

ACETAMINOPHEN Dosing Chart

Brand names: Tylenol, Triaminic Fever Reducer, Feverall, etc

Given every 4 to 6 hours and not to exceed 5 doses in 24 hour period

		(Old) Infant Concentrated Drops	(new) Infant & Children's Liquid suspension	Children's Meltaways	Junior Meltaways	Adult Tablets	Suppositories
Weight	Age	80mg/0.8ml	160mg/5ml	80 mg each	160 mg each	325 mg each	120mg, 325mg or 650mg
6-11 lbs	1-3 mos	½ dropper/0.4 ml	1.25 ml	Not recommended	Not recommended	Not recommended	Not recommended
12-17 lbs	4-11 mos	1 dropper/0.8ml	2.5 ml	Not recommended	Not recommended	Not recommended	½ of 120mg supp
18-23 lbs	12-23 mos	1½ dropper/1.2 ml	3.75 ml	1 ½ tablets	Not recommended	Not recommended	120mg supp
24-35 lbs	2-3 yrs	2 droppers/1.6 ml	5 ml	2 tablets	1 tablet	Not recommended	1½ of 120mg supp
36-47 lbs	4-5 yrs	3 droppers/2.4 ml	7.5 ml	3 tablets	1 ½ tablets	Not recommended	2 of 120 mg supp
48-59 lbs	6-8 yrs	Not recommended	10 ml	4 tablets	2 tablets	1 tablet	325mg supp
60-71 lbs	9-10 yrs	Not recommended	12.5 ml	5 tablets	2 ½ tablets	1 tablet	325 mg supp
72-95 lbs	11 yrs	Not recommended	15 ml	6 tablets	3 tablets	1 ½ tablets	1½ of 325mg supp
96 + lbs	12 and up	Not recommended	20 ml	8 tablets	4 tablets	2 tablets	650 mg supp

TAKE NOTE: The old infant concentrated drops are being discontinued and will be replaced with a different strength infant syrup (which is the same concentration as children's syrup currently: 160mg/5ml).

Through 2012, there may be BOTH strengths available.

ALWAYS check that the dose is correct for the concentration you are giving!!!!

Always use the dropper that came with the medication.

For questions or concerns, call our pediatric nursing advice line 24 hours a day, 7 days a week: 510-490-1222

1 teaspoon = 5ml

DO NOT USE Household Teaspoons, which can vary in size!

IBUPROFEN Dosing Chart

Brand names: Advil, Motrin, and others

*****Do NOT give to infants under 6 months old *****

Given every 6 to 8 hours and not to exceed 4 doses in 24 hour period

		Infant Concentrated Drops	Children's Liquid suspension	Children's Chewables	Junior Chewables	Adult Tablets
Weight	Age	50mg/1.25ml	100mg/5ml	50 mg each	100 mg each	200 mg each
	0-6 mos	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended
12-17 lbs	6-11 mos	1.25 ml	2.5 ml	Not recommended	Not recommended	Not recommended
18-23 lbs	12-23 mos	1.875 ml	3.75 ml	1 ½ tablets	Not recommended	Not recommended
24-35 lbs	2-3 yrs	2.5 ml	5 ml	2 tablets	1 tablet	Not recommended
36-47 lbs	4-5 yrs	Not recommended	7.5 ml	3 tablets	1 ½ tablets	Not recommended
48-59 lbs	6-8 yrs	Not recommended	10 ml	4 tablets	2 tablets	1 tablet
60-71 lbs	9-10 yrs	Not recommended	12.5 ml	5 tablets	2 ½ tablets	1 tablet
72-95 lbs	11 yrs	Not recommended	15 ml	6 tablets	3 tablets	1 ½ tablets
96 + lbs	12 and up	Not recommended	20 ml	8 tablets	4 tablets	2 tablets

TAKE NOTE: Infant Drops and Children's Suspension have different strengths!

Be sure to give the safe and correct dose for the type of ibuprofen you are using

Always use the dropper that came with the medication.

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1 teaspoon = 5ml

DO NOT USE Household Teaspoons, which can vary in size!

Sleep Learning: The First Four Months

MARC WEISSBLUTH, MD

APPENDIX 1

Sleeping at About Two Months

SLEEPING

Sleep periods develop as the brain matures. This means that there are times during the day and night when your baby's brain will become drowsy and less alert. Think of time windows during which your baby will become drowsy. These time windows when the sleep process begins to overcome your baby are the best times when your baby should be soothed to sleep. The reason for this is that it is easier to fall asleep at these times and the restorative power of sleep is greatest when your baby sleeps at the time when his or her brain is in a drowsy state. Your baby is able to sleep at other times, but the restorative power of sleep is much less.

It is more difficult for your baby to fall asleep or stay asleep when the brain is not in a drowsy state. Unfortunately, your baby's brain may not be drowsy when you want your baby to sleep. You cannot control the times when your baby will become drowsy any more than you can control when he or she will become thirsty. As your baby's brain matures, these biologically determined periods of drowsiness will become more predictable and longer. Surprisingly, the periods of day sleep and night sleep do not develop at the same time. The night sleep period develops first so you will notice a longer sleeping period at night before you will notice longer naps.

Night Sleep

Have you noticed that there are periods of fussiness, crying, or agitated wakefulness in the evening hours during the second month of life? This fussy period usually peaks at about 6 weeks of age or 6 weeks after the due date for a baby born early. Your baby begins to make social smiles at about this time, and afterward, the fussiness begins to decrease. The onset of social smiles followed by a decrease in fussiness reflects maturational changes within the baby's brain. The brain becomes more able to inhibit the stimulating effects of external events; you notice that your baby is more able to console him- or herself, which permits your baby to fuss less and to calm down, especially at night.

As a result of these biological changes, at 6 weeks of age or about 6 weeks after your expected date of delivery, your baby's brain has developed night sleep organization. This means that the longest sleep period occurs at night. This longest sleep period is only 4, 5, or 6 hours long, but it regularly occurs at night. You cannot control the exact time at night when this long sleep period will occur. Night

sleep usually develops without problems at 6 weeks of age because darkness is a time cue, our own activities slow down and become quieter, and we behave as if we expect our baby to sleep. These three factors may be absent during the day.

Day Sleep

Between 12 and 16 weeks of age, day sleep organization will develop as the brain matures. The reason that daytime sleeping, or naps, sometimes becomes a problem is that there may be too much stimulation (light, noise, or motion) and too many errands or activities that interfere with good quality daytime deep sleep. This was not a problem when your baby was younger because your baby was less social and less interested in outside stimulation.

Sleeping better during the day will improve night sleeping. Your baby does not "fall" asleep as soon as a light switch is turned off. Rather, time is required for the sleep process to surface. During the day and in the evening, the better rested your baby is when the biological sleep process is beginning to appear, the easier it is for him or her to fall asleep and stay asleep. The reason it is easier for your baby to fall asleep before he or she becomes overtired is that when your baby becomes overtired from nap deprivation, he or she becomes fatigued, and his or her body produces stimulating hormones to fight the fatigue. This chemical stimulation interferes with night sleep and subsequent naps. So remember, sleep begets sleep, and more pointedly, good naps improve the quality of night sleep. The opposite is also true—nap deprivation causes night waking.

HELPING YOUR BABY NAP

Three factors help your baby sleep well during the day—timing, motionless sleep, and consistency in soothing style.

Timing

Keep the intervals of wakefulness short. Look at your clock when your baby wakes up. After about 1 hour, begin a soothing process before your baby appears grumpy, crabby, or drowsy. Usually the total period of wakefulness plus soothing should be less than 2 hours. Avoid the mistake of always keeping your baby awake for about 2 hours before trying to soothe your baby to sleep. Most parents do not appreciate how little wakefulness young babies can comfortably tolerate. Some babies go to sleep sometimes after being awake for only 1 hour. Perfect timing produces no crying. Think of

surf boarding—you want to catch the wave of drowsiness as it is rising to enable your baby to have a long and smooth ride to deep slumber, but if your timing is off and the wave has crashed into an overtired state, than the ride is bumpy and brief. If you have accidentally allowed to let your child become overtired, there may be some crying, which you may ignore for 5 to 20 minutes. Crying to sleep here occurs as the consequence of being overtired.

Motionless Sleep

Use a crib, bed, ~~nest or pillows~~, or a stationary stroller, swing, or cradle. Vibrations during sleep, such as a car ride, force the brain to a lighter sleep state and reduce the restorative power of sleep. You may wish to use a moving swing for a few minutes as part of the soothing process.

Consistency in Soothing Style

Parents often assume that there is a right or wrong way to soothe a baby to sleep. This is not the case. Falling asleep is simply a habit that your child will learn best if you are consistent. Understand that some parents and professionals use judgmental terms to claim that their way is the right way, but for every positive term, there is an opposing negative term. Being consistent is more important than being judgmental.

●*Method A.* After soothing for several minutes, you always put your baby down to sleep, whether he or she is or is not yet asleep. The soothing is a wind-down transition from light to dark, active to quiet, alert to drowsy. Soothing may include breast or bottle feeding.

Result: Your baby learns how to soothe him- or herself to sleep without being held. This allows your baby to fall asleep by him- or herself in a crib. If you approve of this method, you may use positive judgmental terms such as independence, learning self-soothing skills, or acquiring the capacity to be alone. If you disapprove of this method, you may use negative judgmental terms such as unnatural, insecurity, abandonment, neglect, or too controlling.

●*Method B.* You always hold your baby until he or she is in a deep sleep. You may then lie down with your baby, hold your baby during his or her nap, or put your baby down only after he or she is in a deep sleep.

Result: Your baby learns to associate the process of falling asleep with your breast as a pillow, your body rhythm, and your body odor. Your baby may have difficulty falling asleep by him- or herself in a crib. If you approve of this method, you may use positive judgmental terms such as natural, security, or 24-hour parenting. If you disapprove of this method,

you may use negative judgmental terms such as dependence or spoiling.

One method is not better than another; therefore, there is no reason to use these judgmental terms. Be decisive, choose a method of soothing style, and be consistent. There is no right or wrong method, but consistency helps your baby sleep well because the process of falling asleep is learned behavior. Switching between Method A and Method B confuses your baby and interferes with your baby learning how to nap. Parents and baby-sitters should do what is comfortable for them, but they should handle the baby in the same way. All judgmental terms are in the eye of the beholder.

Advice for Parents of More Than One Child. If you have more than one child, it is very difficult to consistently use Method B. Therefore, consider employing Method A. An exception might be if you have full-time help.

Advice for First-Time Parents. Most first-time parents initially find Method B more comfortable, but they do not anticipate that later when the baby is bigger or when they want to do other things during naps that their baby will have to learn Method A. Switching from Method B to Method A may be stressful for you and your baby and involve some crying, or your baby might make the change without any difficulty at all.

Advice for Parents of Colicky Babies. Parents of colicky babies initially find Method B to be easier because colicky babies are more wakeful and more irregular than other babies. This means that it is harder for these babies to settle down to sleep unassisted, and it is harder for their parents to predict those times when they need to sleep. This usually results in prolonged soothing efforts, and if parents try to switch methods later, it is often very stressful to the entire family. You may try Method A throughout the day, but you may abandon your effort during a well-defined, wakeful, or fussy period in the evening until the baby is 3 to 4 months of age. During a fussy period, do whatever works best to soothe your baby. If your baby is very fussy or wakeful, read "Crybabies: What To Do When Your Baby Won't Stop Crying."

Switching from Method B to Method A may be associated with crying, but this crying does not cause any physical or emotional harm to your baby.

Consider the analogy of sleeping your baby to feeding your baby. You do not feed on the run; you try to find a quiet relaxed place to feed your baby. You try to anticipate when your baby will become hungry. You try to not let your child get over hungry.

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You do not deprive your baby of a feeding simply because it is inconvenient. The same is true for naps.

Do not become a slave to your baby's nap pattern; instead, respect your baby's need to have good quality naps. Try to distinguish between routine days and exceptional days. On routine days, somewhat organize your activities around your baby's naps. On exceptional days, naps may be lost because of special events.

If you suffer the inconvenience of hanging around your house on routine days when you think your baby will need to nap, over the next few weeks, you will notice fewer and longer naps, longer intervals of wakefulness during the day, no evening or late afternoon fussiness, and longer periods of night sleep.

COMMON MISTAKES

The common mistakes parents make include keeping the intervals of wakefulness too long, using swings during sleeping, and being inconsistent in methods used to soothe their baby to sleep.

When parents make these mistakes or there are exceptional days, your baby becomes overtired. When your baby is overtired, your baby needs to sleep. Although your baby needs to sleep because he or she is overtired, your baby is also hyperstimulated from his or her body's response to the fatigue,

and your baby has difficulty falling asleep. Your soothing efforts now might be more stimulating than calming.

To correct the problem that resulted from real life conflicts between your baby's biological needs and your family's social activities, you may have to make sure that there is no stimulation when you put your baby down. This includes social stimulation. No stimulation allows the sleep process to surface without interference from talking, rocking, or hugging. Your fatigued baby now may cry because being severely fatigued is painfully uncomfortable. Letting your baby cry is another way of letting your baby alone so that he or she will sleep. "Let your baby cry it out" is sometimes needed to correct problems caused by the parents. Parents should not feel bad when this occasionally occurs. Returning to the analogy of sleeping and feeding: The over-hungry baby twists, turns, and needs time to settle down to suck well and you cannot make the baby settle faster. The overtired baby also needs time to settle down. Read *Healthy Sleep Habits, Healthy Child* for more detailed information regarding prevention and treatment of sleep disturbances.²

"Let your baby cry it out" is not the way your baby will learn to sleep. Children learn to sleep when parents focus on:

- Timing,
- Motionless Sleep, and
- Consistency in Soothing Style.

Activities for Infants 1-4 Months Old



Talk softly to your baby when feeding him, changing his diapers, and holding him. He may not understand every word, but he will know your voice and be comforted by it.	When you see your baby responding to your voice, praise and cuddle her. Talk back to her and see if she responds again.	Take turns with your baby when he makes cooing and gurgling sounds. Have a "conversation" back and forth with simple sounds that he can make.	Sing to your baby (even if you don't do it well). Repetition of songs and lullabies helps your baby to learn and listen.	With your baby securely in your arms or in a front pack, gently swing and sway to music that you are singing or playing on the radio.
Place a shatterproof mirror close to your baby where she can see it. Start talking, and tap the mirror to get her to look. The mirror will provide visual stimulation. Eventually your baby will understand her reflection.	Rock your baby gently in your arms and sing "Rock-a-bye Baby" or another lullaby. Sing your lullaby and swing your baby to the gentle rhythm.	Put a puppet or small sock on your finger. Say your baby's name while moving the puppet or sock up and down. See whether he follows the movement. Now move your finger in a circle. Each time your baby is able to follow the puppet, try a new movement.	With your baby on her back, hold a brightly colored stuffed animal above her head, in her line of vision. See if she watches the stuffed animal as you move it slowly back and forth.	Make sure your baby is positioned so that you can touch his feet. Gently play with his toes and feet, tickling lightly. Add the "This Little Piggy Went to Market" rhyme, touching a different toe with each verse.
Rest your baby, tummy down, on your arm, with your hand on her chest. Use your other hand to secure your baby—support her head and neck. Gently swing her back and forth. As she gets older, walk around to give her different views.	Hold your baby in your lap and softly shake a rattle on one side of his head, then the other side. Shake slowly at first, then faster. Your baby will search for the noise with his eyes.	Place your baby on her tummy with head to one side, on a blanket/towel on carpeted floor. Lie next to her to provide encouragement. Until she has the strength, have her spend equal time facing left and right. Make "tummy time" a little longer each day. Closely watch your baby in case she rests her face on the floor, which could restrict breathing. As her strength grows, she will be able to lift her head and push up on her arms, leading to rolling and crawling.	Lay your baby on his back and touch his arms and legs in different places. Make a "whooping" sound with each touch. Your baby may smile and anticipate the next touch by watching your hand. When you make each sound, you can also name the part of the body you touch.	In nice weather, take your baby on a nature walk through a park or neighborhood. Talk about everything you see. Even though she might not understand everything, she will like being outside and hearing your voice.
Read simple books to your baby. Even if he does not understand the story, he will enjoy being close and listening to you read.	With white paper and a black marker, create several easy-to-recognize images on each piece of paper. Start with simple patterns (diagonal stripes, bull's eyes, checkerboards, triangles). Place the pictures so that your baby can see them (8"-12" inches from her face). Tape these pictures next to her car seat or crib.	Lay your baby on his back on a soft, flat surface such as a bed or a blanket. Gently tap or rub your baby's hands and fingers while singing "Pat-a-Cake" or another nursery rhyme.	Gently shake a rattle or another baby toy that makes a noise. Put it in your baby's hand. See if she takes it, even for a brief moment.	Hold your baby closely, or lay him down on a soft, flat surface. Be close enough (8"-12") so that he can see you. Face to face, start with small movements (stick out your tongue, open your mouth with a wide grin). If you are patient, your baby may try to imitate you. As he gets older, you can try larger body movements with your head, hands, and arms. You can also try to imitate your baby.