby should be dry and comfortable. Whether breast feeding or bottle feeding, hold your baby comfortably close to your breast with the baby sitting in your lap and his/her head resting in the bend of your elbow.

## **Breast Feeding**

Always the recommended feeding if possible. There are many books and support groups on the subject. The more you know, the more comfortable you will feel. Please refer to the extensive information given at your prenatal visit and from the hospital on this important topic.

## **Bottle Feeding**

Your baby has a strong natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will suck on nipples even after they have collapsed so take the nipple out of your baby's mouth occasionally to keep the nipple from collapsing. Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of swallowing air. Air in the stomach may give a false sense of being full and make your baby uncomfortable or enhance the spitting of formula when burped.

**Never prop the bottle and leave the baby to feed him/herself.** Feeding is a time for you and your baby to relax and enjoy each other. Your baby needs the security and pleasure of being held at feeding time. Allowing your baby to sleep with a bottle of milk or juice may lead to extensive dental decay as well as increase the chances of developing ear infections.

Most babies will thrive on virtually any type of formula. Most commercial formula comes in powder, concentrated liquid or ready-to-use forms which vary in price as well as convenience. All provide equal strength formulas when used according to directions. We recommend that the formula contain iron for your baby's ongoing requirements.

Water may be used directly from the tap without boiling unless your home is serviced by private well water. If there is any question of the water quality, boiling water for 1 minute is recommended. Store the formula in the refrigerator. Have only one day's worth of formula made at a time.

It is not necessary to warm formulas, though most babies prefer it this way. The formula may be given directly from the refrigerator or at room temperature if your baby will accept it this way. Do not use a microwave oven to warm formula; this may cause either over heating and subsequent burns to your baby or explosion of the bottle in the oven. Carefully test the temperature of the formula prior to giving it to your baby.

If the bottle and nipples have been washed in hot soapy water and rinsed well, no sterilization is necessary. Bottles and nipples can also be safely washed by the dishwasher.

## **Feeding Schedule**

Feeding schedules are usually most satisfactory if the hours are not rigidly set and the baby is allowed to eat when (s)he becomes hungry. New babies usually need to be fed about every 2-4 hours. Should your baby consistently

awaken and cry less than 2 hours after feeding, check with our office. As (s)he gains in weight, your baby will require larger feedings with, hopefully, longer intervals between feedings.

### **Burping**

Burping your baby helps remove swallowed air. Even if fed properly, both bottle fed and breast fed babies usually swallow some air. Hold your baby upright over your shoulder. Pat or rub his/her back gently until (s)he burps. Two alternative methods are 1) place the baby face down over your lap and rub his/her back; and 2) hold the baby in a sitting position, leaning slightly forward with your hand supporting his/her chin and rub the small of the back until a burp occurs. Some babies require very frequent burping; this is particularly true of babies who tend to gulp their food down or who are spitters.

### **Solid Foods**

Most babies will require nothing more than either formula or breast milk for the first 4-6 months of life. Their nutritional and fluid requirements are fully met by these feedings. However, since the timing and selection of solid foods is an individualized decision, it will be discussed with you at the time of your baby's routine visits to the office. Some basic rules for solid feedings include: 1) solids should be given by spoon only, never in a bottle; and 2) new foods are to be introduced individually and slowly.

### **Vitamins**

Presently, the recommended intake of vitamin D is 200 IU for all infants. Most commercial formulas contain the necessary vitamins for your baby. However, if your child takes less than 16 ounces of formula per day, it is recommended to give vitamin D if very dark skinned or receives no sunlight. Commercially available preparations include Tri-Vi-Sol<sup>®</sup> and Poly-Vi-Sol<sup>®</sup>. Fluoride is not needed in babies less than 6 months of age.

### **Water**

Supplemental water is not necessary for either breast or bottle fed infants. As long as your baby makes 4 or more wet diapers per day, (s)he is well hydrated.

## **☞ BABY CARE ☞**

### **Bath**

Until the umbilical cord falls off, give sponge baths using mild soap (eg. – Dove<sup>®</sup>, Johnson's<sup>®</sup>). After the navel has healed, the baby may be immersed in



water. Wash the face with water only. The hair and scalp may be shampooed using baby shampoo twice weekly. Daily baths are not necessary and can lead to dry skin. Bathing 2-3 times a week is sufficient.

### **Skin**

The skin of most infants is normally moist and no special care is needed after bathing. Avoid oils, lotions, and powder unless prescribed. A fine peeling of the skin, especially on the hands and feet, is normal. Rashes resembling acne are quite common on the face during the first few weeks and subside without treatment. The diaper area should be gently cleaned with water with each change. Disposable towelettes often contain harsh irritants and may cause diaper rashes. Hypoallergenic wipes may be tried.

### **Nails**

Fingernails grow quickly. They may be trimmed with blunt scissors or filed with an emery board.

### **Eyes**

Tears keep the eyes clean. If crusting on the eyelids occurs, the crusting may be removed with warm washcloth, stroking gently from the inside corners outward. Do not try to force the eyes open to put water inside. If a persistent yellow or green drainage occurs from the eyes, call our office.

### **Ears**

Clean only the area you can see. A Q-tip® moistened in water can be used to clean the crevices. Do not force the cotton into the ear canal.

### **Naval Care**

No special care is needed. Keep the area dry until the cord falls off which usually occurs by 2 weeks of age. No dressing is needed. If the skin around the navel becomes red, it may be an indication that an infection is starting. At this time, please contact our office. Occasionally, when the umbilical cord drops off, slight bleeding may occur. This is usually not serious and can be stopped readily by applying pressure to the navel with dry cotton. If the bleeding persists, you should notify us.

### **Circumcision**

Complete healing will take one week after the procedure. Sponge the area with water with each diaper change. A small amount of Vaseline® to the top of the penis should be applied to prevent its sticking to the diaper. Do not wrap gauze or any material around the penis after 24 hours.

For uncircumcised male infants, retraction of the foreskin is not recommended. Do not force the foreskin back over the tip of the penis. It may normally take 3-4 years before the foreskin is fully retractable.

### **Bowel Movements**

No two babies are alike. Bowel movements may vary in frequency, color (yellow, green, brown), and consistency. If the abdomen is not distended and the movement is soft, it is probably normal. Frequency may be from every feeding to every 3 days and still be part of a normal child's digestive system.

It is normal for some babies to appear to strain, draw their legs up, and get red in the face while having a bowel movement. This is not constipation. Under no circumstances should laxatives, suppositories, or enemas be used without a physician's advice. If the stools are excessively watery and frequent, you should notify us.

### **Sleep**

The baby should be placed on his/her back. Recent studies have raised concerns regarding a higher incidence of Sudden Infant Death Syndrome (SIDS) in babies sleeping on their stomach. There should not be any pillows, loose blankets, or toys with loose or stretchable parts on the bed.

Do not tie a pacifier or any other toy around your baby's neck. Babies should not sleep in bed with you. Though some parents find it more convenient to have newborns sleep in bassinets in the same room, there should be no concerns about their sleeping from the start. You will hear them when they need you.

### **Clothing**

Your baby requires as much clothing as an adult. Never over-clothe or under-clothe your baby. Dress him/her according to the temperature. Keep the house temperature at a comfortable 68-74 degrees for the baby.

### **Automotive Safety**

Bringing your baby home from the hospital is a very joyous occasion. However it can also be the first serious threat to your infant's life if your baby is not properly restrained in the car. What most of us forget is that no mother's arms can protect her infant from the tremendous force of even a 15 mph automobile accident. These accidents are a major cause of death in children from ages 1 to 4. Thus, anytime your baby gets into the car, your

baby should be transported in an effective safety carrier. For infants, the car seat must be rear-facing until the two criteria of being 20 pounds and 1 year of age are both met.

It is a Virginia state law that all children 8 years of age and under must ride in an approved safety seat.

### **General Safety Tips**

- A car seat and seat belt are the best investment you will ever make for your child's long life and safety. (The law now requires car seats for children 8 years and under.)
- Always keep one hand on your baby when bathing him/her. Never leave him/her alone in the bath or in the pool. If the phone or doorbell interrupts your baby's bath, disregard the call or take your baby with you to place him/her in a safe place.
- Check water temperature first. Turn down the maximum temperature of the hot water heater to 120° F.
- Keep pins closed. Small objects (ie. - buttons, small toys) as well as sharp objects (ie. – scissors, nail files) should be out of your baby's reach.
- Keep toys free of splinters and sharp edges. Remove loose parts from the toy which may be swallowed.
- Keep baby away from hot stoves, radiators, pipes, open fires, cigarettes, irons, and foods.
- Keep electric sockets closed and cords out of reach.
- Do not use soft heavy pillows which might interfere with breathing.
- Furniture and lamps should be secured so that they cannot be pulled over on baby.
- Keep all medicines in locked or high, out of reach place. The same is true for household poisons (ie- insecticides, cleaning agents, solvents, dishwasher soap).

## **☞ MEDICAL SUPERVISION ☞**

### **Checkups**

To ensure good health care, we suggest regular periodic “checkups”. Your child's growth, development, and feedings will be discussed. You will receive anticipatory guidance for the subsequent interval of time. During the first year of life, routine examinations is recommended at 2 weeks, 2 months, 4 months, 6 months, 9 months, and one year. Immunizations play an important role in protecting your child from a wide variety of disease including hepatitis,

diphtheria, whooping cough, tetanus, polio, measles, mumps, German measles, certain types of meningitis, chicken pox, and blood and ear infections. These will be administered at checkups. In addition, urine and blood tests as well as skin tests for tuberculosis (TB) will be done periodically. The benefits and risks of any procedure or prescribed medication will be discussed with you at these checkups.

### **Signs of Illness**

For infants younger than 3 months, we should be notified for the following:

- Rectal temperature  $\geq 100.5^{\circ}\text{F}$
- Vomiting (not just “spitting up”)
- Refusal of food several times in a row
- Persistent, loose, runny bowel movements
- Excessive listlessness
- Unusual rash
- Difficulty breathing
- Excessive irritability or continuous crying

It is normal for babies to sneeze, yawn, belch, have hiccups, pass gas, cough, cry, and occasionally look cross-eyed. Spitting small amounts of formula/breast milk is common, often appearing curdled from mixing with stomach acids. Sneezing is normal, as it is the way baby clears his/her nose. Hiccups are also expected due to immaturity of the brain and diaphragm.

If at any time you are concerned about your baby being sick or “acting differently”, please contact us.

### **Temperature Taking**

It is not necessary to routinely take your baby’s temperature. The baby’s temperature should be taken when he/she is showing signs of illness or feels unusually warm. Rectal temperatures are preferred in infants, especially in the first 3 months of life, since it is more accurate than temperatures obtained under the arm. To obtain rectal temperature, lubricate the tip of the thermometer with Vaseline® or KY Jelly® and insert it approximately one inch into the rectum. Hold it gently in place with the baby well secured for the duration of time recommended by the manufacturer of your thermometer.

Fever in a child older than 3 months is defined as a temperature  $\geq 101^{\circ}\text{F}$ . In infants younger than 3 months, fever is defined as a rectal temperature  $>100.5^{\circ}\text{F}$ .

☞ Call the on-call doctor:

- If your child is younger than 3 months with a rectal temperature >100.5°F
- If your child has a very high fever (>104°F)

### **Useful Items to Have**

- ✓ Rectal thermometer
- ✓ Bulb syringe with blunt plastic tip – this is to be used only at the outside of the nose to remove nasal mucus
- ✓ Cool-mist vaporizer
- ✓ Vaseline® or KY Jelly®
- ✓ Rubbing alcohol
- ✓ Diaper rash ointment (Desitin®, A & D Ointment®, Balmex®)
- ✓ Acetaminophen (Tylenol®, Feverall®)
- ✓ Salt water nose drops (Ayr®) or mix ¼ teaspoon of salt to 8 ounces of water
- ✓ Ibuprofen (Advil®, Motrin®) – can be safely used in infants 6 months and older

## ☞ USEFUL WEBSITES ☞

### **For medical information**

- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- Center for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
- Useful resources for information pertaining to immunizations can be found at:
  - [www.vaccine.chop.edu](http://www.vaccine.chop.edu)
  - [www.keepkidshealthy.com](http://www.keepkidshealthy.com)

### **For consumer product information**

- Consumer Product Safety Commission [www.cpsc.gov](http://www.cpsc.gov)
  - This provides information regarding the safety of toys and baby furniture as well as lists products that have been recalled.
- National Highway Transportation Safety Administration [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)
  - This site provides rating of car seats as well as lists car seats that have been recalled.
- [KeepingBabiesSafe.org](http://KeepingBabiesSafe.org)
  - Keeping Babies Safe exists to provide leadership in keeping babies safe from preventable injuries and deaths associated with unsafe cribs, dangerous children's products and unsafe sleep environments.

## Acetaminophen (Tylenol®) Pediatric Dosing Chart

Weight	Age	Infants' Concentrated Drops (80 mg/0.8 ml)	Children's Suspension Liquid (160 mg/5 ml)	Children's Soft Chewable Tablets 80 mg each	Junior Strength Chewable Tablets 160 mg each
6–11 lbs	0-3 mos	½ dropper* = 0.4 cc	-	-	-
12–17 lbs	4-11 mos	1 dropper* = 0.8 cc	½ tsp	-	-
18–23 lbs	12-23 mos	1 ½ droppers* = 1.2 cc	¾ tsp	-	-
24–35 lbs	2-3 yrs	2 droppers* = 1.6 cc	1 tsp	2 tablets	1 tablet
36-47 lbs	4-5 yrs	-	1 ½ tsp	3 tablets	1 ½ tablets
48-59 lbs	6-8 yrs	-	2 tsp	4 tablets	2 tablets
60-71 lbs	9-10 yrs	-	2 ½ tsp	5 tablets	2 ½ tablets
72-95 lbs	11 yrs	-	3 tsp	6 tablets	3 tablets
≥ 96 lbs	12 yrs	-	-	-	4 tablets

\*use only the dropper provided

☞ Dosage may be given every 4 hours as needed and should not exceed more than 6 times daily.

☞ Duration of action lasts as short as 4 hours or as long as 6 hours. It can take up to 1 hour for the medication to start working.

☞ Acetaminophen can be safely given to infants 6 months and younger.

☞ Acetaminophen can be used to control pain and reduce fever. It does not have the ability to reduce swelling and inflammation.

**FYI:**

1 cc = 1 ml

5 cc = 1 teaspoon

## Ibuprofen (Motrin®, Advil®) Pediatric Dosage Chart

Weight	Age	Infants' Concentrated Drops (50 mg/1.25 ml)	Children's Suspension Liquid (100 mg/5 ml)	Children's Chewable Tablets 50 mg each	Junior Strength Chewable Tablets 100 mg each
12-17 lbs	6-11 mos	1 dropper* = 1.25 cc	-	-	-
18-23 lbs	12-23 mos	1 ½ droppers* = 1.875 cc	-	-	-
24-35 lbs	2-3 yrs	-	1 tsp	2 tablets	1 tablet
36-47 lbs	4-5 yrs	-	1 ½ tsp	3 tablets	1 ½ tablets
48-59 lbs	6-8 yrs	-	2 ½ tsp	4 tablets	2 tablets
60-71 lbs	9-10 yrs	-	2 ½ tsp	5 tablets	2 ½ tablets
72-95 lbs	11 yrs	-	3 tsp	6 tablets	3 tablets

\*use only the dropper provided

☞ Dosage may be given every 6 hours as needed and should not exceed more than 4 times daily.

☞ Duration of action lasts as short as 6 hours or as long as 8 hours. It can take up to 1 hour for the medication to start working.

☞ Ibuprofen can be safely given to infants 6 months and older.

☞ In addition to its ability to control pain and reduce fever, ibuprofen can reduce swelling and inflammation.

### FYI:

1 cc = 1 ml

5 cc = 1 teaspoon





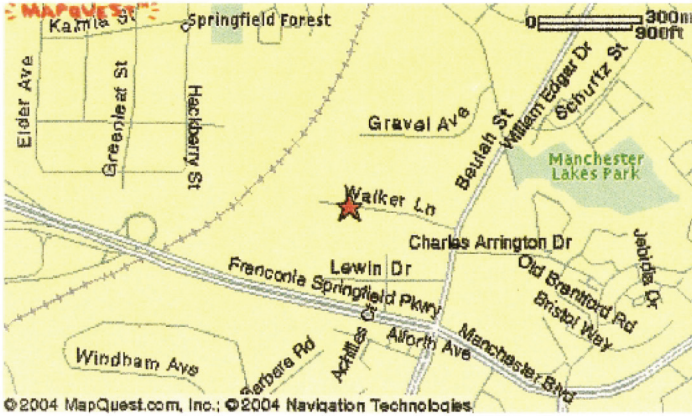






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