



**Child Health Associates**  
Boston Children's  
Primary Care Alliance

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## Commonly Asked Questions





**IMPORTANT  
NUMBERS**

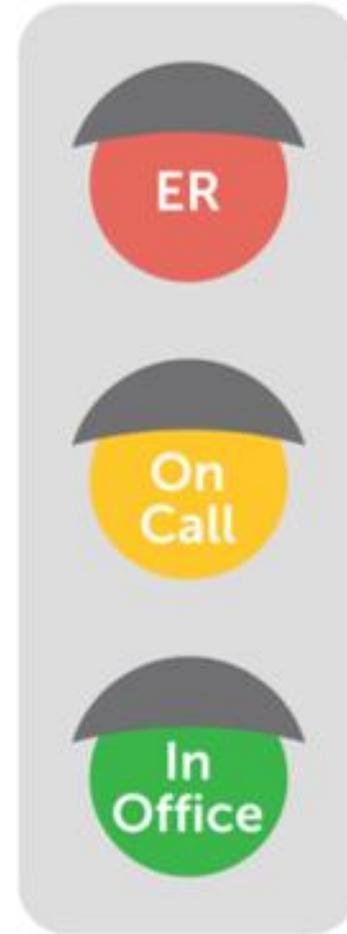
Poison Control-  
1-800-222-1222

Emergency- 911

Mental Health  
Emergency- 988



# Where to go to get the right care



## Emergency care

- ✓ Bleeding that won't stop
- ✓ Breathing problems
- ✓ Fever over 104 (100.4 for babies under 3 months)
- ✓ Accidental poisoning
- ✓ Severe accidents or injuries

## On-call care

- ✓ Late-night illness
- ✓ Stomach pain
- ✓ Vomiting for over 24 hours
- ✓ COVID-19 symptoms

## Regular office visit

- ✓ Physicals and well visits
- ✓ Immunizations
- ✓ Chronic concerns like asthma
- ✓ Sore throat, cough, or flu

# FOR MORE DETAILS KEEP READING



## COUGH COLD CONGESTION

A cold is caused by a virus. Antibiotics are not used to treat viral infections. Most children under the age of 6 years old will develop 6-10 colds per year.



### NEXT STEPS



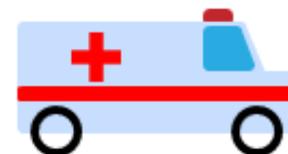
#### AT HOME CARE

- Drink plenty of fluids.
- Bulb syringe & saline nasal spray to remove [nasal](#) discharge.
- Cool mist humidifier.
- Acetaminophen (Tylenol) for fevers or discomfort every 4-6 hours.
- Ibuprofen (Motrin) for children over 6 months for fevers or discomfort every 6-8 hours.
- Call your PCP office for further questions and clarification.



#### MAKE AN APPOINTMENT IF:

- Cough is high pitched, barky, or sounds like a seal.
- Fever does not respond to proper acetaminophen (Tylenol) or ibuprofen (Motrin) dose.
- Respiratory symptoms last more than 10 days or worsen after improving.
- Complaints of ear pain or pulling at ears.
- Difficulty swallowing or refuses to drink fluids for 4 hours or more.
- Does not feel like playing.



#### EMERGENCY DEPARTMENT OR 911

- Trouble breathing
- Gasping for air
- Wheezing
- Grunting
- Skin color changes
- Loss of consciousness
- Fever over 100.4 F for infants under 3 months
- Extreme sleepiness (inability to wake up)



- Do not give child Aspirin.
- Do not give child under 6 years old cough medication.
- Do not give a child [honey](#) under 1 years old.
- Do not give infants under 6 months [ibuprofen](#) (Motrin).



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508-832-9891 | fax: 508-832-7670

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# FEVER

- Infants 3 months and under with a rectal temp of 100.4 F or higher:
  - **Please call the office to speak with one of our triage nurses**
- Children over 3 months of age with a temp of 100.4 or higher is considered a fever
- We recommend **if older than 3 months:**
- Give Tylenol (acetaminophen) or Motrin (ibuprofen)
  - **Motrin are for infants 6 months and up**
  - Tylenol is every 4 hours
  - **Motrin is every 6-8 hours**
- Recheck temp after 1 hour. If it comes down a degree or two, it does mean it is working.
  - **The temp may not go down to normal, and you may see the temp climb back up as they are due for another dose of medication.**
- Please call the office if temp goes to 104 F or higher.
- Continue to push fluids so that your child is urinating every 6-8 hours. If they are not, please contact the office.
- If under the age of 2 years, with no other symptoms, please call the office if fever is present for more than 24 hours.
- If there are other cold symptoms, we recommend calling if fever is present for more than 3 days.

# TYLENOL DOSAGE CHART

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CHILD'S WEIGHT	CHILDRENS/INFANTS SUSPENSION LIQUID	CHILDRENS MELTAWAYS	JUNIOR MELTAWAYS
CHILD'S AGE	160 mg/5 mL	80 mg each	160 mg each
6-11 lbs.	1.25 mL		
0-3 months			
12-17 lbs.	2.5 mL	CONSULT YOUR CHILD'S DOCTOR	
4-11 months			
18-23 lbs.	3.75 mL		
12-23 months			
24-35 lbs.	1 TSP or 5 mL	2 TABLETS	NOT RECOMMENDED
2-3 years			
36-47 lbs.	1 ½ TSP or 7.5 mL	3 TABLETS	NOT RECOMMENDED
4-5 years			
48-59 lbs.	2 TSP or 10 mL	4 TABLETS	2 TABLETS
6-8 years			
60-71 lbs.	2 ½ TSP or 12.5 mL	5 TABLETS	2 ½ TABLETS
9-10 years			
72-95 lbs.	3 TSP or 15 mL	6 TABLETS	3 TABLETS
11 years			
96+ lbs.	NOT RECOMMENDED	NOT RECOMMENDED	4 TABLETS
12 years			



# COUGH

Coughs can last up to 3 weeks

We do not recommend any cough medication for children under the age of 6

Please call with any signs or symptoms of respiratory distress or wheezing or if your child continues to worsen



# COUGH-TIPS AND TRICKS

1

Run a humidifier or sit in steamy bathroom

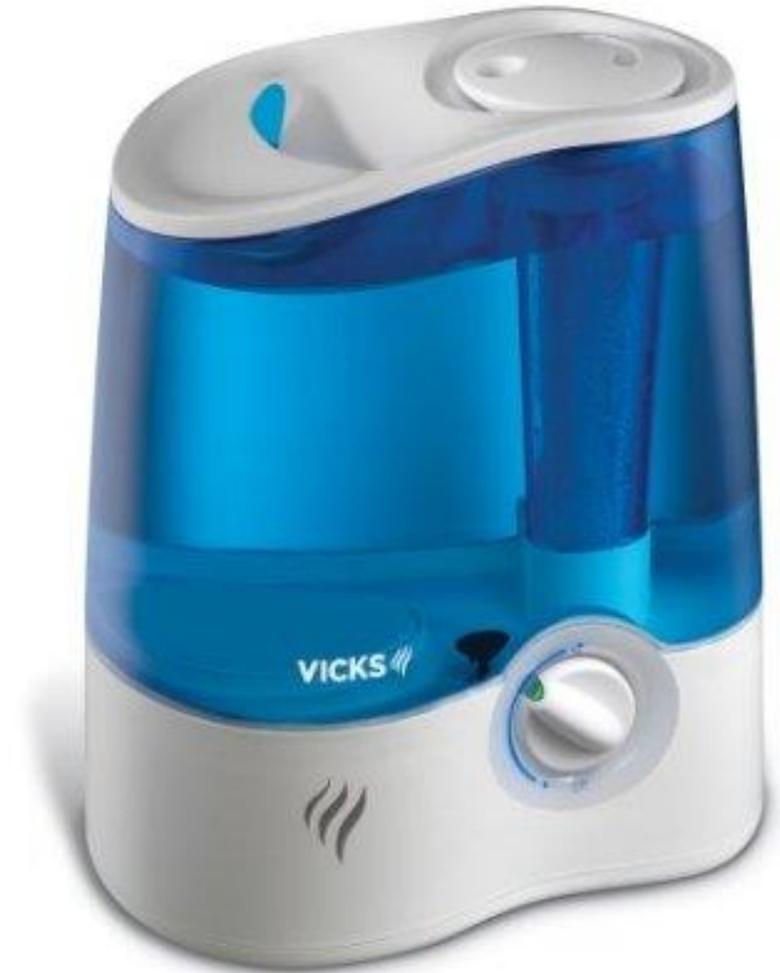
2

Increase height of head of bed

- Roll up a towel into a log and place under mattress at head of bed

3

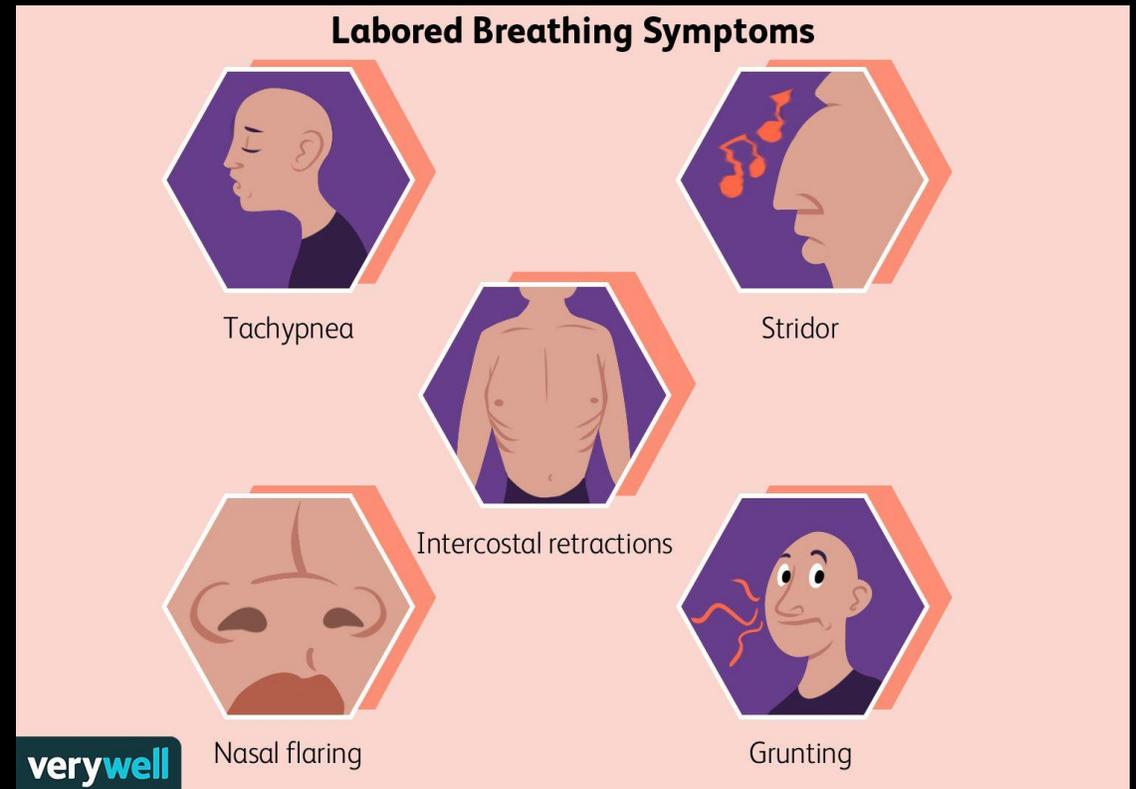
Ok to give honey if over the age of 12 months as a natural cough medication

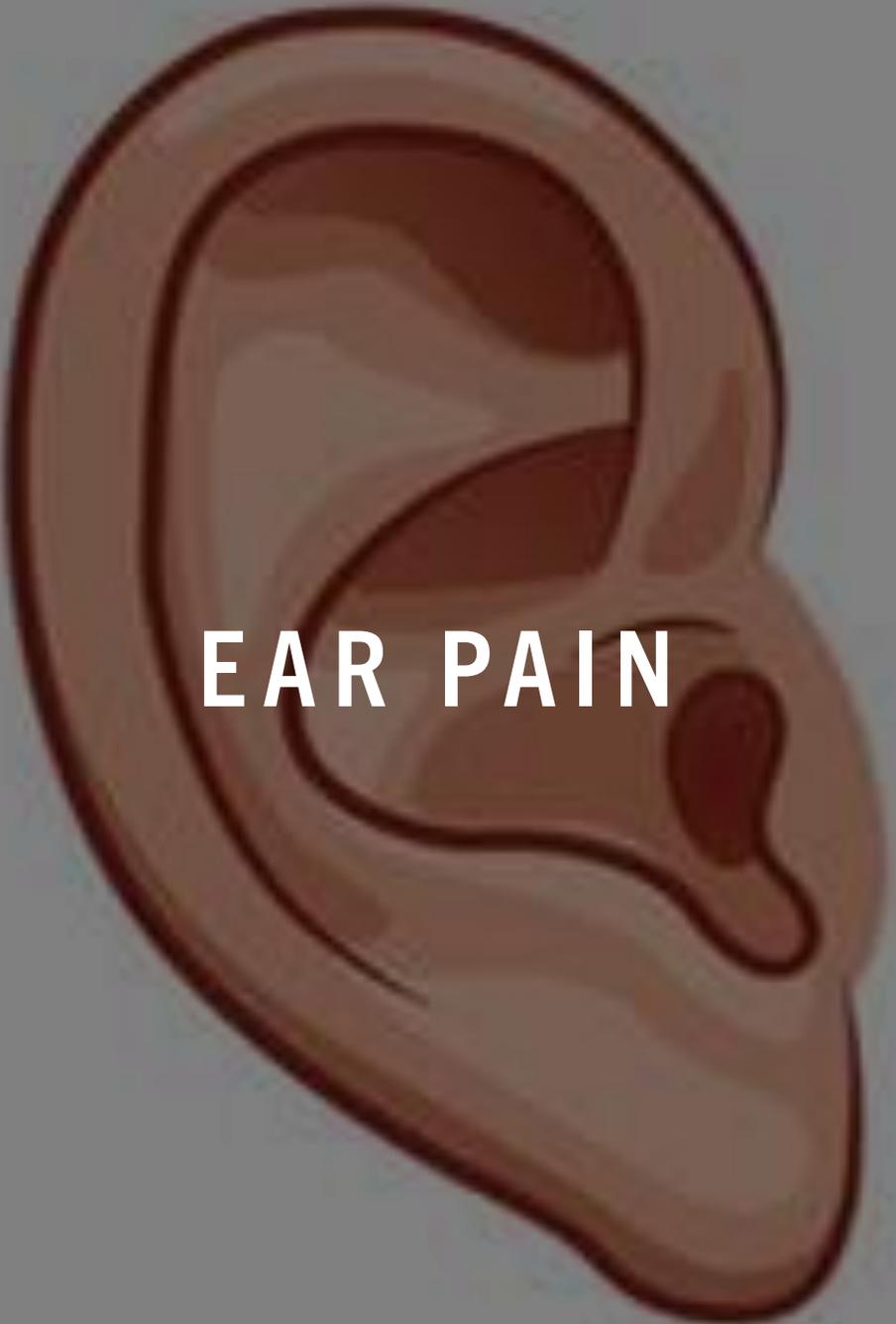


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# SIGNS OF RESPIRATORY DISTRESS

- Retractions
  - This is tugging of the skin in between the ribs.
- Nasal Flaring
- Tachypnea
  - Abnormal Rapid Breathing
- Stridor
  - High-pitched, whistling sound
- Tracheal Tugging
  - This is tugging at the base of the neck.





# EAR PAIN

- Ear pain can be caused by an ear infection or due to fluid in the ears.
- Signs and symptoms include:
  - Fussy when lying flat
  - Not wanting to feed, the sucking motion can hurt their ears.
  - Poking or pulling at ears.
- We recommend:
  - Tylenol or Motrin for the pain
  - Warm compresses to the ear
- Should be seen in the office if:
  - There is drainage coming from the ear, call to speak with a triage nurse
  - Fever is present
  - Symptoms persist

# NASAL CONGESTION

## Tips and Tricks

- Use nasal saline to help loosen the congestion and use Nose Freida or bulb suction to remove discharge
  - Do not over suction as it can irritate the nasal passageway and cause more swelling
- Run a cool mist humidifier
- Increase height of head of bed
  - Roll a towel into a log and place under mattress at head of bed
- Should be seen in the office if:
  - Fever becomes present and lasts for more than 3 days
  - If patient is worsening



**CONSTIPATION-** DEFINED AS PAIN OR CRYING DURING THE PASSAGE OF A STOOL OR UNABLE TO PASS A STOOL AFTER STRAINING OR PUSHING LONGER THAN 10 MINUTES OR 3 OR MORE DAYS WITHOUT A STOOL (EXCEPTION: BREASTFED AND OVER 4 WEEKS OLD)

## NORMAL STOOLS

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- Once children are on a regular diet (1 year of age) the normal range for stools is 3 per day to 1 every 2 days
- Breast fed infants may go up to 7 days without a stool. In the first few weeks of life, they may have multiple stools a day.

## MORE INFORMATION

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- The every 4–5-day kids all have pain with passage and prolonged straining
- The every 3-day kids usually drift into longer intervals and then develop symptoms
- Any child with discomfort during stool passage or prolonged straining needs to at least incorporate dietary changes



# CONSTIPATION DIET FOR UNDER 1 YEAR

For infants over 1 month old, you can give 1 oz of juice per month of age per day.

- For example, 3-month-old can have up to 3 oz of juice per day

Pear or apple juice is okay at any age

For infants over 4 months old and they have been introduced to baby foods, you can add baby foods with high fiber twice a day (peas, beans, apricots, prunes, peaches, pears, plums)

If on finger foods, add cereal (non-rice cereal) and small pieces of “P” fruits.

# CONSTIPATION DIET FOR OVER 1-YEAR OLD

- Increase fruit juices
  - Apple, pear, cherry, grape, and prune
  - Fruit cups are a great option too
- Citrus juices are not helpful
- Add fruits and vegetables high in fiber content 3 or more times per day
  - Peas, beans, broccoli, bananas, apricots, peaches, pears, figs, prunes, dates
- Increase whole grain foods
  - Bran flakes, bran muffins, graham crackers, oatmeal, brown rice, and whole wheat bread
- Limit milk products



# TIPS FOR CONSTIPATION

## NOT TOILET TRAINED

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- Bicycle movements
  - The exercise and flexed position helps stool release
- Warm baths
  - The warm water helps relax the muscles to help the stool release
- Rectal stimulation if necessary
  - If the other options do not work, take a rectal temp on your child. This can help the stool release.

## TOILET TRAINED

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- If toilet training, stop toilet training
  - Temporarily put them back in diapers or pull ups. Reassure your child that poops won't hurt when they come out.
  - Praise your child for passing of stools
  - Avoid any pressure or punishment
- Encourage sitting on the toilet
  - Establish a regular bowel pattern by sitting on the toilet for 5-10 minutes after meals, especially breakfast
- Exercise
- Warm baths

# BRISTOL STOOL CHART

This reviews the different types of stools you may see in your child.

BRISTOL STOOL CHART		
	Type 1 Separate hard lumps	Very constipated
	Type 2 Lumpy and sausage like	Slightly constipated
	Type 3 A sausage shape with cracks in the surface	Normal
	Type 4 Like a smooth, soft sausage or snake	Normal
	Type 5 Soft blobs with clear-cut edges	Lacking fibre
	Type 6 Mushy consistency with ragged edges	Inflammation
	Type 7 Liquid consistency with no solid pieces	Inflammation

# MIRALAX

- MiraLAX is used for chronic or recurrent constipation.
- MiraLAX is colorless, odorless powder that can be mixed with any clear fluid.



Age of Child	Volume (mixed in 8 oz of clear liquid)
If under one year	Ask PCP
Age 1-5 years	½ Capful Daily
Age 6-12 years	1 Capful Daily
Age 13 years and older	1 Capful Daily

# NORMAL INFANT STOOL

## Baby Poop Guide:

Parents

### Baby Poop Colors and Types

Babies should expel their one within 24 hours, and our baby poop decoder will help you identify different ones. Although there is a wide range of normal (any variation of yellow, brown, and green, with a soft consistency), there are some that may indicate health problems. If you ever notice any abnormal or worrisome poop, always contact your pediatrician.

Type	Color	Consistency	Occurrence
 Meconium	Dark green, black	Thick, sticky, shiny, and tar-like. Mixture of bile, cells, mucus, and amniotic-intestinal fluids. Usually doesn't smell.	Usually within 24 hours. Baby's first bowel movement after birth. More than 24 hours can signal a medical problem.
 Transitional Poop	Dark green, brown	Sticky but getting softer. Mixture of meconium and breastfeeding (or formula) poop.	Within 2 to 4 days. After meconium, appears in the first few days of life (days 2 to 4) until baby is eating well.
 Breastfeeding Poop	Yellow or yellow-green	Seedy, soft, and squishy; similar to mustard, cottage cheese, or scrambled eggs. Usually has a sweet smell.	Within 3 to 5 days. The stool indicates baby is now getting mature breast milk (not early milk or colostrum).
 Formula Poop	Yellow-brown, green-tan, brown	Thick and firm; similar to peanut butter or toothpaste. Smellier than breastfeeding poop.	Within the first and second weeks
 Breastfeeding/Formula Combination Poop	Dark yellow, brown	Thicker and closer in consistency to formula poop	Within the first month
 Solid Food Poop	Dark brown, brown-yellow	Thick and firm but also soft and mushy. Can also change colors (red, orange, green, blue) and reveal undigested food chunks, depending on what foods baby ate. Usually very smelly.	After 4 to 6 months, or whenever baby starts solids



## DIFFERENT COLORED STOOLS

- Stools can vary in colors.
- Please call the office if you see:
  - Red
  - Black
  - White – for infants

\*\*Interesting fact: if your child is on the antibiotic Cefdinir, the stools will appear to be a rusty/red color

**DIARRHEA - SUDDEN INCREASE IN THE FREQUENCY AND LOOSENESS OF STOOL - 3 OR MORE LOOSE OR WATERY STOOLS PER DAY**

- Diarrhea can last up to 2 weeks
- Hydration is very important- please call the office with any signs of dehydration
  - **Make sure your child is urinating every 6-8 hours**
  - **Other signs of dehydration are:**
    - Dry mouth, excessively sleepy, sunken soft spot, crying and not producing tears
- Monitor for blood or mucous in the stool
  - **Please call the office if you notice this**



# DIARRHEA TIPS AND TRICKS

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- If child is on solids, offering more starchy foods are best.
  - Cereals, bread, crackers, rice, plain pasta, or plain mashed potatoes
- It is ok to still give formula, breast milk.
- Probiotics can help with diarrhea
  - Yogurt is the easiest source of probiotics.
  - If over 12 months, give 2-6 oz of yogurt twice daily
  - Can use Culturelle

# DIARRHEA

## Antibiotics can cause diarrhea

- We highly recommend using a probiotic, like Culturelle, while your child is on antibiotics

## Call our office if:

- Signs of dehydration occur
- Blood appears in the stool
- Diarrhea persists for over 2 weeks
- Fever of 102 or higher
- Your child becomes worse

- Expected Course
  - Viral diarrhea can last 5-14 days
  - Severe diarrhea only occurs on the first 1 or 2 days, but loose stools can persist for 1 to 2 weeks

# CULTURELLE



**DIAPER RASHES** - CAUSED BY A COMBINATION OF STOOL AND URINE BEING LEFT ON THE SKIN. OCCURS EQUALLY WITH CLOTH OR DISPOSABLE DIAPERS.

CALL THE OFFICE IF:

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- Bright red skin that peels off in sheets
- Newborn with tiny water blisters that occur in clusters
- Signs or symptoms of infection
  - Redness that is spreading
  - Fever
  - Drainage
  - Odor

HAVE CHILD SEEN WITHIN 3 DAYS IF:

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- The rash is very raw or bleeds
- The rash spreads beyond the diaper area
- Rash has not improved after 3 days of treatment for yeast

# DIAPER RASH TIPS & TRICKS

- Baking soda sitz bath
  - Soak bottom in warm water for 10 minutes 3 x per day. Add 2 tablespoons of baking soda and apply Lotrimin cream after
- Protective ointment
  - Butt paste, triple paste, petroleum jelly, A + D, or Desitin. Wash off the skin before applying.
- Change diapers frequently
- Avoid baby wipes
  - Water wipes, or soft cloth with just warm water is a great option
- Rinse skin with warm water during each diaper change
- Lots of open air time
  - You can lay baby on your chest and open up the back of the diaper for air

# DR. MITCHELL'S DIAPER RASH CREAM

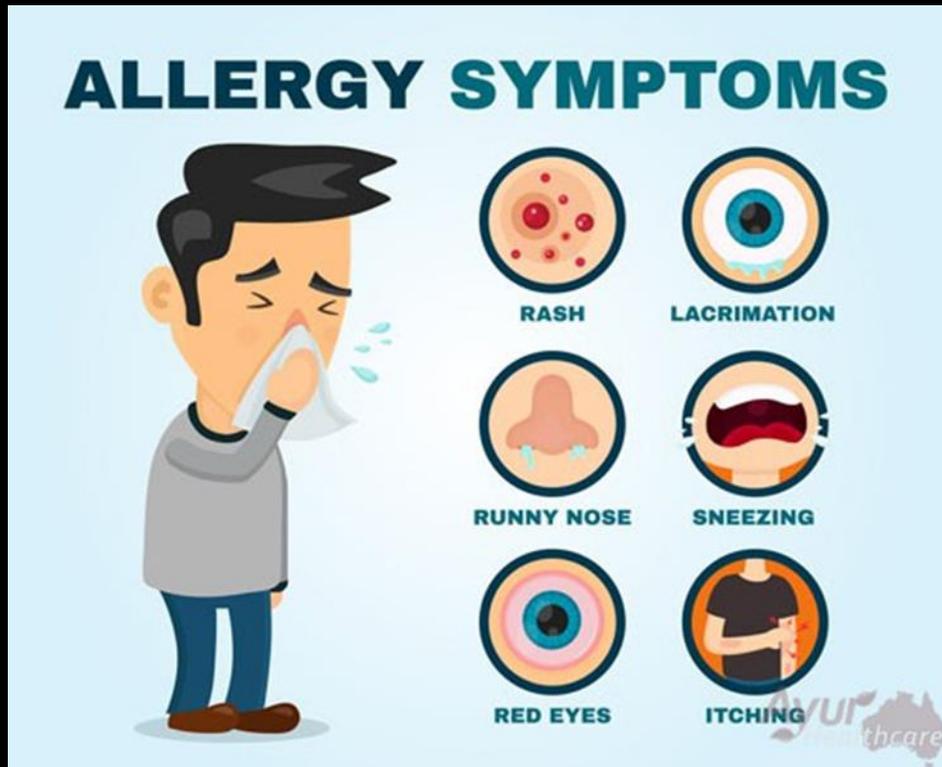
- ½ tube of A + D ointment
- ½ tube of Desitin Maximum Strength (Purple tube)
- 1 tbsp of Maalox
- 1 tbsp of bacitracin
- 1 tbsp Lotrimin

Mix it all together in one very expansive tub.

Use a copious amount (like frosting a butt cupcake) with all diaper changes. If no improvements over 3 days or any open sores become present, please call the office.



# SEASONAL ALLERGIES



- Ways to help with allergy symptoms
    - Decrease exposure
    - Change clothes
    - Keep bedroom windows closed
    - Wash face and hands after being outside
    - Use over the counter medications
      - Zyrtec OR Claritin
      - Flonase nasal spray- use nasal saline spray 30 minutes prior to Flonase
      - Zaditor eye drops
- \*Over the counter medications can take up to 1-2 weeks to take effect.
- \*\*When using over the counter medications, please do not give Claritin or Zyrtec together. Choose one, if one does not work, your child may respond better to the other.

# CLARITIN (LORATADINE)

Loratadine (Claritin®) Dosage Table

Child's Age	2-5 years	6-12 years	12+ years
Liquid 5 mg/ 5 milliliters	2.5 mL	5 mL	10 mL
Liquid 5 mg/ 1 teaspoon	½ tsp	1 tsp	2 tsp
Chewable tablets 5 mg tablets		1 tablet	2 tablets
Chewable tablets 10 mg tablets			1 tablet



# ZYRTEC (CETIRIZINE)

Cetirizine (Zyrtec®) Dosage Table

Child's Age	2-5 years	6-12 years	12+ years
Liquid 5 mg/ 5 milliliters	2.5 mL	5 mL	10 mL
Liquid 5 mg/ 1 teaspoon	½ tsp	1 tsp	2 tsp
<b>Chewable tablets</b> 5 mg tablets		1 tablet	2 tablets
<b>Chewable tablets</b> 10 mg tablets			1 tablet



# FLONASE

## Children 2 to 11 Years of Age

- An adult should supervise use.
- Use 1 spray in each nostril once daily.
- The growth rate of some children may be slower while using this product. Children should use for the shortest amount of time necessary to achieve symptom relief.
- Talk to your child's pediatrician if your child needs to use the spray for longer than 2 months a year.

## Adults and Children 12 Years of Age and Older

- Week 1—use 2 sprays in each nostril once daily.
- Week 2 through 6 months—use 1 or 2 sprays in each nostril once daily, as needed to treat your child's symptoms.
- After 6 months of daily use—ask your child's pediatrician if they can keep using.



# ZADITOR

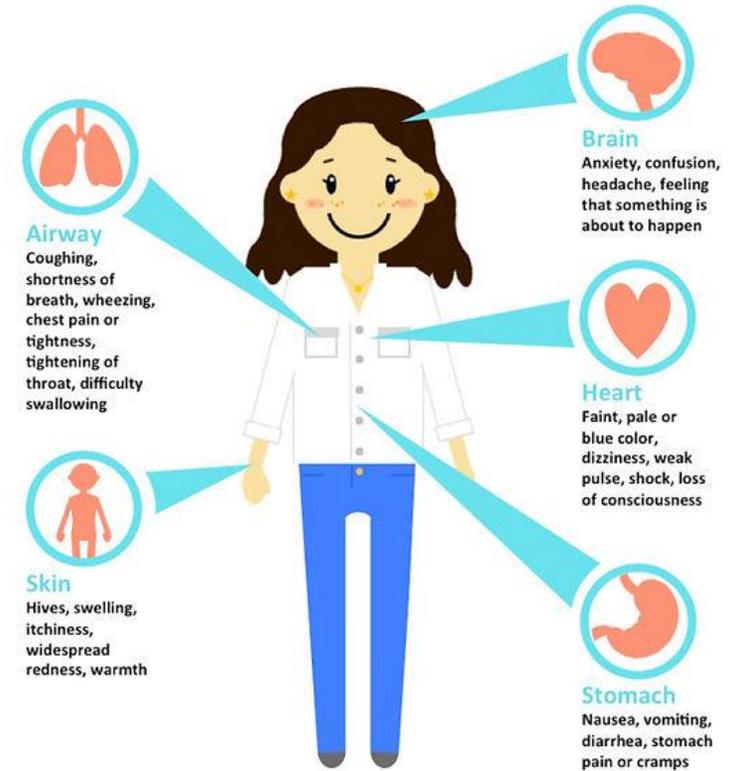
- DIRECTIONS FOR USE
- Adults and children 3 years of age and older: Put 1 drop in the affected eye(s) twice daily, every 8–12 hours, no more than twice per day.



ANAPHYLAXIS - A SEVERE,  
POTENTIALLY LIFE-  
THREATENING ALLERGIC  
REACTION. IT CAN HAPPEN  
SECONDS OR MINUTES  
AFTER AN EXPOSURE TO  
SOMETHING YOU ARE  
ALLERGIC TO

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## SIGNS and SYMPTOMS of ANAPHYLAXIS



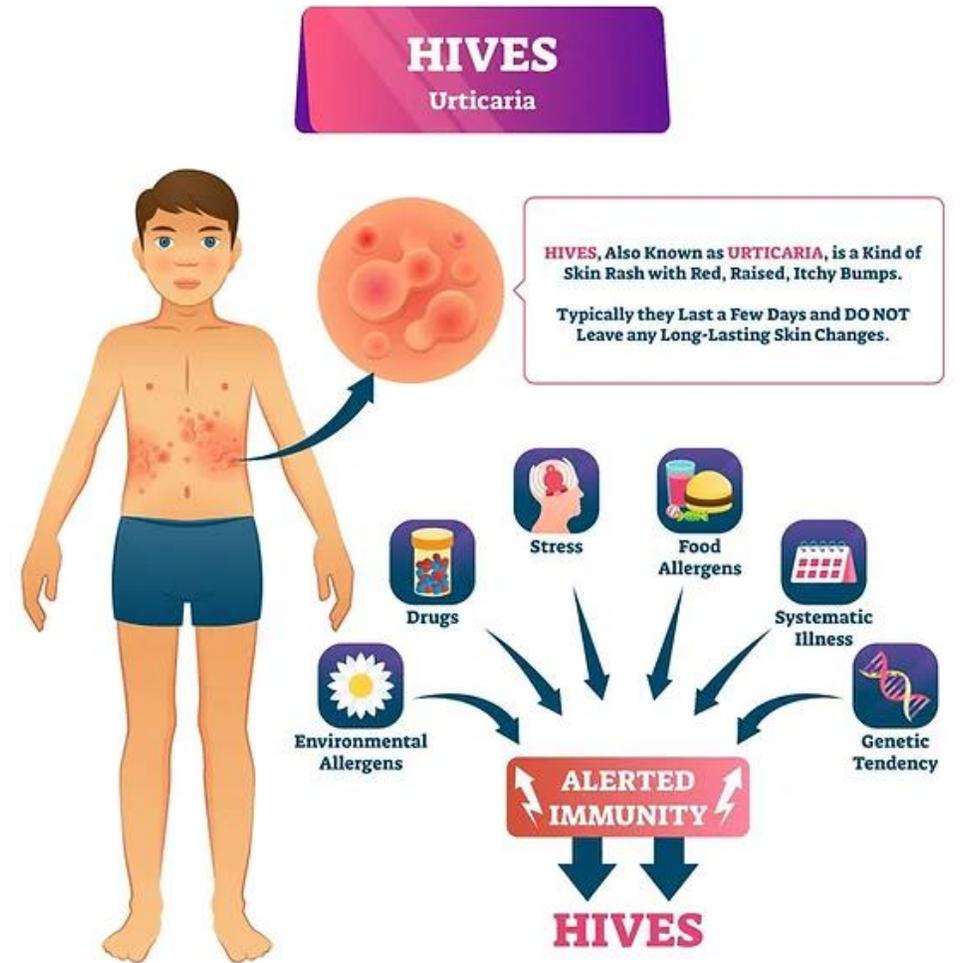
GIVE  
EPINEPHRINE

&

CALL  
911

# ANAPHYLAXIS

- If at any point difficulty breathing or swelling of the lips and tongue becomes present, give epinephrine (if already prescribed) and call **911**.
- If there is one symptom, like a rash, ok to give Benadryl.
- At any time if any two symptoms or anaphylaxis become present, give epinephrine (if already prescribed) and call **911**.



# BENADRYL DOSING CHART

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Weight	Children's Liquid Suspension	Children's Chewable Tablets	Children's Meltaway Strips
	(12.5 mg/5 ml)	(12.5 mg)	(12.5 mg)
11 - 16 lbs	½ tsp (2.5 ml)	X	X
16 - 21 lbs	¾ tsp (3.75 ml)	X	X
22 - 26 lbs	1 tsp (5 ml)	1 tablet	1 Meltaway
27 - 32 lbs	1 ¼ tsp (6.25 ml)	1 tablet	1 Meltaway
33 - 37 lbs	1 ½ tsp (7.5 ml)	1 tablet	1 Meltaway
38 - 43 lbs	1 ¾ tsp (8.75 ml)	1 tablet	1 Meltaway
44 - 54 lbs	2 tsp (10 ml)	2 tablets	2 Meltaways
55 - 65 lbs	2 ½ tsp (12.5 ml)	2 tablets	2 Meltaways
66 - 76 lbs	3 tsp (15 ml)	2 tablets	2 Meltaways
77 - 87 lbs	3 ½ tsp (17.5 ml)	2 tablets	2 Meltaways
88 lbs +	4 tsp (20 ml)	4 tablets	4 Meltaways

# ANAPHYLAXIS- DIFFERENT KINDS OF EPINEPHRINE DEVICES

## EPIPEN

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## AUVI-Q

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# EPINEPHRINE DOSING

0-32 lbs - 0.1mg

33-55 lbs - 0.15mg

56 lbs and up - 0.3mg

If your child has an EpiPen or Auvi-Q and the dose needs to be changed due to their weight, please call the office.

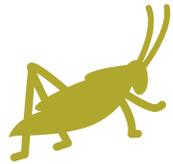
# INSECT REPELLANTS

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- DEET-containing repellents are one of the most effective insect repellents, as long you follow directions on the label to use the product safely.
  - The repellent repels biting insects such as mosquitoes and ticks but doesn't repel stinging insects including bees, hornets, and wasps.
- Be sure to check the product label to find the concentration of DEET in a product, which indicates how long the product will work.
  - For example, 10% DEET provides protection for about 2 hours, and 30% DEET protects for about 5 hours.
- **The AAP recommends that repellents should contain no more than 30% DEET when used on children. Insect repellents also are not recommended for children younger than 2 months.**
- Choose the lowest concentration that will be effective based on the amount of time kids will be outside. If you know you will be out for an hour, for example, choose a product with 10% DEET.



# HOW TO APPLY INSECT REPELLANTS



Insect repellents should be applied only on exposed skin – not under clothing – and to the outside of your child’s clothing. Read product instructions and use just enough repellent to cover your child’s clothing and exposed skin. Using more doesn’t make the repellent more effective.



Apply the repellent on young children and help older children apply – to make sure the product is used properly. If you use a spray, do so in an open area to avoid breathing in the repellent. If using on your child’s face, spray the product on your hands, then apply, being careful to avoid the eyes and mouth. Avoid using repellents on scrapes, wounds or other broken skin. Don’t use sprays around food.





## INSECT REPELLANTS CONTINUED

- Clothing is important. If you are in the woods where there may be ticks, for example, wear long sleeves and pants – a long-sleeved shirt with a snug collar and cuffs is best. Tuck the shirt in at the waist and tuck socks over your pants, hiking shoes or boots.
- Once you're back inside, wash the product off your child's skin with soap and water to remove any repellent, and wash their clothing before they wear it again. Do tick checks at the end of the day by examining your child's hair and skin.

# INSECT REPELLANTS

- For younger infants, use mosquito netting over strollers and baby carriers when the family is outside. You can dress infants in cool, comfortable clothing – such as lightweight cotton – to protect their skin.
- Other “natural” insect repellants repel insects only for a short time and don’t require registration with the Environmental Protection Agency. They might include citronella oil, cedar oil, geranium oil, peppermint, peppermint oil and soybean oil.



## IMPORTANT INFO ABOUT INSECT REPELLANTS

- AAP does not recommend products that combine sunscreen with DEET. Sunscreen should be applied every 2 hours, but DEET is used once a day. You can use these products separately. Store DEET and other repellent products away from children's reach.
- If you suspect an allergic reaction, such as a rash, to an insect repellent, stop using the product and wash your child's skin with soap and water. You can call **Poison Help** at 1-800-222-1222 or your child's doctor for help. If you go to the doctor's office or other facility, take the repellent container with you.
- \*\*Call for a tick bite if on for more than 36 hours and within 72 hours of removal for Lyme prophylaxis



# SUN SAFETY-CLOTHING

- Clothes and hats can protect skin – whenever possible, dress yourself and your children in cool, comfortable clothing that covers the body, such as lightweight cotton pants, long-sleeved shirts, and hats.
- Select clothes made with a tight weave; they protect better than clothes with a looser weave. If you're not sure how tight a fabric's weave is, hold it up to see how much light shines through. The less light, the better. Or you can look for protective clothing labeled with an Ultraviolet Protection Factor (UPF).
- Wear a hat with an all-around 3-inch brim to shield the face, ears, and back of the neck.



# SUN SAFETY

- Try to limit your sun exposure between 10:00 am and 4:00 pm when UV rays are strongest.
- Wear sunglasses with at least 99% UV protection. Look for youth-sized sunglasses with UV protection for your child.
- Seek shade for your activities whenever you can.



A circular illustration showing a woman in a red swimsuit and a straw hat applying sunscreen to the arm of a child wearing a blue cap and a green inflatable ring. The scene is set outdoors on a beach.

## SUN SAFETY- SUNSCREEN

- If possible, choose a sunscreen with the mineral ingredients zinc oxide or titanium dioxide.
  - If you can't find a product with these ingredients, remember that using *any* sunscreen is better than using *no*. We don't want anyone to sunburn since sunburning raises the risk of developing skin cancer later in life.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 (up to SPF 50). An SPF of 15 or 30 should be fine for most people.
  - Research studies are underway to test if sunscreen with more than an SPF of 50 offers any extra protection.
- Apply sunscreen to parts of your child's skin that may be exposed to the sun, even on cloudy days because the sun's rays can penetrate through clouds. Make sure to use enough sunscreen. Reapply every 2 hours when outside, and after swimming and sweating.

# SUN SAFETY AND BABIES

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, an umbrella, or the stroller canopy. If it's not possible to find shade, sunscreen may be applied to babies younger than 6 months to small areas of skin that are not covered by clothing and hats – this is because we don't want babies to sunburn.
- Make sure everyone in your family knows how to protect their skin and eyes. Remember to set a good example by practicing sun safety yourself.



## SLIP

Slip on layers to give your baby protection from the sun. If possible use clothes made with UPF of 40.



## SLOP

Slop on a broad spectrum sunscreen (for UVA and UVB) using plenty to cover the skin around half an hour before going out in the sun. Reapply every 2 hours.



## SLAP

Slap on a hat with a wide brim. A baseball cap isn't really enough to cover ears and neck so go big.



## SEEK

Seek out some shade - or make your own using an umbrella.



## SLIDE

Slide on some sunglasses that cover the eye area really well. The straps that hold them on are the best choice for babies!

MAKING  
of mom

[www.makingofmom.com](http://www.makingofmom.com)

# LICE

- Lice can be treated at home
- We recommend buying Nix (anti-lice cream rinse) and following the package instructions
  - Over the counter
- Removing all nits can be time consuming but is very important
  - Wetting the hair with water can make the removal easier

# LICE

## EXTRA TIPS

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- Do not wash the hair with shampoo until 2 days after lice treatment
- Avoid hair conditioners before treatment and at least 2 weeks after

## CLEANING THE HOUSE

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- Lice that are off the body rarely cause reinfection. Lice cannot live more than 24 hours off the body
- Vacuum the child's room
- Soak hairbrushes for 1 hour in a solution containing anti-lice shampoo
- Wash your child's sheets, blankets, pillowcases, and any clothes worn in the past 2 days with hot water (130F kills lice and nits)
- Optional: items that can't be washed should be set aside in a sealed plastic bag for 2 weeks. This includes stuffed animals

# LICE-IF NIX FAILS

We recommend using Cetaphil Cleanser

- Apply Cetaphil cleanser throughout the scalp to dry hair
- After all the hair is wet, wait 2 minutes for Cetaphil to soak in
- Comb out as much excess cleanser as possible
- Blow-dry your child's hair. It must be thoroughly dry down to the scalp to suffocate the lice. Expect this to take 3 times longer than it would if the hair was just wet.
- Leave cleanser on for at least 8 hours
- After 8 hours, wash off the Cetaphil with regular shampoo
- Repeat this process twice in 1 to 2 weeks

- If Cetaphil fails, call the office



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# CHILD HEALTH ASSOCIATE- LOCATIONS

## AUBURN

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- Phone: 508-832-9691
- Fax: 508-832-7670
- 105 Millbury Street  
Auburn, MA 01501

## SHREWSBURY

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- Phone: 508-832-9691
- Fax: 508-842-7838
- 604 Main Street  
Shrewsbury, MA 01545

\*We are located in the back of the building

# IF YOU NEED TO GO TO URGENT CARE OR ER WE RECOMMEND:

## URGENT CARE

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- ReadyMed on Shrewsbury St, in Worcester
  - They have pediatricians at this location
- Pedi-Q in Northborough
  - Urgent care for pediatrics only with later hours
- Always make sure that the urgent care you are going to accepts your insurance first.
- MassHealth is accepted at Carewell Urgent Cares. Still confirm they accept it first.

## EMERGENCY ROOMS

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- Umass University Campus Emergency Room in Worcester, MA
  - This location has a pediatric ER
- Boston Children's Hospital in Boston, MA

\*\*Always remember in an emergency, you can choose the closest and most convenient location for you