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P E D I A T R I C S
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I N F O R M A T I O N

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PRINCETON NASSAU PEDIATRICS
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We hope that your first visit to our office is a satisfactory experience. This booklet will acquaint you with our practice of pediatrics and office management. Included are some tips which may help you deal with common pediatric problems.

OFFICES

We have two offices: The Princeton office is at 301 North Harrison Street and the West Windsor office is at 196 Princeton-Hightstown Road. All physicians see patients at both offices. Each patient has one chart, kept in the office of their choice. If pre-arranged visits are scheduled at the other office, the chart is moved as necessary. The offices are connected by direct computer and telephone lines for instant information transfer.

OFFICE HOURS

All patients are seen by appointment. Appointments are scheduled from 8:30 am to 5:30 pm on Monday through Friday, and 9 am to 1 pm on Saturday. When you call, tell the receptionist the reason for your appointment and any other information that will help us decide how much time to allow for the visit. If you must cancel an appointment, please give us 24 hours notice so that we may offer the time to someone else. Evening hours are available for sick visits and checkups with selected pediatricians at the Princeton office. We staff the Princeton office Sunday and holiday mornings for sick patients who should not wait to be seen until the next day.

MAKING APPOINTMENTS

Princeton	(609) 924-5510	8 am to 5:30 pm	(Mon-Fri)
		8 am to 1 pm	(Sat)
		8:30 am to 12 pm	(Sun)
West Windsor	(609) 799-5335	8 am to 5:30 pm	(Mon-Fri)
		8 am to 1 pm	(Sat)

During office hours, your call will be answered by a receptionist or a pediatric nurse. State the reason for your call. If you have medical questions, the nurse often has the answers. If not, she will transfer your questions to your pediatrician. Each doctor blocks out a portion of the day to return phone calls. If you will be away from your phone, please provide us with times you will be available so the doctor can reach you.

If you need an appointment on the same day, you may call after 8:00 am, or after 8:30 am on Sunday. No advance appointments are made for Sundays, when we see only patients who should not wait a day to be seen. If you have a non-urgent medical question, wish to make a future appointment, or have a business question, please call between 10:00 am and 5:00 pm, Monday to Friday. The appointment desk is closed from 1:00 to 2:00 pm, but there is an emergency number given on the tape during that time for urgent calls.

For medical emergencies, call us anytime. During office hours, our staff will assist you in making arrangements to see a doctor immediately. After hours, use the Princeton office number, (924-5510). We employ an around-the-clock answering service who should be able to put you in contact with the pediatrician on-call in minutes. Unfortunately, any office or answering service can be overly busy and occasionally make mistakes. If your urgent call is not returned quickly, REPEAT YOUR CALL. On the other hand, please do not call about routine matters after office hours.

We recognize that urgent problems must be seen immediately, but even in these situations we ask that you call ahead before leaving for our office. This helps us determine whether your child is contagious and may be a danger to other children in the waiting rooms, whether we need to free-up a specific treatment room, how much time we should allot for your visit, and whether we need to shift other appointments to make room for your child.

For all scheduled visits, the choice of doctor is up to you. For urgent visits during office hours, your preference is respected whenever possible. After hours, the doctor on-call will handle all emergency situations.

PARKING

Free Parking is available at both sites.

PREVENTIVE HEALTH CARE FOR WELL CHILDREN

Our physicians follow the recommendations of the American Academy of Pediatrics regarding the care of infants, children and young adults. We recommend complete yearly examinations for all children, including appropriate immunizations and screening tests.

Periodic check-ups afford the best opportunity to observe your child's physical and mental growth and development. Anticipatory guidance is an important part of our practice. It is the best time for parents to ask questions about growth and development, as well as for the doctor to establish a good relationship with the child for future visits.

We generally schedule six visits in the first year, three in the second, and yearly visits thereafter. The well-child visits include immunizations and screening tests. Urinalysis is done at nine months. Vision screening and urinalysis are then performed annually starting at age three. Your child may also be tested for hearing, anemia, cholesterol, lead, tuberculosis, and urinary tract infections, as indicated.

We prefer to see no more than two children from a family at one time for routine check-ups. Plan to bring a clean-voided morning urine specimen for each child who is toilet-trained.

Adolescents should have some private time with their doctors so that we may ask questions of a personal nature — such as whether they have any concerns about their own growth and development. These subjects cannot be addressed in front of parents or siblings.

After an examination, you have a right to be fully informed about the doctor's findings and opinions. We do, however, respect the adolescent's right to confidentiality when appropriate. Make sure your questions are answered fully and in language you understand. Occasionally there are problems that need extensive discussion. We may ask that you schedule a separate conference to deal with these matters rather than try to rush through them during your routine office visit.

Annual check-ups should be scheduled a month or more in advance. The summer months are heavily scheduled with camp, college, and school physicals, so it is best to avoid this time if possible. Check-ups and physicals take more time than sick visits. If you cannot keep your scheduled appointment and fail to cancel it 24 hours in advance, you may be charged for the time reserved for you.

It is our policy to sign camp or school forms for a healthy child if a complete examination was done within ONE YEAR of the date requested. Athletic forms are regulated by the State Department of Education and local school districts.

CONFERENCES

There are occasions when families experience problems, or have doubts or questions that need more extensive discussion with a pediatrician. In these instances, a parent conference is preferable to a routine office visit. We prefer to see both parents at the same time, whenever possible. The end of the day is usually the most suitable for this type of conference.

VISITS FOR CURRENT ILLNESSES

If your child is ill and needs to be seen the same day, please call for an appointment between 8 and 9 am. Our nurses will help you decide if an office visit is warranted and will help you schedule an appointment for that day. We hold the latter part of each morning and afternoon open for sick visits. This helps us to separate potentially contagious patients from well children. We also use a separate sick waiting room, and sometimes a separate entrance for highly contagious patients.

EMERGENCIES

In emergency situations, remain calm. If possible, call our office before rushing to the office or the emergency room. State the nature of the emergency — our staff can contact a doctor immediately and will help make emergency arrangements for you to minimize unnecessary confusion, delay, inappropriate care, and excessive costs.

After hours, the pediatrician on-call will attend to your child for acute trauma or illness or make appropriate arrangements. Call the Princeton Office number. Tell the answering-service that you have an emergency or urgent

situation. Remember that answering service personnel are not medical professionals. They will contact the doctor immediately. If the doctor does not answer your call promptly, REPEAT YOUR CALL. It is entirely possible that in the confusion your phone number may have been transmitted to the doctor incorrectly and he or she cannot reach you. Remember to keep your phone line clear.

HOSPITALS AND CONSULTATIONS

We are all on the staff and admit patients to the Medical Center at Princeton. This is an excellent community hospital which has many of the services and specialists that we need. For unusual or complex medical situations, we utilize the services of nearby university medical centers, including those in New Brunswick and Philadelphia.

FEES, BILLING, AND INSURANCE

Our fees are similar to those of other pediatric groups in the area. As billing adds to the cost of medical care, we request full payment for services rendered at the time you leave the office. We accept cash, checks, and VISA or MASTERCARD. We realize that there may be circumstances when payment at the time of service is not possible. In these instances, you will be provided with a time-of-service bill.

The time-of-service bill includes two copies, one of which can be attached to your insurance claim form, and the other saved for your records. Our form is accepted by most major insurance carriers. It is your responsibility to pay for services and to initiate a claim for reimbursement from your insurance company. If your claim is rejected, we will help you in any way that we can in clarifying your claim. We cannot, however, guarantee your claim will be paid as plans vary greatly in coverage offered. Medicaid patients must bring their registration number and have their eligibility verified at the time of EVERY VISIT.

In the case of separated or divorced parents, it is our policy that the parent who brings the patient to the office is responsible for payment unless prior arrangements have been made with our office manager. Any arrangements between the parents, legal or otherwise, are between the parents and not with Princeton Nassau Pediatrics.

We will bill for services, but only when absolutely necessary. In turn, we expect prompt payment. Care of sick children will usually not be withheld on delinquent accounts, but routine check-ups, camp and school forms, etc., may be denied.

MANAGED CARE POLICY

Princeton Nassau Pediatrics, P.A. is a provider of several managed care plans. Subscribers to these plans have certain responsibilities. The subscriber must notify his/her plan that our practice provides primary care for the children. If your plan is not notified prior to the appointment, services may not be covered and you will be held responsible for the bill.

Prior to seeing the doctor it is mandatory for each family member to present their ID card and if applicable pay the co-payment.

If there is a procedure ordered by one of our physicians that is not covered under your managed care plan, you are held responsible for payment. For example, some plans will cover physical exams every other year rather than yearly as required by camps and schools.

IMMUNIZATIONS

We follow the immunization schedule recommended by the American Academy of Pediatrics.

2 Months:	COMVAX (Hep-b & Hib) DtaP, IPV
4 Months:	COMVAX (Hep-b & Hib) DtaP, IPV
6 Months:	DTaP
9 Months:	Lab Test
12 Months	Varivax, PPD
15 Months	COMVAX (Hep-b & Hib) MMR
18 Months:	DTaP, IPV
5 Years:	DTaP, IPV, MMR, PPD

Note: Patients who did not receive Hepatitis B vaccine as a newborn may receive the vaccine at any time, preferably before adolescence.

PREVENTING AND TREATING COMMON PEDIATRIC PROBLEMS

In order to obtain the best possible care for your child, it is important for you to understand and recognize good pediatric care, how we deliver it, and how to use our pediatric services effectively. Achieving and maintaining physical and emotional well-being for the children in our care is our ultimate goal. To achieve this, parents must help to prevent illness as well as to treat it when it occurs. The following information may help answer some of your questions and concerns.

1. Dental

We suggest that children first visit the dentist when they are about three years old. Teeth should be brushed with a soft toothbrush. A fluoride supplement should be added to the diet if there is none in your water supply or if your baby is exclusively breast-fed. Excess fluoride ingestion, as by eating fluoride toothpaste, should be avoided. Night bottles of milk or sugar-containing fluids should not be used, as bottles that remain in the mouth as the child falls asleep cause massive tooth decay, or “bottle-mouth” syndrome.

2. Fear of Doctors

This is a common problem which can often be prevented. Never threaten a child with a “shot” if they are behaving badly. Do not promise “no shot” for this visit or tell them “this won’t hurt” when you know that it may. Always tell the truth and be understanding, but do not prolong the situation with over-sympathy. Be firm when helping to hold a squirming child. If you are unable to do this, ask for help. Be truthful and sympathetic but firm as you prepare your children for their visits to our office.

3. Fever

Fever is a symptom, not a disease. It is part of the body’s response to infection or inflammation. The height of the fever does not necessarily tell us how sick your child may be. What counts is how your child acts. A child with a low grade or moderate fever who is listless, depressed, and refuses to sit up or play is of more concern than one with 104° - 105° who is alert and interested in his or her surroundings. Fever causes no permanent harm until it reaches 107° or higher. Fortunately, the brain’s thermostat keeps fevers caused by infections below this level as long as there is no environmental overload, such as too many blankets or remaining in a closed car.

Children with fever should be DRESSED LIGHTLY and offered cool fluids. If the fever is over 102°, they may be given acetaminophen (i.e. Tylenol, Panadol) as directed on the package. Ibuprofen may be prescribed for children over 2 years old, but aspirin should not be used. Medication usually lowers the fever by two or three degrees. If the fever continues even after medication, you may wish to give the child a sponge bath. Do not sponge your child for at least 30 minutes after giving acetaminophen except in instances of heatstroke, febrile seizures, or a temperature over 106°. If done too soon, sponging causes shivering, a physical response which may actually

raise a child's temperature. Place the child in a few inches of LUKEWARM water and sponge or pour the water over the child's skin surface for about 15 minutes. Do not use alcohol or cold water. If the child shivers, the water is too cold or the acetaminophen has not yet taken effect. DO NOT PERSIST IN SPONGING IF THE CHILD BECOMES AGITATED OR MORE UNCOMFORTABLE .

About three percent of children between six months and six years will have a seizure (convulsion or fit) with the sudden onset of high fever. These usually last only a few minutes and are harmless to the child. They do not cause brain damage or learning disabilities, nor do they lower IQ. If seizures do not run in your family, or if your child has already had a high fever and did not have a seizure, the risk of a febrile seizure is very small.

If a seizure occurs, place the child on his or her side with the chin lifted from the chest and positioned such that the child cannot hurt himself. Do not place anything in the child's mouth. These episodes usually last only a few minutes, and are followed by a sleepy period. Mouth-to-mouth breathing should be given only if the child is blue and not breathing, a rare occurrence with febrile seizures. Call us as soon as possible so that the child can be evaluated by the physician to look for the cause of the fever.

CALL OUR OFFICE IMMEDIATELY FOR FEVER IF:

- Your child with fever is less than three months old.
- The fever is over 105°.
- Your child is crying or whimpering inconsolably or cries if you touch or move him or her.
- Your child is difficult to awaken.
- Your child's neck is stiff.
- Purple spots are present on the skin.
- Breathing is difficult even after the nose is cleared.
- Your child looks or acts very sick.

CALL WITHIN 24 HOURS IF:

- The fever is 104° to 105°, especially if your child is under two years old.
- Burning or pain occurs with urination.
- Your child looks moderately ill with lethargy, lack of eye contact, and lack of spontaneous activity.

CALL DURING REGULAR OFFICE HOURS IF:

- Your child has had fever for over 72 hours that is unexplained.
- The fever went away for 24 hours and then returned.
- You have other questions or concerns about the fever.

4. Diarrhea and Vomiting

These are a part of many childhood illnesses. The basic treatment of both is the same — preventing dehydration and maintaining a balance of water and salt. It is important to make sure that the intake of fluid is sufficient to prevent dehydration. Normal urine output and a moist mouth with an active child are signs of good hydration and successful treatment. If your child looks very ill, notify us immediately.

With vomiting, nothing should be given at first so that the digestive tract has a chance to rest. After an hour, sweetened clear liquids can be given, since they are the most easily absorbed. The best fluids are the commercially prepared electrolyte solutions, such as Pedialyte or Ricelyte. Gatorade, clear juices, ice pops, soda, jello water, or weak tea with sugar are good for older children who are not very sick.

To treat diarrhea without vomiting or severe abdominal pain, give the child as much oral electrolyte solution as he or she wants. For children who are not too ill, the regular diet may be continued, excluding milk or milk products and apple juice for a few days. **DO NOT USE** milk (including boiled skim milk), enemas, or home salt or broth solutions for the treatment of diarrhea. Infants should continue to breast feed unless they look too ill to do so. An oral electrolyte solution should be given to make up for the volume of diarrhea. Special rehydration solutions, ie. Resol or Rehydralyte, may be prescribed for treatment if the child is dehydrated.

Call our office if vomiting persists over 12 hours or diarrhea persists over 3 days, if you are concerned that the child has become dehydrated, if the symptoms are associated with severe abdominal pain or high fever, or if there is blood or mucous in the stools.

5. Unintentional Injuries and Poisons

Each year, unintentional injuries and poisons cause more childhood illness than medical ailments. We recommend you “childproof” your home by locking up dangerous drugs, cleaners, solvents, tools, and firearms. Medicine (including vitamins) should never be called candy. Electrical cords and sockets should be protected. Upper floor windows should always have window guards. Children should **ALWAYS** ride in approved car seats.

For poisonings, your home should be equipped with a bottle of Syrup of Ipecac. It should never be administered before contacting our office or a poison control center (1-800-962-1253) because some poisons, such as drain cleaners, petroleum products, and polishes should never be vomited.

Burns should always be treated immediately with cold water (seconds count) before calling the doctor. Do not use butter on burns. To prevent scalds, be sure the temperature on your hot water heater is set no higher than 120° F. Always test the water temperature before letting your child enter the bath. For chemical burns, use heavy rinses of water immediately. If a chemical gets in the eye, hold the eye open and rinse it with several quarts of water.

Every home should be protected with a smoke detector or fire alarm. It should be placed so it will awaken sleeping parents. Tot-Finder decals are available from many fire departments. They should be placed on children’s bedroom windows. Home fire drills are also an excellent precaution.

Many homes in this area have swimming pools. All pool areas should be

fenced and secured with locked gates. If a pool is accessible directly from the house, that access should be secured at all times when young children, especially toddlers, are present. Older children and teens should be supervised to prevent “horsing around” in pool areas.

“Walkers” can be quite hazardous, and their use is discouraged. On numerous occasions children have driven them down the stairs, gotten them caught on rugs or furniture, or pinched their fingers. They should never be used as “babysitters”.

6. Environmental Hazards

You should determine if your home has lead hazards, such as lead paint (used as recently as the 1960s in exterior paints) or lead solder on copper pipe connections. Special hazard areas include soil alongside exterior walls, window sills which collect outside paint dust, and porches and doorways where exterior paint was used.

Lead is found throughout the environment. You can minimize your child’s exposure by routinely washing your child’s hands after outside play and before meals and snacks, wiping out window sills with a damp cloth using a phosphate detergent, and avoiding canned foods sealed with lead solder (usually imported). You should flush taps daily before drawing drinking water, and never use water from the hot water tap for cooking or drinking. You should also restrict your child’s access to artist’s supplies and hobby materials that may contain lead — items such as oil-based paints and ceramic glazes, toys such as lead soldiers, fishing weights, and spent ammunition casings. Precautions should be taken during renovations and burning, scraping, or sanding old paint.

If you suspect a lead problem in your child’s environment, let us know. Screening tests for blood lead are available through our office.

There is epidemiologic evidence that sunburns in childhood are related to developing skin cancers after adolescence. Infants, fair children, and all children who spend hours outdoors (such as on ball fields or tennis courts) should use sunscreens with a rating of SPF 15 or greater. Noses, ear tips, and the back of the neck are especially important to protect.

Tobacco smoke is a serious health hazard for your child. Children should be provided with a smoke-free environment whenever possible. This means they should never ride in a closed vehicle where smoking is allowed, and they should have eating, play, and sleeping areas that are smoke-free. Parents who smoke should consider quitting. Those who cannot quit should train themselves to smoke outdoors to protect the other members of their family.

We hope this booklet serves as a helpful introduction to our practice and philosophy. If you have any questions, please do not hesitate to ask.

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