# GREEN BOOK FOR THE PEDIATRIC SPECIALISTS OF PENDLETON, LLC

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Office Hours:

Mon. – Thu. …….…… 8:00am – 6:00pm
Friday……8:00am – Noon
Saturday (during school year).....9:00am – Noon
Saturday (during summer).....CLOSED

Holidays……Call for recorded message

Walk-In Hours:
(for immunizations, blood pressure checks, weight checks, and strep tests)

Mon. – Thu…….. 8-9:30am & 3-4:30pm

August 2020

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## Helpful information websites:

**Healthy child: www.healthychildren.org**
AAP: www.aap.org
Vaccines: www.vaccine.org
www.vaccinesafety.edu
www.cdc.gov/vaccines/index.html
www.fda.gov/vaccines-blood-biologics/vaccines

## WELCOME

Pediatric Specialists is pleased you have chosen us to provide specialized medical care for your child. The physicians, nurses, and clerical staff strive to provide a teamwork approach to investigating, diagnosing, and treating medical problems of infants, children, and teens. We want you as parents and caretakers to participate as a part of our team.

## PHONE CALLS: SCHEDULING APPOINTMENTS and PHONE CONSULTATIONS

When you call about an illness our staff is ready to help you either schedule a visit or route the call to one of our nurses to discuss your concerns.

We try very hard to reserve some time in each day's schedule for problems which have come up suddenly and need prompt attention. In order to reserve this "Urgent Care" time for scheduling on short notice it is often necessary to schedule routine and non-emergency visits days or weeks in advance. We find most people understand the need for such scheduling flexibility.

## RESCHEDULED OR CANCELED APPOINTMENTS

Missed appointments cause trouble for everyone. If you will not be able to keep an appointment please call to reschedule. We usually can reschedule it at a later time.

## AFTER OFFICE HOURS

When our staff is in the office we can help you efficiently and in the most cost effective setting. If an urgent problem occurs that cannot wait until routine hours and the answers are unavailable from other sources such as our "Green Book," then you can get advice from an after-hours triage nurse. They will help you decide whether to treat the problem at home or go to the Emergency Room. If you have a general information question we would prefer that you wait and call the office the next day.

If you need home care advice or guidance you may call the office phone number and our automated message system can transfer you to St. Anthony Hospital (or you may call the hospital directly at 541-276-5121). They will connect you to an after-hours triage service. If a nurse is available you will be connected to him/her immediately. If not, you will be asked to give the operator your information and a nurse will call you back.

## SATURDAY OFFICE HOURS

Saturday appointments are reserved for sick kids only. We do not routinely schedule appointments for Saturday. This day is reserved for kids who are too sick to make it through the weekend but well enough to avoid an Emergency Room visit. We do not schedule any Saturday appointments beforehand. It is a call-in day-of-appointment schedule only. We also are unable to guarantee prescription medication refills on Saturdays due to reduced staffing. Please be aware of your child's medication needs and call for those questions Monday through Friday.

## FEES AND CHARGES

We welcome your questions about our fees. Our fees are determined not only by the amount of time spent with you, but also the complexity of the problem. Therefore, you may sometimes receive a fee for a more extensive visit even though it seems we spent a routine amount of time with you.

## PAYMENTS AND CREDITS

Please plan to make a payment at the time of each visit. Many people are surprised when their insurance company denies payment due to a deductible not being met or because of non-covered services. Regular payments will be easier for you in the long run and will protect your credit rating. If your insurance company does duplicate your payment we will be happy to refund you or hold the payment on account for future visits.

# COMMON CHILDHOOD ILLNESSES

The following information should be helpful in dealing with common childhood illnesses. Please keep it handy for reference.

## FEVER

Fever is a common problem in children. In general, we consider a body temperature above 100 degrees orally/axillary (under arm) or above 101 degrees rectally to be a fever. When you measure a temperature it is **NOT** necessary to add or subtract a degree. Just report what the thermometer said and where it was located. For Example: "102 degrees rectally."

Traditionally, it was thought that fever itself causes brain damage. Modern research has shown that the "damage" was done by the underlying illness, **NOT** the fever, which merely resulted from the same illness.

Perhaps the reason for this confusion is that overheating can cause brain damage. Heat exhaustion and sunstroke, for example, are dangerous. These result from being overheated in a hot or humid environment, especially with exercise. Fever is different. In a true fever the heat comes from inside the body, not from an external source.

Another surprise is that low-grade fevers, perhaps 101 degrees, may actually be helpful in speeding up some of the body's defenses against disease. Therefore, our goal is to REDUCE the fever, not necessarily ELIMINATE it.

There is no such thing as a certain degree of fever at which you should "panic." It all depends on the other symptoms and how your child is doing.

Under certain conditions you should call for advice and, perhaps, an exam when your child has a fever and:

1. Pain: ears, throat, chest, belly, etc.
2. Difficulty breathing
3. Trouble sleeping
4. Change in behavior (such as hard to awaken)
5. Fever for several days
6. Is a very young baby (under six months of age)

If none of these conditions are present with a fever you can feel free to treat in order to make the child more comfortable:

1. Encourage rest
2. Encourage fluids
3. Use medication to treat aches and pains (See charts in pink section for dosages)

We suggest you use only acetaminophen for fever, sold under the brand name Tylenol. Use the schedule in the pink sections for acetaminophen dosage for your child.

**FEVER CONTINUED**

Ibuprofen (Motrin/Advil) may be a more effective treatment in some cases but, because of concerns about safety, we ask that you call our office before using.

A cooling bath is not needed but sometimes children may feel better after a brief lukewarm bath. Do not force a child through a bath if the child is fighting or struggling.

## COLDS

When we speak of colds we usually mean a viral infection in the nose and throat or the "upper respiratory tract." We use many terms such as a cold or upper respiratory infection (URI), which mean the same thing.

Colds are the most common illness in childhood. One study of many normal children showed that the average child has 8-10 colds per year. Some have none while a few unlucky ones have more than 15. The frequency of colds is not a very helpful guide in deciding whether a child needs special attention. Most importantly, look for signs of complications.

Complication: These are a spread of infections from the nose and throat to a nearby part of the body. The name of the complication is related to its location:

| Site of Infection | Name of Infection |
|---|---|
| Sinuses | Sinusitis |
| Bronchi (large airways) | Bronchitis |
| Bronchioles (small airways) | Bronchiolitis |
| Lungs | Pneumonia |
| Ears | Otitis |

The most common complication of a cold is a middle ear infection, or "otitis media."

Some of the above infections are caused by bacteria which can be controlled by using antibiotics like Penicillin, Amoxicillin, or Septra. The cold virus that started the whole problem still requires the body's immune system for a cure. Antibiotics **DO NOT** kill viruses – they only help your body control the complications.

Worrisome Symptoms: If any of the following are present, there may be a complication:

Pain: In almost any location. If the pain is located in the ear or chest, for example, it may indicate an ear or lung infection.

Fever: High or prolonged fever of 103 degrees for more than 24 hours.

Severe Cough: If it keeps the child awake, causes vomiting, or is exhausting.

Difficult Breathing: Rapid or labored breathing, such as making the skin pull in between the ribs (called retractions) or a whistling sound (called wheezing).

**COLDS CONTINUED**

Prolonged Cold: More than one week without improvement.

Cloudy or Discolored Mucous in Young Infants: Yellow/green mucous in children under 6 months of age.

TREATMENT
General measures include rest, fluids, humidity (using either a humidifier or vaporizer), and head elevations (using a pillow; or in small children, laying a folded towel or blanket under the head of the mattress).

Medications (depend on the symptoms):
Runny, stuffy nose:

1. Salt water nose drops can be used to irrigate mucus from the nose. You can buy sterile "saline" (brand names: Ocean and NaSal) at the drug store or mix your own using 8 ounces of warm water and ¼ tsp. of table salt. Squirt several drops in each nostril and suction out with a bulb syringe.
2. Afrin nose drops or spray (over age 5 years) is helpful, especially at bedtime and if the nose is blocked off enough that the child is not able to breathe through the nose, i.e. is "mouth breathing."
3. Many good oral antihistamines/decongestants are available "over-the-counter" (OTC) without a prescription (Triaminic, Dimetapp, Pediacare, Robitussin, etc.). Generally, you can use the dose on the label or call our office for dosing information. **OTC medications are not recommended for children under the age of 6 years old.**

In general, the younger the child the less likely these medications will help and the more likely they will cause annoying side effects like fussiness or trouble sleeping. Do not be afraid to use these cold remedies but do not be surprised if they are not helpful. Stop using them if they do not help or if they are causing trouble. Also, do not expect them to prevent complications like ear infections.

## COUGH

Humidity is most helpful, especially in the dry climate of eastern Oregon where it is either hot and windy in the summer or very cold in the winter. Also, encourage rest and fluids. If a scratchy throat causes a mild cough, have the child suck on hard candy like lemon drops or peppermint candy canes (only if the child is over 3 years of age and, therefore, not likely to choke on it). At any age, a mixture of water with a dissolved peppermint candy may be helpful. Cough medicines that contain dextromethorphan can help suppress a cough at nighttime. These include decongestants with a "DM" added to the name. Follow the directions on the label or call our office for dosage information. **Over the counter cough medicine should not be used in children under 6 years of age.** If you are unable to make the child comfortable with these simple measures, the child should be checked.

## SORE THROAT

If sore throat is the only symptom treat the pain with medicines like acetaminophen, hard candy or cough drops (over age 3), throat sprays (like Chloraseptic), and bland soft foods. When there is a fever it is important to check for the bacterial germ named streptococcus (strep throat). We can do this in the office with a throat culture. If a child is over 5 years old we can arrange to have this done at Interpath Lab without the cost of an office visit or as a walk-in office visit (nurse visit only to swab throat). Usually we have the results in office (if a positive culture) or within 2 business days if the culture is sent to the lab. We can call in a prescription if the culture comes back positive from the lab. If there are more symptoms than just sore throat, fever, and sometimes a rash, we can arrange for a regular office visit.

## CONJUNCTIVITIS OR "PINK EYE"

A red, swollen, or "blood shot" appearance means the eye is inflamed. Usually it is not serious and it is not always contagious. The cause may be a virus, bacteria, an allergy, or even other irritants (like soap or wind-blown dust). Treatment of minor eye complaints may be with plain water irrigation; a compress with a wet, warm washcloth; or simply drops like Murine or Visine. A medical exam is appropriate if there is:

1. Fever
2. Pain
3. Blurred Vision
4. Drainage of discolored mucus or pus
5. Swelling around the eye

## CHICKEN POX

Chicken pox usually starts off with red spots that turn to blisters in a few hours and scabs in a few days. These are mainly on the head, neck, chest, and abdomen but often found on the arms and legs as well. The incubation time (from the day of exposure to the day of the rash) is 14-21 days. A child may be contagious one to two days before the rash starts. The child is not contagious one week after the rash starts or sooner if the spots are all scabbed over.

Itching is the major problem. This can usually be controlled by using Benadryl taken by mouth (see dosing guide in pink section). We do not recommend that you use Benadryl lotion or cream or any other lotions containing Benadryl, such as Caladryl, since it can be absorbed through the skin and cause overmedication of Benadryl. Some people get drowsy when they take Benadryl. If the itching is not controlled with Benadryl call us for further advice.

## DIARRHEA AND VOMITING

Most common intestinal infections that cause diarrhea and vomiting are not serious and do not need any special medications to cure them. Sometimes there are special symptoms when you should call. We may need to see the child if there are any of the following:

1. High fever (over 103 degrees)
2. Prolonged fever (over 24 hours)
3. Mucus or bloody diarrhea

**DIARRHEA AND VOMITING CONTINUED**

4. Increasing, constant belly pains or cramps
5. Change in behavior (such as hard to awaken)
6. Less than half the normal urine output (such as half as many wet diapers or twice the normal time between trips to the bathroom to urinate/pee)
7. Vomiting along with diarrhea

If there are no signs of anything serious you may use the following guidelines to help the child stay comfortable and avoid dehydration during illness:

**TYPES OF FLUIDS TO FEED:**

The best fluids to feed a child with diarrhea, especially children 2 years and younger, are **rehydration solutions**. There are several brands on the market, Pedialyte being the most common.

For children over the age of 2 years a wider variety of liquids can be fed. We don't restrict milk unless you notice it causes cramps or more diarrhea (usually it will not).

Think of liquid groups by the type of sugar content:

1. Fruit juices (fruit sugar = fructose)
2. Milk (milk sugar = lactose)
3. "Artificial" Fluids such as Jell-O, Kool-Aid, Gatorade, soft drinks (table sugar = sucrose)

Try feeding fluids from only one group at a time and then change to a new group with the next feeding. When sick, many children do not tolerate a steady diet of certain sugars. The plan avoids that problem.

**FREQUENCY OF LIQUID FEEDINGS:**

**With Vomiting**: Frequent small feedings such as a spoonful every 10-15 minutes (to avoid overfilling the stomach and causing more vomiting)

**With Diarrhea (without vomiting)**: 2 or 3 ounces every 2 hours. Frequent feedings tend to stimulate more frequent bowel movements.

**MINIMUM 24-HOUR FLUID NEEDS:**

| | |
|---|---|
| Less than 10 pounds | Call for advice |
| 11 to 20 pounds | 16 to 24 ounces |
| 21 to 30 pounds | 20 to 32 ounces |
| 31 to 40 pounds | 24 to 36 ounces |
| Over 40 pounds | At least 32 ounces |

**MEDICATIONS:**

Pepto-Bismol and other similar medications are generally of no help in the treatment of intestinal infections. They are sometimes safe.

**DIARRHEA AND VOMITTING CONTINUED**

**ADVANCING THE DIET:**

As soon as vomiting has come under control cautiously reintroduce small amounts of nutritious solid foods. We don't recommend delaying feeding a child even a few hours and certainly not one or two days. Try bland, easily digested foods like starches (rice, noodles, potatoes, crackers), and meat. These are often best in soup. Also, eggs, cheese, bread, and cooked cereal are good choices.

## CONSTIPATION AND STOOL WITHHOLDING

**Constipation** is the passage of hard, dry stool. The stool material does not have enough moisture.

In infants this is a problem that is almost entirely limited to formula fed babies. The rare breastfed baby who is constipated promptly improves with increased breast milk intake.

Older children, past 4-6 months, should have increased fiber in their diet. Try cereals and bread made of whole grains and also fruits and vegetables. Drinking more fluids is usually helpful.

**Stool withholding** is a different problem that some babies have in the first six months. They seem to have trouble relaxing the muscles at the outlet of the anus. This causes them to withhold the stool whether it is soft or hard. You will notice there is a great deal of straining and it may take 30 minutes or longer to finally release the bowel movement.

Stimulating the rectum with a q-tip, thermometer, glycerin suppository, or gloved finger best treats stool withholding. Gently insert one of these when your child has been straining. Usually it will open the anus enough to release the bowel movement material. Over a few weeks, the bowel usually matures and develops the ability to relax the outlet muscles without the help of suppository or other stimulation.

# ACETAMINOPHEN (Tylenol) AND IBUPROFEN* (Motrin, Advil) DOSAGE CHARTS

Acetaminophen: EVERY 4 HOURS Ibuprofen*: EVERY 6-8 HOURS

DO NOT EXCEED 4 DOSES IN 24 HOURS
1 tsp = 5 mL

| | 6-11 lb | 12-17lb | 18-23lb | 24-35lb | 36-47lb | 48-59lb | 60-71lb | 72-95lb |
|---|---|---|---|---|---|---|---|---|
| Acetaminophen | 40mg | 80mg | 120mg | 160mg | 240mg | 320mg | 400mg | 480mg |
| Acetaminophen Suspension 160mg/1 tsp | ¼ tsp | ½ tsp | ¾ tsp | 1 tsp | 1 ½ tsp | 2 tsp | 2 ½ tsp | 3 tsp |
| Acetaminophen Kids chew 80mg tab | | | | 2 chew | 3 chew | 4 chew | 5 chew | 6 chew |
| Acetaminophen Junior chew 160mg tab | | | | 1 chew | 1 ½ chew | 2 chew | 2 ½ chew | 3 chew |
| Acetaminophen Regular tab 325mg tab | | | | | | 1 tab | 1 tab | 1 ½ tab |
| Acetaminophen Extra Strength 500mg tab | | | | | | | | 1 tab |
| | | | | | | | | |
| Ibuprofen* | | | | | | | | |
| Ibuprofen Infants drops 5omg/1.25mL | | 1.25mL | 1.25 + 0.625mL | 1.25 + 1.25mL | | | | |
| Ibuprofen Suspension 100mg/1 tsp | | ½ tsp | ¾ tsp | 1 tsp | 1 ½ tsp | 2 tsp | 2 ½ tsp | 3 tsp |
| Ibuprofen Kids chew 50 mg tab | | | | 2 chew | 3 chew | 4 chew | 5 chew | 6 chew |
| Ibuprofen Jr chew or tab 100mg tab | | | | 1 chew | 1 ½ chew | 2 chew | 2 ½ chew | 3 chew |
| Ibuprofen Regular tab 200mg tab | | | | | | 1 tab | 1 tab | 2 tab |

***Ibuprofen should not be given to children under 6 months of age.**

# DIPHENHYDRAMINE (Benadryl) DOSAGE CHART

EVERY 6-8 HOURS
DO NOT EXCEED 4 DOSES IN 24 HOURS

| DIPHENHYDRAMINE (Benadryl) | 21-30 lbs | 31-50 lbs | 51-100 lbs | >100 lbs |
|---|---|---|---|---|
| Syrup 12.5mg/tsp | ½ tsp | 1 tsp | 2 tsp | 3-4 tsp |
| Chewable 12.5mg each | ½ chew | 1 chew | 2 chew | 3-4 chew |
| Tablet 25 mg each | | | 1 tab | 1-2 tab |

# CHILDRENS OTC COUGH MEDICATION

## Do not give cough medication to children under 6 years old or who weigh less than 40 pounds.

Do not use combination medications. Use cough medication with single ingredients.

To help your child with a cough, congestion, and runny nose first try these medications:

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin, Advil)
- Diphenhydramine (Benadryl)
- Nasal saline drops

If these don't seem to help or symptoms worsen, call to speak with one of our nurses or to make an appointment.

## Please contact the office if you have any questions on medications or dosages. Thank you.

# FEEDING SCHEDULE

You may receive conflicting messages about infant nutrition and some advice may seem quite rigid or confusing. No wonder parents often express frustration in deciding how to start solids with their babies! Here are some ideas that should help you decide what is best for your baby. Remember, these are just guidelines. Some infants with special needs will require adjustments so be flexible. Enjoy this time with your child.

## WHEN TO START SOLID FOODS

Breast milk or an iron-fortified formula gives most infants all the nutrition they require. Think of starting solids as a new experience for your baby—an opportunity to taste new flavors and use tongue tips for swallowing something that is not liquid. Always use a spoon to feed solids. Babies already know how to use a nipple.

Between 4 and 6 months of age you should start solid feedings. You might start at 4 months in babies who seem hungry—a breastfed baby who wants to eat more often than every 2 hours or a bottle-fed baby that does not seem satisfied with 32 ounces of formula a day. Babies satisfied with less can wait until they are 6 months old to start eating solids.

Whether or not a baby sleeps through the night does not seem to be very helpful in deciding when to start solids. In fact, some infants need one or two extra nighttime feedings to get adequate nutrition until they are 6 or 8 months old. They just do not seem to be able to take in all they need in a regular 16-hour day.

Starting solid feedings earlier than 4 months of age may actually have some risks. Extra calories may lead to excess weight gain. Early exposure may cause allergies in some children. Younger infants may not have enough head control to turn away when full – they may choke on the food, spit up, or get intestinal cramps if forced to eat too much. Finally, some solids interfere with absorbing certain nutrients, especially the iron in breast milk.

## WHAT TO FEED

Start with a “single ingredient” food. Most people try rice cereal because it is easy to fix and rarely causes trouble. Some people like to use mashed potatoes (without butter or gravy). Feed only this first food for a week or so before trying new foods.

What to feed next makes little difference. It makes sense to offer vegetables early to establish vegetable eating before starting sweet (and attractive) fruits, but there is no proof that babies fed this way are healthier. High protein foods like meats and eggs should be delayed until after 6 months old. Combination foods and dessert foods should be delayed until an infant has shown an interest in a wide variety of “single ingredient” foods, usually close to a year old.

**WHAT TO FEED CONTINUED**

Wait 3 or 4 days between new foods. You can find out if your baby has trouble digesting each new food this way. Look for spitting up, cramps, diarrhea, or rashes. If you are not sure your baby can tolerate the new food, hold off for a few weeks and try again.

## FREQUENCY AND AMOUNT OF FEEDINGS

Start with one or two feedings a day. Limit a feeding to three to five minutes and increase the amount of time on later feedings only if your baby seems interested. Usually one or two tablespoons is enough at first. Never force a baby to eat when he/she does not seem to want it. Remember that the main reason for starting solids is to give the infant a chance to learn how to eat from a spoon and develop a taste for different types of food. If the process leads to conflict, you may have trouble with mealtime behavior.

## FEEDING THE OLDER INFANT

By 8 to 12 months most infants have had a variety of solids, are able to sit up, and are starting to use their hands well enough for finger foods. Try crackers, baby biscuits, or breakfast cereals one piece at a time. Children of all ages should be sitting in a chair or being held while eating, never running around. Always keep a close watch for signs of choking.

Fruit juices can be started around 6 to 9 months. This is a good time to try using a cup for the first time. You will need to hold the cup for your baby at first. Start with a small size cup or glass.

Your child should remain on breast milk or infant formula until one year of age. After their first birthday you can switch to cow's milk. If your child is eating a wide variety of foods and growing well, 2% milk is okay. Otherwise, use whole milk to give enough calories for normal growth.

## FOODS TO AVOID

Foods that require chewing should be delayed until the molars come in, which is usually around 2 years old. The grinding action of the back teeth is needed for such things as raw vegetables, popcorn, and chunks of meat.

Children can choke on hard, slippery foods like candies, peanuts, and sunflower seeds. These should not be allowed until at least 3 or 4 years old and then only when eating quietly or sitting still. Never feed these treats when children are excited, laughing, or running around.

Infants less than one year should not be fed honey, chocolate, drinks containing caffeine, or food with lots of sugar, salt, or strong seasonings.

# POISON HELP

# CALL 1-800-222-1222

## What to Do if Poisoned:

## DO NOT PANIC!!

**Swallowed Poison**
Remove anything in the mouth. Unless victim is unconscious, having a seizure, or cannot swallow. Give about 2 oz. of water to drink. Call the Poison Control Center.

Do not try to neutralize a poison by giving raw eggs, salt water, mustard, vinegar, or citrus fruit juices as an antidote or to cause vomiting. Never attempt to induce vomiting by sticking your fingers anywhere in the patient's mouth; this procedure can be very dangerous.

**Syrup of Ipecac**
Syrup of Ipecac is NOT a routine treatment for poisoning. Please contact your Poison Control Center before using.

**Activated Charcoal**
Activated charcoal is not recommended for home use. It is used to bind drugs and chemicals before they are absorbed into a person. However, activated charcoal does not bind to all drugs or chemicals and has some risk when given. Important: Only use it when told to do so by the Poison Control Center.

**First Aid for Poisoning:**

Has the person collapsed or stopped breathing?
- Call 911 or your local emergency number right away.

Poison in the eyes?
- Rinse eyes with running water for 15 to 20 minutes
- Call 1-800-222-1222

Poison on the skin?
- Take off any clothing that the poison touched.
- Rinse skin with running water for 15 to 20 minutes.
- Call 1-800-222-1222

Inhaled poison?
- Get to fresh air right away.
- Call 1-800-222-1222

Swallowed the wrong medicine or too much medicine?
- Call 1-800-222-1222

Swallowed something that's not food or medicine?
- Drink a small amount of milk or water.
- Call 1-800-222-1222

**Poison in the Eye**
Remove all foreign materials from the eyes, including contact lenses if worn. Gently flush eye for 10 minutes, timed by the clock, using slightly warm water. Pour a stream of water from a clean glass held about 3 inches above the eye. Do not pour directly onto the surface of the eyeball. Eyes do not need to be held open unless the child refuses to open them at all. Do not use any eye drops until advised to do so by the Poison Control Center. Call the Poison Control Center.

**Poison on the Skin**
Remove any contaminated clothing. Rinse the affected area thoroughly with large amounts of water. Wash the same area gently with hand soap and warm water to remove all remaining chemicals on the skin. If exposed, remember to wash hair and under fingernails. Call the Poison Control Center.

**Inhaled Poison**
Get to fresh air as soon as possible. Avoid breathing fumes. Ventilate that area as soon as possible by opening windows or directing fans toward the door, while protecting yourself from injury. Call the Poison Control Center. If the person is unconscious, having difficulty breathing, or not breathing, call 911.

Then….call the Poison Control Center immediately. Do not wait for symptoms to appear. If the person is unconscious or in immediate distress call 911.

**Do NOT Panic!!**
If you have a poisoning situation, do not panic. Panic is a very contagious emotion. If parents are upset, crying, and screaming, a child can pick up on that very easily and will also start to cry and become upset. When the entire family is upset, it becomes much harder to assess the situation and provide good care.

Most encounters with a toxic substance are not going to cause immediate symptoms. If you are very anxious and have symptoms immediately after an exposure, a majority of the time the symptoms are due to fear. You should always call the Poison Control Center to make sure. Poison Control Center Staff can reassure you if you are scared and can give directions to help take care of your problem.

# Poison Control Center: 1-800-222-1222
# 24 hours a day/7 days a week

Adapted from the American Association of Poison Control Centers 2003 and www.sdpoison.org