Information for Our Patients

INTRODUCTION

Pediatrics is the medical specialty limited to the diseases of infants, children and adolescents. Our physicians are medical school graduates and have completed three years of post-graduate training in pediatrics. We are members of the American Academy of Pediatrics and are certified by the American Board of Pediatrics. Our nurse practitioners have achieved Masters of Science in Nursing and are certified pediatric nurse practitioners or family nurse practitioners. Our goal is to provide the best health care available for your child, and we appreciate your confidence and trust.

OFFICE PROCEDURES

CHOOSING YOUR HEALTH CARE PROVIDER: We recognize that parents
often have a preference for one provider, however we do work together, and each of us likes to be familiar with you, particularly when your child is ill. Since one of us will always be available, it is of benefit to both you and us if you see each of us occasionally. Appointments for routine check-ups can be scheduled with the provider of your choice. Same day call-in appointments for sick children are placed with the provider who has an opening that is convenient for the patient and family. We will try to accommodate your requests to see a specific provider when we are able.

OFFICE HOURS

Office hours begin at 8:00 a.m. Monday and 8:30 a.m. Tuesday through Friday. The Corbin office is also open on Saturday mornings.

If your child is coming for a check-up, please try to arrive at least 15 minutes prior to the appointment time. Depending on the type of check-up, your child will need to be weighed, measured, have vision or hearing tests, or collect urine specimens. Your early arrival allows our staff to prepare you and your child for the check-up in a timely manner.

Children who are ill will be seen on the day of their illness if necessary. Please call the office and tell the medical assistant the nature of the problem. She will schedule your child as a “call in” and give you an appointment time. By calling first, you will shorten your waiting time. It also permits us to stay on schedule for those who have regular appointments. We do not take walk-in appointments, but if you walk-in,

you will be offered the next available appointment time that day.

If you cannot keep your appointment, please notify the office at least 3 hours in advance so that the scheduled time may be used for another child. If you show up late for an appointment or if you fail to show for a scheduled appointment without notifying us at least 3 hours in advance, you will receive a letter advising you of the afore-mentioned policy. Repeat occurrences may result in dismissal from the practice.

PHONE CALLS

Our appointment secretary answers the office phone. She will be able to schedule appointments or direct your call to the appropriate staff. If you are seeking medical advice, you will be transferred to one of our medical assistants who have been trained to handle the majority of questions that arise. She also schedules appointments for sick children.

When making a phone call to our office concerning your child:

1. Please give the receptionist your child's name and birth date;
2. Have a pencil and pad on hand;
3. Have list of your child's medications;
4. Have the child's temperature (rectal temperature for infants);
5. Have your pharmacy's telephone number.

This will save you and our office staff a great deal of time and confusion.

Night and weekend calls should be limited to problems that cannot wait until office hours. After office hours and on weekends and holidays, you can reach the provider on call by dialing the office number (528-9700). It will either ring at the home of the person on call, or you will hear a message telling you how to reach him or her. Every attempt will be made to return your call within an hour. If your call is not answered, please call the hospital operator (528-1212) and ask for assistance. If you have left a message for the on-call physician, please make sure that you stay by an open phone line so that your call may be returned.

NOTE: **If your child's condition is an emergency, please call 911 or take your child to the nearest ER.** If your child has eaten or drank something you think might be hazardous, please do not waste time by calling us. Immediately call the **Kentucky Regional Poison Center at 1-800-222-1222**. They are better equipped to instruct you in those cases.

WEB SITE

We are now online at www.corbinpeds.com. You can schedule well-child appointments and request prescription refills by visiting our website. You will also find links to many health-related sites. You **cannot** make sick child appointments, nor expect us to respond to health-related questions via our web site.

BILLING

All of our bills are itemized for each child and for the specific procedure or specific test that was done. Due to the rising cost of open billing and our desire to maintain reasonable fees, our office requests, and most insurance companies require, that all co-payments be made at the time of service. If this is not possible, please make arrangements with our business office. It is your responsibility to know the deductible on your health plan and to make full appropriate payment at the time of service.

Patients must bring a valid insurance card or be prepared to pay for the entire visit by cash or credit card when they are seen. If they do not have a current insurance card, and cannot pay in full for the visit, then they are expected to pay at least $30.00 and sign a payment contract for the full amount. Once we receive payment from the insurance company, the overpaid balance will be refunded. Any balance not covered by the insurance company will be billed to the patient.

Violation of the payment policy may result in dismissal from the practice. Return to Corbin Pediatrics in the future will be allowed only upon payment of the full outstanding balance.

Our bookkeeper is in Monday through Friday to assist you with your accounts, and any questions you may have regarding your insurance. You may call 528-9985 or email to billing@corbinpediatrics.com.

ILLNESSES AND EMERGENCY ROOM USE

We discourage our patients from using the emergency room for minor illnesses such as colds and rashes in an otherwise well-appearing child. We offer same-day sick visit appointments and 24-hour on-call advisors so that your needs can be addressed. Please take your child to the ER only for serious illness or injury, and call during office hours for non-urgent problems, including colds, head lice, or constipation. If you are not sure if your child is seriously ill and feel that you need advice when the office is closed, please call our office number and you will be directed to contact with a physician or nurse advisor.

Some common problems that often arise after the office is closed are discussed next. We have suggested an initial treatment program to follow. If your child appears seriously ill or if you have questions, call us.

FEVER

Fever is probably the most common cause for concern among parents. Fever is defined as a rectal temperature of 100.4 or higher. Most children, especially during the first six years of life, will experience as many as 6-10 illness per year associated with fever. The degree of fever does not necessarily reflect the seriousness of the illness. All children will appear ill when the fever is high, regardless of the nature of the illness. Fever is merely an indicator that something is wrong with your child, and, in fact, is helpful in the body's defense against invading viruses and bacteria.

Many parents have been frightened by stories they have heard about high fever causing seizures and brain damage. Seizures caused by fever are not very common, and although frightening when they occur, are usually brief and leave your child with no permanent damage. Most children, even with high fevers, will not experience a seizure.

Fever can at times be associated with serious illness. Call the office number immediately any time you child appears ill and has a fever associated with any of the following symptoms: a **severe** headache; a seizure; a stiff neck; **extreme** listlessness or irritability; chest pain or difficulty breathing; **severe** abdominal pain; **recurrent** vomiting; **severe** diarrhea; painful urination or blood in the urine; a swollen, tender joint; or if your child has an **unusual** skin rash. **Call immediately for any child under 3 months of age with a fever of 100.4 (rectally) or more.**

The above list is not meant to cover all serious illnesses. Any time you feel your child is seriously ill, you should call. If, however, your child has a mild fever and only minor symptoms, such as a runny nose, but seems to feel pretty well otherwise, please try acetaminophen (Tylenol) or ibuprofen (Motrin or Advil).

Things to remember about treating fever:

1. Mild fevers need not be treated. Moderate fevers should be treated if your child is uncomfortable. High fevers over 104 degrees should usually be treated.
2. The goal of fever treatment is to get the temperature down to where your child is comfortable (usually below 102 degrees) – not to get it to "normal".
3. Besides medication, other measures helpful in treating fever are giving the child cool liquids, removing all tight-fitting clothing and dressing the child lightly, and giving the child a bath in lukewarm water for 20-30 minutes.
4. Lack of response to Tylenol or Motrin is not an indicator of seriousness of illness, just as response to these medications does not mean the illness is not serious.

CONGESTION, COUGHS, and COLDS

Preschool children generally have 3-9 colds per year. This number may be higher in children enrolled in day care. The common cold is caused by one of many types of viruses**. Although effective against most bacterial infections, antibiotics are not effective against viruses. Antibiotics will not shorten the course of a cold.** Symptoms of cold are fever, cough, sneezing, nasal congestion, and nasal drainage (which normally begins as clear and **may change to greenish-yellow before stopping. Colored nasal discharge is not necessarily an indicator of bacterial sinus infection**). Sore throat, mild aches, and chills may also come with a cold. Colds generally last about one week, but the nasal discharge and cough may persist to the end of the second week.

Treatment of colds consists of rest, liquids, and acetaminophen. A cool mist humidifier and sleeping with the head of the bed elevated (or in the infant seat) may also be helpful. For infants, saline nose drops followed by bulb suctioning before eating and before sleep may be helpful. Saline nose drops may be bought (Ayr or Little Noses, non-medicated) or made by adding ½ teaspoon of salt to 8 ounces of water. Older children may also benefit from saline nose spray. Recent studies have shown that the over-the-counter (OTC) cold medications may not be beneficial to young children, and may be harmful to young infants. They will not prevent ear infections or secondary infections associated with the common cold, nor will they shorten the course of the cold. Do not use OTC cold medications without talking to us if your child has heart disease, diabetes, thyroid disease, is on any medication for behavioral or psychiatric problems, or if your child is under age 2.

Please call us:

1. **If your child's cold does not seem to be improving after 10 days.**
2. **If symptoms such as nighttime crying or fever develop after the cold symptoms seem to be improving.**
3. **If your child becomes very lethargic or irritable or runs a high fever.**
4. **If your child is having trouble eating, sleeping, or breathing due to cough or congestion.**
5. **If cough persists past 2 weeks or is accompanied by high fever or labored breathing**.

VOMITING AND DIARRHEA

Vomiting and diarrhea in children are frequently caused by a virus affecting the stomach and bowel. The treatment for this is aimed at preventing dehydration until the virus runs its course. Occasionally, vomiting and diarrhea are symptoms of a bacterial infection. If this is the case, your child will likely run a high fever, act quite sick, or have other symptoms, such as blood in the stool. **Please call the office if your child is less than 6 month of age, has a high fever, or is acting very ill in addition to having vomiting and/or diarrhea.**

Children, especially infants, are more susceptible to dehydration. Dehydration means that your child has lost too much body fluid. You should call the office if your child has any of the following **signs of dehydration:**

1. **Lethargy, or desire to sleep, without any periods of activity or playfulness. An active child is not dehydrated.**
2. **Poor urine output, or failure to urinate at least every 8-12 hours.**
3. **Excessive thirst, in addition to any of the other symptoms listed.**
4. **Dry mouth, or no drooling.**
5. **No tears with crying.**
6. **Sunken eyes**
7. **Sunken soft spot in infants.**

We recommend the following treatment for vomiting and diarrhea:

1. Nothing by mouth for 1 hour after your child last vomits.
2. Start giving 1-2 teaspoons of Pedialyte (or another oral rehydration fluid) every 5-10 minutes. If your child has no further vomiting, you may gradually increase the amount. Most children who are dehydrated will take Pedialyte without any problems. However, if necessary, you may flavor it with a small amount of juice or your child's favorite beverage. Another way to flavor it is to add about ¼ teaspoon of Pre-Sweetened Sugar-Free Kool Aid to 8 ounces of Pedialyte. Pedialyte popsicles are also now available.
3. Your should not keep your child on a fluid such as Pedialyte for more than 24 hours, unless directed.
4. Older children who refuse oral rehydration fluids may be give Gatorade, weakened sugar-sweetened tea, popsicles, jello, or flat soda.
5. Your child may gradually resume a normal diet when he has begun urinating, has a moist mouth, and has gone 8-12 hours without vomiting. It is best to avoid fatty and spicy food for a few days.
6. If your child with **diarrhea** has any signs of dehydration, you should offer an oral rehydration fluid such as Pedialyte. **A recipe for home-made oral rehydration fluid is included below.** If he/she is acting well and does not have any of the signs of dehydration, he/she may continue to eat a regular diet including milk, breast milk, or formula. Special fluids are not necessary. It may be helpful to stop juices and sweet drinks, or to dilute them with water until the diarrhea episode is over.
7. Anti-diarrhea medications are rarely used in children and may be harmful. Usually it is best to let the virus or bacteria pass out of the body in diarrhea.

Home-made oral rehydration solution

1 level teaspoon of salt
8 level teaspoons of sugar
1 liter of clean drinking water
(or may be boiled and then cooled)
Stir mixture until salt and sugar dissolve.
May add 1/2 cup of orange juice or
1/2 mashed banana for older children.

WELL CHILD CARE AND IMMUNIZATIONS

It is very important that your child receive regular check-ups so that we can make sure he/she is growing and developing normally, and so that you can have an opportunity to ask questions about your child's health, growth and development, and behavior. Our office follows the recommendations of the American Academy of Pediatrics, which are well-child visits at 2 weeks, 2, 4, 6, 9, 12, 15, and 18 months, 2, 3, 4, and 5 years, every 2 years during years 6-12, and then yearly through the teen years.

Your child will receive immunizations at the well-child exams from ages 2 – 24 months, at 4 –5 years old, and at the 6th grade physical. Side effects from immunizations are usually mild and occur within the first 48 hours after receiving the injection. Possible reactions will be reviewed in the office before the immunizations. You may give your child acetaminophen (Tylenol) if he/she is uncomfortable after receiving immunizations. Please call us if you feel your child has high fever or severe irritability after immunizations.