

WHEN DO YOU BRING A SICK CHILD TO THE DOCTOR

Often parents at home are confused on when to bring a child in to see the doctor and when they should wait for a while and see how they do. Most febrile illnesses are due to viruses and, as you know, they cannot be treated except symptomatically. Fevers themselves are not harmful, but when they are high, they make the child look more ill and worry both parents and doctors. Yet, if there is no bacterial illness causing the fever, an antibiotic cannot make it go away.

Here are some suggestions from the Bryner Clinic doctors as to when you should make an appointment for a sick child and bring him/her in to see us.

1. First, and foremost, whenever the caregiver is uncomfortable taking care of the child themselves, they should be brought in to the office. There is nothing wrong about bringing in a sick child to get some comfort, reassurance, or teaching on how to treat the symptoms of the illness. For us, it is much nicer to see the child so we know what the diagnosis is and can give you the correct treatments.
2. That said, however, here are some guidelines regarding when it might be reasonable to treat a child and see how he or she does before coming in. First, if the child has a fever, but is otherwise alert and stable from a vital sign standpoint (not labored in his breathing, color is not blue, is not in significant pain among other things) it is reasonable to get the fever down at home before bringing them. When it is down, and the child appears comfortable, it is reasonable to continue to treat that child for 2-3 days. But, if you can't get it down or the child remains ill appearing and worries the caregiver, that child should be seen. If a fever lasts more than 3 days, and the child isn't improving overall, that child should be seen. Remember that a fever is considered to be 101 in most children (but 100.5 rectally in a child less than 3 months old).
3. Any infant 3 months old or less with a temperature of 100.5 rectally regardless of any other symptom should be brought in to be examined. Because they don't fight infections well, a fever in an infant is a big deal and the child should be seen even if they look stable. The one exception would be if the child had their immunizations given that day and still appear alert and stable.
4. If the child is labored in their breathing. This could be breathing fast or retracting (ribs sinking in and out) or making wheezing noises (especially when they breath in). If they appear short of breath, they should be seen. If this is significant, it may make more sense to be seen in the Emergency Room.
5. If a child is vomiting or having a lot of diarrhea, the immediate issue is whether they are dehydrated or not. The signs of dehydration include decreased urine output. If the child is wetting at all, he likely isn't dehydrated because the first thing the body does when it is getting dry is decrease the urine flow. However, if you think the urine is significantly decreased, you should look at whether the child has saliva in the mouth and tears in the eyes. If so, he likely

isn't dehydrated. A dehydrated child would also likely be lethargic and less responsive.

Obviously, however, we would like to see the child before these things occur so if you think you are seeing early signs or the symptoms continue, you should bring the child in. Again, if uncertain, you should come. We are happy to be able to tell you that the child is ok.

6. If the child has a rash and you are concerned about it, the child should really come in for a visit so we can see it also. Sometimes it is hard to diagnose rashes when you can see them but almost impossible unless you do.
7. Children in significant pain should be seen. In order to give you the best medical advice, doctors should not prescribe pain medications over the phone. We need to know why the child is in pain and the physical exam is essential to that knowledge.
8. Obviously, children with injuries such as cuts, broken bones, or other trauma should be seen. Again, simple injuries may be well taken care of in the office but if they are significant, the ER could be a better place to go first.
9. Symptoms or conditions which have been chronic (lasting a long time) and not getting better should be seen. Evaluations for these issues must include a physical exam to provide good advice and see if consultation from a specialist may be needed. Please tell the receptionist that this may take more time and have her ask us how much time we want to help you. It is hard to do a complete evaluation in the same time as it takes to assess an acute illness.

Now, please remember that the above are guidelines. Again, any child that is worrying the caregiver should and will be seen. We are much happier helping you than having you worry about whether or not you are coming unnecessarily.

Thank you for letting us take care of you. We love our patients.