

Essex-Morris Pediatrics

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Atlantic
Health System

Atlantic Medical Group



Welcome to Essex-Morris Pediatrics. Nothing in life is as exciting or rewarding as raising children. It is our privilege to be a part of the experience with your family. At times it can be challenging and confusing as well. At Essex-Morris Pediatrics, we know that and we are here to help you. Our hope is that this booklet will provide some information that will be useful to you in the daily care of your child. Most importantly, just relax. Your child will be grown and on his/her own faster than you imagine. So again, relax and enjoy — it's a wonderful adventure.

Who We Are

At Essex-Morris Pediatrics, our physicians are board-certified pediatricians. It is our pleasure to treat patients from birth to 23 years of age. We are proud to be able to provide you the highest quality medical care with a deep concern for the well-being of your children. Our physicians are required to be involved with continuing education to further their own education. We encourage each pediatrician to be involved in some way in the community, furthering medical education for our own patients and for the children who live in our community.

We understand the importance of treating the whole child. Our annual exam includes: vision and hearing screenings, PHQ depression screening, Modified Checklist for Autism in Toddlers (MCHAT), Developmental and Edinburgh Postnatal Depression Scale (EPDS) screening and pediatric symptom checklist. We offer both baseline and post trauma imPact® testing in our office. Some of our physicians are concussion-certified.

Insurance and Other Forms

We participate with most major insurance companies. Please speak with our office staff for further information. We are happy to submit claims for our patients, just please understand that you are responsible for all non-covered procedures. As it is impossible for us to know the details of your insurance coverage, please acquaint yourself with the intricacies of your individual insurance policy. We ask that you pay your co-pay and any monies owed at the time of service. If your insurance requires that you obtain referrals, we are happy to process one for you. Please try, whenever possible, to give us time to honor your request.

It is our pleasure to complete forms that you may require for your child to participate in school, camp or extracurricular activities. In order to be fair to all of our patients, our nurses complete these forms in the order in which we receive them.

Just a quick note about scheduling appointments: We schedule well checkups and follow-up appointments ahead of time. The sooner you call for an appointment, the more choices of time and day will be available to you. If your child is sick, we make those appointments on

the day you call. These appointments are not made ahead of time. We pride ourselves on our ability to treat your children promptly. This policy enables us to do so. Appointments can also be scheduled online by visiting essexmorrisspediatrics.org.

It is important to us to do everything we can to protect your child's privacy. Toward that end, we are a HIPAA-compliant office. You will be given forms explaining the HIPAA guidelines at your first visit.

We want to ensure that every visit your child makes to us is as pleasant as possible. We take pride in the trust you have placed in us in the care of those most precious to you. We look forward to watching with you as your newborns grow and become toddlers, school children and young adults.

After Hours Phone Calls

We recognize that emergencies don't always occur during our office hours. Our physicians are available to respond to medical emergencies 24/7. For immediate assistance dial 911, otherwise please call us at 973-992-5588 and you will be instructed how to reach the physician on call. We pride ourselves on answering your call as promptly as we can! If you have not received a return phone call within 10 minutes, please call again in case there was an error in paging. Please reserve these calls for emergency medical questions only.

Walk-in visits are welcome on Monday, from 8:30 to 9:00am and Tuesday, from 8:00 to 8:30am. We request that families arrive promptly.



The Well-Stocked Medicine Cabinet

We suggest that you keep the following supplies in your medicine cabinet. Please remember to keep these products out of the reach of children.

- › Poison Control phone number: 1-800-222-1222
- › First-aid kit
- › Ibuprofen or acetaminophen (such as Tylenol®)
- › Saline drops
- › Hydrocortisone cream
- › Antibiotic ointment (such as Neosporin)
- › Petroleum jelly
- › Triple Paste® diaper cream
- › Cornstarch powder
- › Isopropyl alcohol
- › Thermometer - preferably one that can measure rectal and oral temperature. No ear thermometers.
- › Bulb syringe
- › Medication syringe (5cc = 1 teaspoon)
- › Cotton balls
- › Cotton swabs
- › Adhesive tape
- › Chamomile tea - good for stomach discomfort and for soothing stomach pain

We also recommend that you have smoke and carbon monoxide detectors installed in your home and that you change the batteries every time clocks are adjusted.

Breast and Formula Feeding

As pediatricians, we know that breast milk is best for your baby because of antibodies passed from mother to baby, which help prevent infection. However, as working parents, we understand that sometimes breastfeeding is not an option. The formulas that are on the market today are very close to breast milk in nutritional properties and therefore they are perfectly acceptable substitutes. Whichever formula you choose should be iron fortified. The amount of iron in these formulas meets daily requirements and is usually not sufficient to cause constipation.

The most important thing to remember in feeding your new baby is that for the first several weeks you may not have an established feeding schedule. Your baby will need to be fed on demand at the times when he or she is awake. Your baby will spend a lot of time sleeping, anywhere from two to five hours at a stretch. On average, formula-fed babies will feed every three to four hours, while breastfed babies will feed more frequently, approximately every two and a half to three hours. At around two to four weeks of age, when your baby has a more established feeding schedule, you may notice that he/she takes a very long nap during the day. At that time, you may want to shift the feeding schedule so that this sleeping period occurs at night when you would like to get your sleep.

The amount your baby eats will change as he/she grows. Formula-fed infants will take anywhere from one-half to two ounces per feed at first. Breastfed infants will feed anywhere from five to 20 minutes on each breast.

If your baby is stooling regularly and wetting diapers well, he/she is getting enough to eat. Your baby will show you when he/she needs more to eat. He/she may feed more frequently, show signs of hunger just after feeding or sleep less through the night. If you are using formula, add an ounce to each feeding. If you are breastfeeding, your breasts will naturally produce more milk in response to these behaviors and the schedule will readjust in a few days. If you do not think you are producing enough milk, call us, we can offer suggestions to help increase your milk production.

Just a quick note regarding stooling patterns; the number of stools naturally slows down between the ages of two and four weeks. This can sometimes be mistaken for constipation because the baby may not stool

for a couple of days. If your baby is feeding well and still wetting his/her diapers, don't panic. Your baby will exhibit a new normal stooling pattern in a few days.

Food to avoid while breastfeeding for the first 10 days of life:

- › Coffee/tea
- › Oranges
- › Pineapples
- › Chocolate
- › Tomatoes
- › Cabbage
- › Onions
- › Melons
- › Turnips
- › Beans
- › Spinach
- › Beverages such as sodas and artificial drinks



Solid Food

Unless otherwise directed by a physician, your baby's sole source of nutrition during the first few months of life comes from breastfeeding or formula. When your baby is consistently taking 32 ounces or more per day, it is time to start solid food.

How to begin:

Start with barley or oat cereal and baby apple juice once a day. We use baby apple juice because it is high in ascorbic acid (Vitamin C) and it brings out more of the iron in the cereal. Mix the cereal with the baby apple juice — measure one teaspoon of cereal with one tablespoon of juice. The first couple of weeks may be quite messy and is often frustrating for the baby. You can help ease the frustration by feeding your baby half of his/her breast milk or formula before offering cereal on the spoon. This takes the edge off the baby's hunger. Each day increase the amount your baby is fed. Add one teaspoon of cereal to one tablespoon of juice each day. Continue until you reach six teaspoons of cereal to six tablespoons of juice. Expect the baby to drink less when food is introduced. When the baby is again drinking 26 ounces of formula or the nursing baby is letting you know that he/she is still hungry, offer cereal two times a day. At your next office visit, the doctor will discuss with you when to begin offering fruits to your baby.

How to continue:

Once you have started your baby on solid food, you may introduce one new food every two to three days. You begin slowly so that we can identify any allergies your baby might have. Look for vomiting, diarrhea or a rash with the introduction of each new food. If food allergies, asthma or eczema run in the family, you may want to begin new foods every five days.

In what order should I introduce food?

1. Cereal:
 - Oatmeal
 - Barley
2. Fruits: introduce in any order. If you are making your own baby food, do not give berries or citrus fruits until the baby's first birthday.
3. Vegetables:
 - Yellow/orange: squash, turnips, corn, carrots, etc.
 - Green: green beans, peas, spinach, etc.
 - Beets
4. Meats: introduce in any order.

Food to avoid before age one:

- › Egg whites
- › Seafood/shellfish
- › Honey
- › Hot dogs
- › Grapes

Hot dogs and grapes are not highly allergenic foods; however, they are the leading causes of choking deaths in children.

Commonly Used Medications

Acetaminophen

For every 20-22 pounds of body weight, a child may receive one (1) teaspoon (5ml) of Children's Tylenol every four hours as needed.

Ibuprofen

For every 20-22 pounds of body weight, a child may receive one (1) teaspoon (5ml) every six hours as needed.

We do not recommend the use of cough and cold preparations for infants under the age of 4 years old. There is no proof from studies that these medications work in the young child. The very young tend to experience more of the side effects (sleepiness, fussiness, etc.) rather than the benefits of the medication.

Cough medicine

- › Four to six years old: one (1) teaspoon every six to eight hours as needed
- › Six to nine years old: two and a half (2½) teaspoons every six to eight hours as needed
- › Nine to 12 years old: three (3) teaspoons every six to eight hours as needed
- › 12+ years old: (adult dose) 60 mgs every six to eight hours as needed

Safety tips

Home safety

- › Keep medications and cleaning supplies out of the reach of children.
- › All medications should have child-proof safety caps.
- › Keep pot handles turned in on the stove so they can't be pulled off the stove by toddlers.
- › Cover all electrical outlets.
- › All electrical wires should be out of the reach of children.
- › Stairs should be gated.

- › Cribs should conform to safety standards.
- › Do not place cribs by window cords. Cut all looped blind cords to prevent strangulation.
- › Test furniture to see if it falls over easily. Secure to wall if necessary.

Car safety

- › All passengers in cars should ride with safety restraints.
- › Children should be secured in age- and weight-appropriate car seats/ seat belts.
- › Never, for any reason, leave a child unattended in either a moving or stationary vehicle.

Bicycle safety

- › All riders, regardless of age, should wear a helmet while riding a bicycle, rollerblading or skateboarding.
- › Knee and shin pads are also advisable.

Water safety

- › Never leave your child alone in the water, no matter the age.



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