



# *Safe and Sound*

*A Healthy Child Toolkit for Homeless Mothers*

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## To The Readers:

This tool kit is not a substitute for professional medical help. ***If you are not certain about how to take care of a health problem, or if your health problem is serious, please obtain immediate help from a doctor or other medical provider or call 911.*** This kit was written to help parents living in shelters to take care of many of the common health problems that their children might experience. It is to be used only as a guide. We cannot guarantee that the recommendations contained in this handbook will work for every situation, every time.

The authors and publishers do not accept responsibility for any problems that may occur if you follow the guidelines that are offered. Remember that your common sense and good judgment are always needed. ***Again, if you are not certain about how to take care of a health problem, or if your health problem is serious, please obtain immediate help from a doctor or other medical provider or call 911.***

## Acknowledgements

The developmental stages of this project were steered by a series of focus groups that we conducted throughout family shelters in Boston, Massachusetts. Many mothers living in the shelters gave patiently of their time to tell us of the health concerns they shared for their children. It was humbling for me to be reminded that across economic and cultural barriers, the desire to keep their children safe was paramount. Their words guided this writing and I offer this handbook to them in the desire to help them in some small way.

In particular I extend my explicit gratitude to two very special women who continue to inspire me: **Carol Hall** and **Amy Grassette**. Each of these women faced the trauma of homelessness and throughout their experience, their love for their children provided them with the strength to endure and overcome. Today, Carol and Amy work in organizations where they use their own experience to guide mothers through similar challenges. Their presence no doubt provides encouragement to the women whose lives they touch.

I am grateful to the **Boston Scientific Foundation** for their generous support. Their steadfast commitment to improving the health outcomes of underserved populations made this handbook a reality.

A special word of appreciation must be extended to the members of **Boston Health Care for the Homeless Program's Women's Health Initiative**. We are an eclectic group of providers with one common goal: to alleviate disparities in health outcomes for homeless women. My special thanks go to **Nancy Paladino, RD** who contributed the nutrition information for this toolkit.

And finally, my thanks go to **Matthew Joslyn, MD, Benjamin Quiles, MD, Dianne Pledgie and Colleen Eagan** whose clinical wisdom, syntactic savvy and editorial excellence helped shape these words. This toolkit was made richer by their collective contributions.

Thank you all so very much,

Sharon Morrison, RN, MAT  
Boston Health Care for the Homeless Program

## Introduction

Families living in shelters are the fastest growing segment of the homeless population. Boston's Health Care for the Homeless Program has been serving families for nearly 25 years in family and domestic violence shelters as well as programs designed to keep mothers together with their children while they seek treatment for their substance use issues. The family team is made up of members from a wide span of disciplines that include nurses, nurse practitioners, doctors, mental health counselors, social workers and case managers. This tool kit was born from their collective experiences of serving families in need.

It draws extensively on several sources including *Where There Is No Doctor* by Dr. David Werner, *The Health Care of Homeless Persons-A Manual of Communicable Diseases and Common Problems in Shelters and On the Streets* edited by Dr. James J. O'Connell and *The Healthwise Handbook* from Harvard Vanguard Medical Associates. We offer this information to help you care for your child's health. It is designed to give you information that can help you know what to look for and what to do. It is not meant to take the place of your doctor or other health care provider.

As a parent, you worry when your child is sick. Living in a shelter can make staying healthy difficult. And it can make it harder to get better. Remember that one of the most important skills that you can use to help your child feel better is your kindness. If you begin with kindness, you have already taken the first step.

May this tool kit help to guide you.

## Five Ways to Help Keep Your Child Healthy

There are many things that you can do to help keep both you and your child healthy. Here are five things you can do:

1. **Immunizations** – (vaccinations) – When you vaccinate your child you help to protect them from many things that can cause them to get very sick such as measles, mumps and chickenpox. Many people have questions about the safety of giving their child vaccines. This is an important conversation to have with your child’s doctor. Do not follow advice that you hear from people around you without speaking with your child’s doctor.
2. **Exercise** – Even just a little bit of movement every day can make a big difference. You can make exercise fun for your child by playing games that make you run, jump and play.
3. **Eat Right** – This can be hard if you are living in a shelter or on a tight budget. Try to feed your child fruits and vegetables every day, even if they are frozen or canned. Stay away from foods and drinks that have a lot of sugar or salt, even though an occasional treat in difficult times is important, too.
4. **Don’t Smoke** – Always do your best to keep your child away from smoke. This can be hard if you are living in a shelter or sharing rooms. Even second hand smoke can make it more likely your child will get sick. When you or others smoke, take it outside. If you smoke and want to quit, ask your doctor for ways to help you to quit.
5. **Control Stress** – This can be very hard if you live in a shelter. Every day try to spend some quiet time with your child away from the noise of the shelter. You can do this by taking a walk in a park or even by closing the door to your room. Use this time to do something fun with your child. This will help teach your child ways they can lower their stress.

## **Hand Washing**

Hand washing is a simple way to prevent the spread of infections, including the common cold and the germs that cause diarrhea.

### **Wash your hands - and teach your child to wash their hands - after:**

- Handling money
- Touching your ears, nose or mouth
- Blowing your nose, coughing or sneezing
- Caring for someone who is sick or injured
- Touching garbage
- Using the bathroom
- Changing diapers

### **Wash your hands before and after eating.**

#### **How to Wash Your Hands:**

- Get a paper towel before washing your hands. Place it under your armpit while you wash your hands
- Turn on the water
- Wet your hands and wrists completely under the running water
- Apply a small amount of soap
- Rub your hands together to work up lather
- Using each hand to rub against the other hand, wash all areas of the skin including wrists, palms, back of the hands, and each finger beginning with the space between the fingers. Work outward and finish with the fingernails
- Rinse your hands with clean water
- Dry your hands with the paper towel you have saved
- Turn off the water by using the same paper towel to touch the faucet
- Use the same paper towel to open the door of the bathroom
- Throw away the paper towel after you have left the bathroom

### **Wash your hands for at least 20 seconds**

### **Sing the Happy Birthday song.**

**If you do not have soap and water, you can use a hand sanitizer that has alcohol in it. If you use alcohol based hand rub, rub your hands until they are dry. You do not need to rinse your hands with water.**

# How to Take a Temperature

## Four ways to take a temperature:

- Oral (mouth)
- Axillary (armpit)
- Rectal (in the anus)
- Ear ( only with an electronic thermometer made for the ear)

## Four types of thermometers:

- Oral – the tip is long and thin and can be used for the mouth or armpit
- Rectal – the tip is short and round and can be used for the anus or armpit
- Digital – the tip is long and thin and can be used for the mouth, armpit or anus
- Tympanic – this thermometer is used in the ear only

## How to take your child's temperature:

If you are using a glass thermometer, hold the end of the thermometer and shake it down until it reads below **96°F** degrees. If you are using a digital or tympanic thermometer, press the power button and wait until a display of numbers appears.

**Always wash a thermometer with soap and water before and after each use.**

### Oral -Mouth:

Put the tip of the thermometer under the tongue and close the lips around it. Ask the child to breathe through their nose and do not talk. Wait for 3 - 4 minutes then remove the thermometer and read it.

### Axillary - Armpit:

Put the thermometer in the center of the armpit and close the arm around the thermometer. Wait for 3 - 4 minutes then remove the thermometer and read it.

**ALWAYS** use this way to take your baby's temperature if your baby is a newborn - under 4 months old.

### Rectal - Anus:

Only use a thermometer that is labeled to use for taking a rectal temperature—never use a glass thermometer to take a rectal temperature. Put a small amount of Vaseline or other lubricant on the tip of the thermometer. Hold the child with their bottom up across your lap. Gently insert the thermometer one half inch into the rectum. Hold the thermometer in place right at the entrance to

the rectum. **Do not let go of the thermometer.** Wait for 3 - 4 minutes then remove the thermometer and read it.

**NEVER** use this way to take your baby's temperature if your baby is a newborn - under 4 months old.

**Ear:**

Only use a tympanic thermometer to take a temperature in the ear. Place the tip of the thermometer in your child's ear. Press the ON button on the thermometer. Wait until you hear a beep. Take the thermometer out of the ear and read it.

**Reading a thermometer:**

**Glass:**

Find the silver line in the thermometer. Turn it slowly until you see the numbers on the bottom. Read the number at the end of the silver line. This is the temperature.

**Digital:**

Read the number on the screen of the thermometer. This is the temperature.

<b>Oral (Mouth)</b>	<b>Rectal (Anus)</b>	<b>Axillary (Armpit)</b>
96 – 98.6	97- 99.1	95 – 98.1
99.4 – 99.9	100.4 – 100.9	98.4 – 99.4
101 – 101.5	102 – 102.5	100 – 101
102 – 102.5	103 – 103.5	101 – 102
103 – 103.5	104 -104.5	102 – 103
104 – 104.5	105 -105.5	103 - 104

Body temperature will change depending on movement, stress, clothing worn and the temperature of the environment.



- The child is younger than 6 months old
- You think the child is dehydrated (See page 18)
- The child has a fever and is vomiting
- The child is having trouble breathing
- The child is coughing
- The child has a rash
- The child has a headache
- The child has abnormal movements, shaking or stiffness
- The child is difficult to wake, or listless, or floppy
- The child is not conscious and cannot be awakened
- You have been to your child's doctor and your child is getting worse

## How to take a Pulse (Heart Rate)

A pulse is the beat you feel against the wall of an artery when your heart beats. A pulse is the same as your heart rate.

### Two ways to take a pulse:

- **Wrist.** This artery is located on the inside of the wrist near the side of your thumb.
- **Neck.** This artery is found on the neck between the wind pipe and neck muscle, and just under the lower jaw bone.

#### Wrist pulse:

Turn the child's hand over so their palm is facing up. Put your index finger (pointer) and your middle finger (long) on the artery on their wrist. Press slightly down until you feel their pulse. Use a watch with a second hand to help you count. Count the pulse for one full minute (60 seconds). This is their pulse rate.

#### Neck pulse:

Put your index finger (pointer) and your middle finger (long) on the artery on the child's neck. Press slightly down until you feel their pulse. Use a watch with a second hand to help you count. Count the pulse for one full minute (60 seconds). This is their pulse rate.

#### Normal Heart Rate:

Age	Resting (awake)	Resting (asleep)	Exercise or with Fever
Newborn	100 – 180	80 – 160	Up to 220
1 week – 3 months	100 – 220	80 – 200	Up to 220
3 months – 2 years	80 – 150	70 – 120	Up to 220
2 years – 10 years	70 – 110	60 – 90	Up to 220
10 years to adult	55 – 90	50 – 90	Up to 220



- The child is having trouble breathing
- The child feels dizzy or feels like they will pass out
- The child is difficult to wake, or listless, or floppy
- The child is not conscious and cannot be awakened

## How to take a Respiration (Breathing) Rate

A respiration rate is the number of times a person takes a breath during one full minute. One inhale and one exhale = one breath. Pay attention to the way the child takes a breath. Notice if their breathing is deep or shallow, fast or slow. Also try to notice if it appears that the child is having to work to get a deep breath or is having difficulty talking or crying.

### Two ways to take a respiration rate:

- **Watching**
- **Feeling**

#### **Watching:**

Have the child sit or lie down. Ask them to breath regularly. Use a watch that counts seconds to help you count. Count the number of times that they take a breath for one full minute. This is their respiration rate.

#### **Feeling:**

Have the child sit or lie down. Ask them to breath regularly. Use a watch with a second hand to help you count. Place your hand gently on their chest. Count the number of times that your hand goes up and then down for one full minute. This is their respiration rate.

#### **Normal Respiration Rate:**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
Newborn	35	10 years	19
1 – 11 months	30	12 years	19
2 years	25	14 years	18
4 years	23	16 years	17
6 years	21	18 years	16 – 18
8 years	20	Adult	12 - 20



- A breathing rate is below or above the normal rate above
- The child is having trouble breathing
- The child feels dizzy or feels like they will pass out
- The child is not breathing at all
- The child is difficult to wake, or listless, or floppy
- The child is not conscious and cannot be awakened

## Signs of Dangerous Illness

**Your child may have a dangerous illness if she/he shows signs of any of the following:**

- Trouble waking up
- Great difficulty in breathing
- A fever that won't go down with medicines (ibuprofen or acetaminophen / "Tylenol")
- Heavy vomiting or diarrhea that lasts for more than one day
- Going half a day (12 hours) without being able to urinate (pee)
- A day without being able to drink liquids due to vomiting
- Weakness or fainting
- Stiff neck with an arched back, with or without a stiff jaw
- Strong continuous stomach pain with vomiting in a child who does not have diarrhea or cannot have a bowel movement
- Any strong continuous pain
- Blue color in the lips, fingernails, or toenails
- Loss of a large amount of blood from anywhere in the body
- Coughing up blood
- Black stools like tar
- Vomit with blood or feces
- Blood in the urine
- Weight loss over an extended period of time
- Sores that keep growing and do not go away with treatment
- A lump in any part of the body that keeps getting bigger
- Any injury to the eye
- Any trauma to the head



**If your child has any of these symptoms,  
Get them to medical help immediately.**

## Allergic Reactions

An allergic reaction happens when something that a person is allergic or sensitive to is:

- breathed in
- eaten
- injected
- touches the skin

**Allergic reactions can be mild or very serious and include:**

- Itching rashes, lumpy patches or hives
- Runny nose and itching or burning eyes
- Irritation in the throat, difficulty breathing, or wheezing, as in asthma
- Allergic shock

**Common causes of allergic reactions include:**

- Pollen
- Feathers
- Dust
- Mold
- Hair from animals
- Food
- Insect stings or bites
- Latex
- Aerosol chemical or cleaning sprays



Your child has any of the following:

- Swollen throat or swollen areas of the body
- Wheezing (breathing that sounds like whistling from their chest)
- Chest tightness
- Trouble breathing
- A hoarse voice
- Trouble swallowing
- A pale or red color to the face and body

## Anemia

Anemia means the body does not have enough red blood cells. Red blood cells carry oxygen to the body's tissues.

### Common Signs of Anemia in Children:

- Pale color, especially inside of the eyelids, gums and fingernails
- They are weak or get tired very easily

### Common Causes of Anemia:

- A diet poor in iron
- Chronic (long term) blood loss

### How to Prevent or Treat Anemia

Eat foods that are rich in iron such as meat, eggs, beans, raisins, peanuts (if your child is not allergic to peanuts) and dark green vegetables



- The child gets tired easily, is pale, or often feels weak
- The child has trouble breathing

**NEVER** give iron tablets to your child without the advice of a doctor – too much iron can be dangerous if given as a supplement or pill.

## Asthma

When a person has an asthma attack, they will look like they are panting, or struggling to be able to breathe. Sometimes they appear to be panicking or anxious. You might be able to hear a wheezing sound when they breathe. When a person having a bad asthma attack breaths in, the skin around their ribs and collar bones may sink in. If they are not getting enough oxygen, the person's fingernails or lips may turn blue.

### **Asthma Symptoms:**

- Wheezing
- Cough
- Tightness in the chest
- Shortness of breath
- Trouble sleeping because of coughing or breathing
- Being tired during exercise

### **Things that can cause an asthma attack:**

- Common cold
- Dust
- Smoke
- Mold
- Cold air
- Animal Hair or Fur
- Food

Asthma causes swelling in the breathing tubes in the lungs. This swelling makes the tubes smaller. That is why it is harder to breathe. If you think your child has asthma, take them to a doctor right away. Your doctor can help you to make an **asthma plan** to manage the asthma.

### **An asthma plan will tell you:**

- What medicine your child should take every day
- How often to check your child's peak flow (this measures how fast you breathe out when you are trying your hardest)
- When to call your doctor or nurse
- Other things you may need to do every day to manage the asthma

After you and your doctor have made an asthma plan for your child, follow the directions every day.



- The child does not get better 20 minutes after you have followed your asthma plan
- The child coughs up yellow, dark brown or bloody mucous
- The child has trouble breathing and you do not have their asthma medicine

## Bed Wetting

Bedwetting is not an illness. It is a natural stage in growing up. Most children will outgrow wetting the bed. There is no set age for a child to stop. Sometimes a child who has stopped wetting the bed will begin to do so again for no clear reason. Stress can cause a child to begin wetting the bed again. Becoming homeless and moving into a shelter can cause stress.

### What to do

- Remind your child to urinate (pee) before going to bed
- If necessary, remind your child to get up during the night to urinate (pee)
- Put a bedside potty chair and night light near your child's bed, if possible
- Use Pull-ups® or another type of underwear during the night

### What not to do

- Do not punish, embarrass or blame your child
- Do not force your child to wear diapers at night



- If bedwetting happens with pain or burning
- If bedwetting happens with bowel movements after the age of 3
- If bedwetting re-starts in a child that has stopped for some time, or starts in an older child that has not previously had this problem
- If the child seems suddenly uncomfortable or upset about bedwetting

## Blisters

Blisters are caused from a rough surface rubbing against the skin or from burns. A blister forms to protect the skin underneath. Some illnesses such as chickenpox can also cause blisters. To help your child avoid blisters it is important they have shoes that fit properly.

### What to do

- If the blister is small or closed – leave it alone
- Cover the blister with a loose bandage
- If the blister opens, wash the area with soap and water
- Apply an antibiotic ointment such as Bacitracin® or Neosporin®
- Change the bandage every day to lower the chance of infection
- Take the bandage off at night to let the area dry

### What NOT to do

- Do not break the blister
- Do not use alcohol or iodine on the blister
- Do not use butter on the blister



- There are signs of infection such as pain, redness or pus
- There is heat or red lines coming from the blister
- The child has a fever of above 100.5 with no other cause
- The child has diabetes

## Bruises

A bruise happens when small blood vessels brake under the skin. This can happen from a fall or a bump. A black eye is a type of bruise.

### What to do

- Put an ice pack on the bruise for 10 minutes a couple of times a day for 2 days. If you don't have an ice pack, you can use a frozen bag of vegetables
- Use aspirin, ibuprophen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with pain. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.
- If the area is still purple or still hurts after 2 days, put a warm towel on the area



- The child is unable to move the body part with the bruise
- You see signs of infection
- You see many bruises or your child begins to get bruises very easily
- A black eye with blood on the white or colored part of the eye
- Your child is unable to move the eye

## Burns and Sunburn

### There are three levels of burns:

- **First-degree** or minor burns: They affect only the outer layer of the skin and do not cause blisters. They cause pain, redness, and swelling.
- **Second-degree** or partial thickness burns: They affect both the outer and underlying layer of skin and cause blisters. They also cause pain, redness and swelling.
- **Third-degree** or full thickness burns: They extend into deeper tissues. They cause white or blackened, charred skin that may be numb.

### Burn Symptoms:

- Pain
- Red skin
- Swelling
- Blisters
- Peeling skin
- White or charred skin
- Shock

## What to Do

### FOR MINOR BURNS

- To help ease the pain and lessen the damage caused by a minor burn put the burned part in cool water. **Do not** use ice water. Keep the area in water for at least 5 minutes
- After flushing or soaking, cover the burn with a dry, sterile bandage to protect the skin from rubbing against things
- Use aspirin, ibuprophen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with pain. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.
- Make sure the child has had a tetanus vaccination in the past 10 years
- Minor burns will usually heal without further treatment

### Sunburn:

Sunburn is caused by getting too much exposure to ultraviolet rays from the sun. Some people are more resistant to these rays, but the skin will be damaged in anyone who is overexposed.

### To prevent the risk of sunburn:

- Avoid direct exposure of the skin to sunlight between 10:00am and 3:00pm when the sun's rays are the strongest
- Wear clothing to cover the skin
- Use a sun blocking lotion with a sun protective factor (SPF) 15 or higher. Reapply the lotion every hour if the child is sweating or gets their skin wet. Wear this lotion throughout every season of the year

Treat sunburn in the same way that you would treat a burn caused by another source following the guidance listed in this section.

 **Call help if...**

- You aren't sure how serious the burn is
- The burn is a third degree burn
- The burn is a larger than the size of the palm of their hand
- The burn is a second-degree burn that is located on their hands, feet, face, groin, buttocks or a major joint
- The burn is caused by chemicals or electricity.
- The burn shows signs of infection – increased pain, redness, swelling, drainage or pus from the burn
- Clothing is stuck to the skin
- Your child develops a fever
- Your child shows signs of shock - pale and sweaty skin, weakness, bluish lips and fingernails, or a change in consciousness
- Your child is dizzy or lightheaded
- Your child's skin is white or charred
- The child inhaled smoke

 **Never**

- Put ointment, butter, ice, medications, cream, oil spray, or any household remedy onto a **severe** burn
- Breathe, blow, or cough on the burn
- Disturb blistered or dead skin
- Remove clothing that is stuck to the skin
- Put a **severe** burn in cold water. This can cause shock

## Colds

Colds are caused by one of many viruses. They can cause a runny nose, red eyes, sneezing, dry cough, sore throat and headaches. The average child will get a cold 5 to 6 times a year. Antibiotics will not help the common cold. A cold will usually last 5-7 days. If your child has a cold, you can help them to feel better.

### Allow your child to:

- Get extra rest
- Drink lots of liquids such as water, tea or soup
- Use ibuprophen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with aches. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.
- Take hot showers to help a stuffy nose

### Teach your child to:

- Sneeze or cough into a paper tissue. Throw the tissue away after one use
- If they do not have a paper tissue, sneeze or cough into the fold of their arm on the opposite side of their elbow
- Wash their hands often, especially after wiping their nose

### Remember:

- Do not smoke near your child



Your child has any of the following:

- Fever over 100.5 with shaking, chills or a wet cough
- Fever over 100.5 for more than 2 days
- Shortness of breath or trouble breathing
- Yellow, green or red mucous
- Pain in the face, under or around the eyes
- Pain in one or both ears

## Colic

Colic is uncontrollable crying in a baby that has no known cause. The crying is often worse at night.

### Colic usually follows the “rule of three”

- Crying starts in the first 3 – 6 weeks of life
- Crying goes on for more than 3 hours a day
- Crying goes on for more than 3 days a week
- Crying goes on for more than 3 weeks

You cannot prevent colic. Colic can happen the same for girls as for boys. It can happen the same for breast fed babies as for bottle fed babies. Colic will go away as the baby gets older. This will usually happen by the time the baby is 4 or 5 months old.

When a baby has colic, you may have to try many things to help them. Sometimes the thing you do to help will only help for a while and then you may have to try something else. The most important thing to remember is to ask for help if you need to help.

### What to do

- Stay calm
- Never shake a baby
- If you are tired or stressed, ask someone for help
- Make sure your baby is getting enough to eat
- Feed your baby slowly, holding him almost upright
- Burp your baby after every meal
- Heat formula to body temperature. Be careful that the formula is not too hot
- Keep feeding times quiet and calm
- Try rocking or walking your baby
- Comfort your baby by holding them
- Do not leave your baby alone for more than 5 minutes when they are crying
- If one thing does not work, try something else



- The baby’s crying happens with vomiting or diarrhea
- The baby’s crying happens with a temperature above 100.5
- The colic lasts for more than 4 hours a day
- You are stressed and need help
- You have thoughts that you might hurt your baby

## Cradle Cap

Cradle cap looks like a crusty or oily buildup on a baby's head. It is caused by a buildup of natural oils on the skin.

### What to do

- Wash your baby's head every day with a baby shampoo
- Gently rub your baby's head to breakup the crusty areas
- Rinse your baby's head well



- A rash develops on the head

## Conjunctivitis (Pink Eye)

Conjunctivitis is also called pink eye. It is a swelling of the area that lines the inside of the eyelid and the bottom edge of the eye.

### Causes of Conjunctivitis

- bacteria
- virus
- allergies
- pollution

### What to do

Most of the time, conjunctivitis will go away by itself in 5 – 7 days, but sometimes it can take up to a few weeks. If your child has pink eye, put cold or warm washcloths on their eyes several times a day. Gently wipe the edge of the eyelid with a wet cloth to take away any of the crust that may form. Begin from the inside corner (near the nose) and wipe to the outside corner (near the ear). Use a different clean, wet cloth for each eye. This way you will not spread the infection from one eye to the other eye. Do not let your child share towels, handkerchiefs, washcloths or pillows with any other person while the infection is present.



Your child has any of the following:

- Pain in the eye
- Light is painful to the eye
- Your child complains of changes in vision
- A difference between the sizes of the colored part of the eye (pupil) from one eye to the other
- The skin around the outside of the eye is red or swollen
- Yellow, green discharge from the eye that does not go away after 24 hours
- Bloody discharge from the eye
- Any pink eye that lasts longer than 7 days
- The eye gets worse after you have started an antibiotic

## Constipation

Constipation means your child has trouble passing stools (poop). Every child passes stools in a different pattern. Some will pass stools 2 -3 times each day. Some will pass stools 2 – 3 times each week. Take the time to learn your child’s pattern for passing stools. The stools should be soft and come out easily.

### What to do

- Give your child plenty of fluids to drink
- Feed your child plenty of fruits, vegetables and whole grains such as whole wheat bread
- Stay away from foods that are high in fat or sugar
- Exercise is good for constipation so have your child exercise or run and jump every day
- Have your child make a daily pattern for bowel movements – the same time every day
- Give your child a warm bath with ½ tsp of baking soda in the water. This will relax the muscles that keep stools inside of the rectum
- Ask your child’s health care provider if you can use glycerin suppositories to help soften the stool. DO NOT use these suppositories more than 1 – 2 times



Your child has any of the following:

- Constipation that gets worse or does not get better with home treatment
- There is blood in the stools
- The stool is black or dark red
- There is sharp pain when passing stool
- There is pain in the stomach or abdomen
- The stool is thin (the size of a pencil)

## Cough

There are many types of coughs. A cough is the body's way of cleaning its breathing system. If a child has a cough that is accompanied by phlegm (mucus) do not take medicine to stop the cough. Instead do something to loosen the phlegm so the child can cough and get rid of it.

### Types of coughs:

- Dry cough with little or no phlegm
- Wet cough with a little or a lot of phlegm
- Cough with a wheeze
- Chronic cough
- Cough with blood

### To ease the symptoms of a cough:

- Drink lots of water
- Breathe hot water vapors
- Mix one part honey and one part lemon juice- take a teaspoon every 2 – 3 hours
- Do not smoke near your child
- Call your doctor to see if cough syrup is appropriate

**Try to find out what is causing the cough and treat it.**

**To prevent a cough, do not smoke near your child.**

**To cure a cough, treat the illness that causes it – and do not smoke near your child.**

**To calm a cough and loosen phlegm, give your child lots of water to drink – and do not smoke near your child.**



Your child has any of the following:

- A fever over 100.5 that last for 3 days
- A cough that lasts more than 7 days
- A cough along with a fever
- A cough along with shortness of breath or bloody phlegm

## Dehydration

Dehydration happens when the body loses more water than it takes in. This can happen if you do not drink enough water **or** if you lose too much water. Ways of losing water include from fever, sweating, vomiting or diarrhea. Dehydration is very dangerous for children of all ages. The younger the child, the easier it is to become dehydrated very quickly. Any child with watery diarrhea is in danger of dehydration.

### Signs of dehydration

- Thirst
- Dry mouth and sticky saliva
- Little or no urine
- Dark yellow urine – the color of pineapple juice
- Sunken tearless eyes
- Soft spot on the baby's head is sunken
- Fast heart beat
- Fast breathing
- After gently pinching the skin, it stays bunched up when you let go

### What to do

- Give lots of liquids to drink. A rehydration drink such as Pedialyte® is best. The amount your child will need depends on their weight. You can give this a little at a time with a small dropper or spoon
- If you are breast feeding, breast feed more often to increase the amount of fluid for your child

### What NOT to do

- Do not use rehydration fluid such as Pedialyte®, as the only source of liquid for more than 12 – 24 hours
- Do not use sports drinks such as Gatorade®, fruit juice or soda. This will make the dehydration worse



- The child cannot hold down even small sips of liquid
- The child is sleepy, very irritable or hard to wake up
- Your child has sunken eyes, no tears, dry mouth and tongue
- You notice a sunken soft spot on the top of the baby's head
- Your child passes little or no urine (pee) for more than 8 hours
- Your child has a fast breathing rate - (See page 3)

## Diaper Rash

Diaper rash is a skin reaction to wetness and bacteria from urine (pee) and/or stools (poop) or to soap that is used to wash the diapers. It is usually not dangerous, but can be quite uncomfortable. Diaper rash is found on the bottom and the thighs of the child.

### To Prevent Diaper Rash:

- Change diapers as soon as they are wet or soiled
- Leave the skin open to air for 5 – 10 minutes after each diaper change
- Wash cloth diapers with a mild soap and rinse 2 times
- Do not use bleach to wash cloth diapers
- Do not use plastic pants

### To Treat Diaper Rash:

- Change diapers as soon as they are wet or soiled
- Wash and dry the skin in the area of the rash at every diaper change
- Protect the skin with a cream such as Desitin®, A and D ointment® or zinc oxide. Put this cream **ONLY** on dry skin



- The rash becomes very red or raw
- The rash has blisters, pus or peeling skin
- The rash is inside of the folds of the skin
- The rash does not go away after 3 days

## Diarrhea

When a person has loose or watery stools (poop), they have diarrhea. Diarrhea can have many causes and can be mild or serious. For most cases of diarrhea, medication is not needed. However, the **biggest danger** with diarrhea is dehydration. (See page 18)

### What to do:

#### 3 Months to 2 years old

- If baby is breast fed, continue to breast feed
- If baby is bottle fed, give Pedialyte®
- After 12 – 24 hours, offer solid food if the child was eating solid food before
- Keep track of how often the child urinates (pees)
- 

#### 2 years old and older

- Give ½ cup – 1 cup Pedialyte® every hour
- Offer solid foods in addition to Pedialyte®
- Change to a regular diet after 1 – 2 days

### What NOT to do:

- Do not use juice or soda
- Do not use Pedialyte® as the only food for more than 12 – 24 hours

As soon as the child is able to eat, offer food from the list below. Continue to give the child liquids.

#### Liquids

- Water
- Broth from rice, corn or potato
- Broth from chicken

#### Solids

- Bananas
- Rice
- Oatmeal
- Dry toast
- Applesauce
- Eggs
- Potato



- Your child cannot hold down even small sips of liquid
- Your child is sleepy, very irritable or hard to wake up
- Your child has sunken eyes, no tears, dry mouth and tongue
- You notice a sunken soft spot on the top of the baby's head
- Your child passes little or no urine (pee) for more than 8 hours
- Your child has a fast breathing rate (See page 3)
- Your child has a headache
- Your child has a stiff neck
- Diarrhea is dark red or black or has blood
- Diarrhea with vomiting lasts longer than 4 hours in a child 3 – 12 months old
- Diarrhea with vomiting lasts longer than 8 hours in a child 1 – 3 years old

## Ear Infections

Ear infections are common in small children. Many times they happen after the child has had a cold or a stuffy nose for a few days. They may have a fever, cry and rub the side of their head. The pain may be worse if the child is lying down. They may also have trouble sleeping. The infection can happen in the middle ear or the inner ear canal.

### Signs of an ear infection

- Earache
- Dizziness
- Ringing in the ears
- Hearing loss
- Fever
- Headache
- Runny nose
- Stuffy nose
- Vomiting
- Diarrhea
- Fluid coming from the ear
- Loss of appetite

### Prevention:

- Teach your children to wipe but not blow their noses when they have a cold
- Teach your child to wash their hands each time they wipe their nose
- Breast feed your baby. Breast fed babies have fewer ear infections
- Feed infants in an upright position
- Do not allow infants to fall asleep with a bottle
- Do not smoke near your children

### What to do:

- Use a warm washcloth to apply heat to the area
- Have the child get extra rest
- Have the child drink lots of liquids such as water, tea or soup
- Use ibuprophen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with pain. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.



If you think your child has an ear infection, talk to your child's doctor. Some doctors will want to start your child on an antibiotic. Some doctors will want to wait. It is important for you to discuss this with your child's doctor.

## Fever

A fever happens when the body temperature is higher than normal. Fever can be caused by many things such as teething or an infection. It is important to find out what is causing the fever. In young children, a high fever can be very dangerous.

	<b>Mouth</b>	<b>Rectum</b>	<b>Armpit</b>
<b>Too low</b>	95	96	94
<b>Normal</b>	95 – 98.6	97 - 99.1	95 – 98.1
<b>Too high</b>	100.4	102	100

### To Lower a Fever

- Take clothes off of the child
- Do not cover the child with a heavy clothes or a blanket
- Give the child a bath in lukewarm water. **DO NOT USE COLD WATER**
- Fan the child
- Give the child lots of liquid to drink
- Use ibuprofen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with aches. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.



- The fever is over 102
- The child is having difficulty breathing
- The child has abnormal movements

## Flu

The flu is caused by a virus that comes around once a year. It usually comes in the late fall or winter months. The flu is different from the common cold. The symptoms usually start faster and last for 10 days to 2 weeks. Your child may be very tired, have a fever with chills and body aches. They may also have a headache and a cough. Antibiotics will not help the flu. If your child has the flu, there are many things you can do to help them feel better. The flu can be very dangerous for babies and for children who have asthma.

### Symptoms of the Flu:

- Fever (usually high)
- Headache
- Muscle aches
- Chills
- Extreme tiredness
- Sore throat
- Dry cough
- Runny nose

### To ease the symptoms of the flu:

- Drink lots of water
- Use ibuprofen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with aches. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.
- Gargle with warm salt water for a sore throat

**Flu shots help to prevent the flu.** You cannot get the flu from a flu shot. Your child can get a flu shot if they are over 6 months of age. Sometimes the shot will make your child feel achy or tired. They may have a low fever or chills. Their arm may be sore at the injection site. This should only last a couple of days. This is not the flu. If your child is allergic to eggs, they should not get a flu shot.



Your child has any of the following:

- Fever over 100.5 with shaking, chills or a wet cough
- Fever over 102 for 2 days
- Fever with diarrhea
- Fever with a stiff neck or bad headache
- Shortness of breath, trouble breathing or fast breathing
- Yellow, green or red mucous

## Fungal Infections

Fungal infections can happen in many parts of the body. No matter where they happen, they are all caused by the same thing: fungus. Fungal infections grow quicker in areas that are moist and warm. For this reason, you may see them in places such as folds of skin between your child's legs and the trunk of their body, or between their toes.

<u>Fungal Infection</u>	<u>What it looks like</u>	<u>Special Concerns</u>
<b>Athlete's foot</b>	Itching cracked areas between the toes, and on the bottom of the foot.	This often comes back and has to be treated every time.
<b>Jock Itch</b>	Itching and moisture in the groin and upper thighs.	This often comes back and has to be treated every time.
<b>Ringworm</b>	Patches that look like a ring or a red circle with a clear center. The patches may be dry and itch.	This infection can spread easily to other areas
<b>Thrush</b>	White coating inside of the mouth that looks like milk, but is hard to take off.	This is common in babies or other children after taking an antibiotic.

### What to do

#### *For Athlete's foot, Jock Itch and Ringworm*

- Wash and dry the areas very well
- Leave the area open to air as much as is possible
- Use an over the counter antifungal powder or cream such as Lamisil® or Lotrimin®
- Apply the powder or cream all over the area where the fungal infection is seen.
- Use the powder or cream for 1 -2 weeks after the symptoms go away
- Keep the area cool, clean and dry
- For athlete's foot, wear open sandals if possible, or change socks daily

#### *For Thrush*

- Ask your health care provider for the prescription medicine that you will need



- The fungal infection does not get better after one month
- You see signs of infection such as redness, pain, warm skin, pus or fever
- Your child has diabetes

## Headaches

Headaches mean there is pain or pressure in the head. They can also include pain in the neck, shoulders and back. The pain can be dull or sharp. It can happen in one area of the head or all over the entire head. Sometimes the headache will make the person feel sick to their stomach or make them throw up. Sometimes light may hurt their eyes.

### Things that can cause a headache

- Stress (about school, sports, relationships, housing)
- Hunger
- Strain on the eyes
- Lack of sleep
- Colds, sinus pressure
- Infections

### What to do

- Allow your child to rest in a quiet, dark place
- Put a cool wet washcloth over their eyes or forehead
- Use ibuprofen (Advil® or Motrin®) or acetaminophen (Tylenol®) to help with aches. **DO NOT** give aspirin to a child under the age of 16. Ask a health care professional which one is right for your child.



- The headache is sudden or stronger than your child has ever had in the past
- The headache wakes your child up
- The headache get worse even with medication
- The child has a headache with:
  - ✓ Weakness
  - ✓ Numbness
  - ✓ Unable to move
  - ✓ Unable to see
  - ✓ Slurred speech
  - ✓ Confusion
  - ✓ Seizure
  - ✓ Stiff neck
  - ✓ Fever
  - ✓ Vomiting
  - ✓ Unable to stay awake
  - ✓ Eye pain
  - ✓ Dizziness

## Impetigo

Impetigo is an infection that is caused by bacteria. It causes sores that become hard and crusty. Many times this happens on the lips in the space below the nose, or on the corners of the mouth.

### What to do

- Teach your child not to scratch the sores because it will spread
- Soak the area in warm water for 15 – 20 minutes to remove the crusty area. You can use a warm washcloth and then gently scrub the area with soap. Pat the area dry. Do this 2 – 3 times every day using a new washcloth every time
- Put an antibiotic cream such as Bacitracin® or Neosporin® on the sores
- Do not allow your child to share towels, washcloths, pillowcases or bathwater with other children



- The sores cover an area that is wider than 2 inches
- The sores do not get better after 3 – 4 days of treatment
- Your child's face is swollen
- Your child gets a fever

## Insect Bites and Stings

The bites or stings from bees, wasps, yellow jackets, spiders, ticks and ants can cause pain, itching, redness and swelling. In some cases they can cause an allergic reaction that can be very dangerous.

### What to do

- If you can see the stinger, pull it out
- Wash the area with soap and water
- Put ice or a cold pack on the area
- Take an over the counter antihistamine such as Benadryl® or Chlor-Trimeton® to help with the swelling and itching



### Call 911

- Wheezing or trouble breathing after a bite or sting
- Swelling around the lips, tongue or face
- Swelling beyond the site of the bite or sting for example, the whole arm or leg

### Call your doctor

- A blister develops at the site of the bite or sting
- You do not know what type of bite or sting your child has
- The symptoms do not go away after 2- 3 days
- A red rash begins to grow around the site of the bite or sting

## Lice and Scabies

**Lice** are tiny bugs that live on the skin, hair or clothing. They bite the skin and cause it to itch. They lay tiny eggs (nits) that can often be seen in the hair. Lice are spread by close contact with the clothes, sheets, pillowcases, towels, brushes and combs of a person who has lice.

**Scabies** are tiny bugs that go under that skin and lay eggs. This causes an allergic reaction and a rash that causes the skin to itch. It is impossible to see the scabies mite, but the rash looks like many small red dots in a line on the skin.

The best way to keep from getting lice or scabies is to not share clothing, hats, sheets, pillowcases, towels, brushes and combs with any other person. This is sometimes hard to avoid if you are living in a shelter. For this reason, pay close attention for signs of itching, rash or nits in the hair.

### For Lice

- You do not need a prescription for the medication to treat lice
- Use Nix® or RID®- you can buy this in the drug store
- Comb the hair with a fine tooth comb to get rid of the nits
- Wash all clothes, sheets, pillowcases, towels, brushes and combs of a person who has lice with **HOT** water

### For Scabies

- You will need a prescription for the medicine to treat scabies
- Have your child take a warm bath or shower
- Dry your child's skin
- Spread the medicine cream all over your child's body beginning at the top of the forehead and ending at the bottom of the feet
- Cover the entire body with this cream
- Be careful not to get the cream in your child's eyes or mouth
- Leave the cream on your child's body over night
- Wash all clothes, sheets, pillowcases and towels of a person who has scabies with **HOT** water
- The next morning, have your child take a warm bath or shower
- Put clean clothes on your child
- Wash the clothes that you child slept in while they had the medication on their skin with **HOT** water



- The lice are still present after the treatment
- The rash from the scabies spreads
- The itching continues after 2 weeks

## Meningitis

Meningitis is a dangerous infection that can cause swelling of the brain and spinal cord. Although it is rare, this can happen after an ear or sinus infection. It can also happen even when your child has not been sick already.

### Signs of Meningitis

- Fever with a bad headache
- Fever with a stiff neck and vomiting
- Trouble staying awake
- Confusion
- Seizures
- Rash that happens quickly and looks like bruises or small red or purple spots under the skin



**Call your health care provider right away if your child has ANY of these signs.**

## Nose Bleeds

### How to Stop a Nose Bleed:

1. Sit quietly
2. Blow the nose gently to remove mucus and blood
3. Pinch the nose firmly for 10 minutes or until the bleeding has stopped

### *If this does not stop the bleeding...*

Pack the nostril with a wad of cotton. Leave part of the cotton outside of the nose. If possible, soak the cotton in hydrogen peroxide or Vaseline. Then pinch the nose firmly again

**Do not let go for 10 minutes or more.**

**Do not tip the head backwards.**

Leave the cotton in place for a few hours. After the bleeding stops, remove the cotton very carefully.

If the bleeding cannot be stopped by pinching the nose, have the person put a cork or other small object between their teeth and lean forward. Have them sit quietly and try not to swallow until the bleeding stops. The cork will help them to keep from swallowing. This will give the blood a better chance to clot.



- Bleeding does not stop after 10 minutes

## Nutrition - Healthy Eating

According to the latest research and information, parents and children should make the best food choices they can and find ways to be physically active every day. While a food pyramid can serve as a guide for health eating, one size does not fit all and every one should make the best choices they can from every food group.

<u>Grains</u>	<u>Vegetables</u>	<u>Fruits</u>	<u>Milk</u>	<u>Meat/Beans</u>
Choose whole grain bread, pasta, cereal, rice	Eat colorful veggies	Eat a variety of fruit- any kind will do	Choose low-fat or fat-free calcium foods	Try lean meats and chicken. Fish, beans, nuts, seeds are good sources of protein, too
Look for “whole” before the grain name on the list of ingredients	Choose dark green and orange veggies as well as dry beans/peas	Limit fruit juices	Lactose-free milk is available, too.	Baked, grilled and broiled are low fat cooking methods

\*\*\*Most of your fat should come from nuts, fish and vegetable oils.  
Limit “solid” fats like butter, shortening and lard

When eating out or going to a fast food restaurant try to choose items that include vegetables such as a salad, soup, steamed vegetables over rice, veggie pizza or grilled vegetable wrap sandwich. Grilled or deli sandwiches of turkey or roast beef with added vegetables are good choices too.

If you have limited access to fresh fruits and vegetables try dried, frozen or canned. Choose fruits “in their own juice” or with “low sugar” and vegetables with “no added salt”. Rinsing canned vegetables or draining the liquid each come in is also helpful in removing extra salt/sodium.

Being homeless and living in a shelter or motel can making eating healthy difficult. Along with better food choices include exercise. It is good for your body and can help increase your energy level and improve your mood. Any movement is good movement- take the stairs, go for a walk, take your family to the park, and even ride on a swing.

If you have specific questions or concerns about how you or your family is eating, speak with your medical provider who can give you more information or make a referral to a dietitian.

***Contributed by Nancy Paladino, RD***

## Objects in the Ear, Eye and Nose

Children will sometimes put small things such as food or toys in their ears or nose. They may also accidentally get something in their eye. The objects may not cause pain so the child may not tell you about it. Still it will be important to get the object out of the ear, eye or nose.

### What to do

#### Ear

- Pull the ear up and back and tilt the head to the side and shake it gently (Never shake a baby)
- Fill the ear canal with warm mineral, olive or baby oil then tilt the head to the side.

#### Eye

- Wash your hands before you touch the eye
- Do not rub the eye because you may scratch the eye
- Gently wash the eye with cool water
- If the object is at the side of the eye or the lower lid, moisten a cotton swab and touch the edge of the object. The object should stick to the cotton swab when you remove it
- Do not try to remove an object that is over the colored part of the eye
- Never use tweezers, toothpicks or any hard/sharp item to remove something from the eye

#### Nose

- Have the child pinch the other nostril closed and try to blow the object out



#### Ear

- You cannot remove the object or it does not fall out by itself
- Your child develops pain, fever, swelling or bleeding from the area
- Your child begins to feel dizzy

#### Eye

- You cannot remove the object or it does not fall out by itself
- The object is in the colored part of the eye
- There is blood in the eye
- Your child develops pain, fever, swelling or bleeding from the area
- Your child still feels like there is something in their eye
- Light hurts their eye
- Their vision is blurry

#### Nose

- You cannot remove the object or it does not fall out by itself
- The item in your child's nose is a battery

## Scrapes and Cuts

### To clean a scrape or cut:

Wash the skin around the wound with soap and clean, cool water. If there is dirt or dried blood inside of the wound, try to clean it with normal saline or water. You can use a piece of gauze to help remove the dirt or dried blood but make sure that the gauze is sterile (comes from an unopened package). Dirt left in the wound can cause infection.

### To treat a scrape or cut:

You can use a small amount of antibiotic ointment such as Bacitracin® or Neosporin® on the edges of the wound to help heal the wound.

**Never put alcohol, tincture of Iodine or Mercurochrome directly into a wound. It will damage the flesh and slow healing.**

### To bandage a scrape or cut:

After the wound has been cleaned, place a sterile piece of gauze over the top. It should be light enough to allow air to circulate around the wound but tight enough to protect it from further injury. You will need to change this bandage every day.

### How to recognize and treat an infected scrape or cut:

A wound that is infected will be red, swollen, hot and painful. It may have pus or it may smell bad. If the infection is spreading to other parts of the body it may cause a fever or a red line may form around the wound. Sometimes the child's lymph nodes may be swollen or tender. Lymph nodes (glands) are small traps for germs that form lumps under the skin when they get infected. The lymph nodes closest to the infection will swell.

Location of Lymph Node	Infection Site
Behind the ears	Head or scalp
Below the ears and on the neck	Ear, face or head
Below the jaw	Teeth or throat
Armpits	Arm head or breast
Groin	Leg, foot, genitals, anus

### **Scrapes or cuts that are likely to become infected:**

- Dirty wounds or wounds made with dirty objects
- Puncture wounds or other deep wounds that do not bleed much
- Wounds made where animals are kept
- Large wounds with severe mashing or bruising
- Bite wounds, especially from dogs or people

**Never close this type of wound.** Instead, have the child rest and raise the wound a little higher than the heart. **Call help immediately.**



### **Call help if...**

- Your child has a fever above 100.5, with no other cause
- The wound is red, swollen, hot and painful
- The wound has pus or smells bad
- You are not able to clean the wound
- The wound is caused by any of the things listed above
- The wound is located in the chest, head or abdomen
- The child has not had a tetanus shot in the past 10 years

## Skin Problems: General Treatment Rules

There are hundreds of diseases of the skin. Although many skin problems need specific treatment, there are a few general rules that will often help.

### Rule # 1:

If the affected area is **hot** and painful or has pus, treat it with **heat**. You can put hot, moist compresses on it.

### Rule # 2:

If the affected area itches, stings or oozes clear fluid, treat it with **cold**. You can put cool, wet compresses on it.

### Rule # 3:

If the affected skin areas are on parts of the body that are **exposed to sun**, **protect** them **from the sun**.

### Rule # 4:

If the affected skin areas are on parts of the body that are **covered by clothing**, **expose** them to **direct sunlight for 10 – 20 minutes – 2 – 3 times a day**.



Your child has any of the following:

- A skin problem is serious or gets worse in spite of treatment
- Fever or chills
- Swollen lymph nodes
- red or lark line above the infected area
- A bad smell coming from the area

## Sore Throat or Strep Throat

A sore throat can result from a cold or allergy. When a person has a stuffy nose or cold, the congestion in their nose can drain into the throat and cause it to become irritated and sore. Antibiotics will only help a sore throat if the person has an infection, such as Strep Throat, in their throat as well.

### To ease the symptoms of a sore throat:

- Mix 1 teaspoon of salt in 8 ounces of warm water. Gargle with this at least one time every hour
- Use throat lozenges
- Drink lots of water
- Do not smoke near your child



Your child has any of the following:

- A sore throat with white patches on it; or one that makes it difficult to swallow liquids
- A sore throat that lasts for more than 2 weeks

## Stuffy or Runny Nose

A stuffy nose (congestion) or a runny nose can result from a cold or allergy. If the congestion stays in the nose, it may lead to a sinus or ear infection. If the congestion is only in the nose, the person does not need an antibiotic.

### To ease the symptoms of a stuffy or runny nose:

- Drink lots of water
- Breathe hot water vapors
- Rinse the mucus out of the nasal passages: If possible, an over the counter Nasal Saline can be purchased. If not able to do so, you can, mix one half teaspoon of salt in 8 ounces of clean water. If you have baking soda, add a pinch of this too. Pour a small amount into the palm of your hand and sniff the liquid up your nose, one nostril at a time. Do this many times until all of your salt-water solution is used
- Do not smoke near your child



Your child has any of the following:

- Facial pain over their forehead or cheeks
- Pain in their ears

## Vomiting

Children often have an occasional upset stomach with vomiting. Vomiting can have many causes and can be mild or serious. For most cases of vomiting, medication is not needed. However, the **biggest danger** with vomiting is dehydration. (See page 18) It is important that the child who is vomiting drink a lot of liquids. It is also important for the child who is vomiting to continue to eat food as soon as they are able to do so. Even if they do not feel like eating food or drinking liquids, they need to do so to prevent dehydration. Encourage the child to eat small amounts of food and drink liquids many times throughout the day.

### What to do:

#### 3 months to 2 years old

- If baby is breast fed, continue to breast feed
- If baby is bottle fed, give Pedialyte®
- After 12 – 24 hours, offer solid food if the child was eating solid food before

#### 2 years old and older

- Give ½ cup – 1 cup Pedialyte® every hour in small sips
- Offer solid foods in addition to Pedialyte®
- Change to a regular diet after 1 – 2 days

### What NOT to do:

- Do not use juice or soda
- Do not use Pedialyte® as the only food for more than 12 – 24 hours

As soon as the child is able to eat, offer food from the list below. Continue to give the child liquids to drink.

#### Liquids

- Water
- Broth from rice, corn or potato
- Broth from chicken

#### Solids

- Bananas
- Rice
- Oatmeal
- Dry toast
- Applesauce
- Eggs
- Potato

**Watch for signs of dehydration – (See page 18)**



- Your child cannot hold down even small sips of liquid
- Your child is sleepy, very irritable or hard to wake up
- Your child has sunken eyes, no tears, dry mouth and tongue
- You notice a sunken soft spot on the top of the baby's head
- Your child passes little or no urine (pee) for more than 8 hours
- Your child has a fast breathing rate (See page 3)
- Your child has a headache or stiff neck
- Vomit that is dark red or black or has blood in it
- Vomiting with diarrhea that lasts longer than 4 hours in a child 3 – 12 months old
- Vomiting with diarrhea that lasts longer than 8 hours in a child 1 – 3 years old

## Warts

Warts are growths on the skin. They are usually hard and feel like a small stone. They are caused by a virus. They can grow anywhere on the body. Sometimes warts will go away by themselves. Sometimes they will come back even if you get rid of them. If a wart does not bother you or your child, you can leave it alone.

Talk with your health care provider if a wart bothers you or your child. There are many ways to get rid of a wart. Your health care provider can tell you which way is best for your child.



- The wart looks infected
- The wart is on the bottom of the foot and causes pain when walking
- The wart is on the genitals or anal area
- The child has diabetes



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