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ut in the waiting room, the carpet is coated with cracker crumbs. At the nurse's desk, the phone is ringing with yet another new mother asking if olive green is a normal color for baby poop. In

an exam room, a mom mentions, just as the doctor has finished diagnosing her sick child and is stepping into the hallway, that the patient is also having serious difficulty at school. Patiently, the doctor steps back into the exam room, trying not to think of how this extra 10-minute conversation is going to back up the schedule.

SIXTH in a series

Coming next:

What your child's dentist wants you to know

It's a typical day in any pediatrician's office. Happily, most pediatricians and parents enjoy a great relationship, with both parties working hard to ensure optimum health for little patients. But doctors do wish parents understood a few things that might make the relationship just a bit smoother. We talked with pediatricians to find out just what it is they wish parents knew.



1 Be honest when you schedule an appointment. Dr. Ari Brown, a spokesperson for the American Academy of Pediatrics and the author of "Toddler 411" and "Baby 411," says parents should never feel embarrassed about telling the scheduling staff why they need an appointment. Being honest ensures the staff will allot enough time to adequately address the concern. Don't make an appointment for the pediatrician to look at a mole — which will take less than a minute — and then want to spend the next 15 minutes talking about possible developmental delays or a child's problems in school.

It's worth remembering that the busiest days in a pediatrician's office are Mondays and Fridays, and the slowest months are September and May.

2 Address concerns early. If you even suspect something might be a problem, bring it up when you first notice it — and bring it up early in the visit. "Pediatricians would like to know about a problem when it's a concern rather than a big deal," says Dr. Alan Lake of the Maryland Pediatric Group, noting that if a parent is worried that a child may be a bit delayed in communicating, "It's at least worth floating in front of the pediatrician. If there's a bottom line thing, it's just that — don't be afraid to bring up a concern."

3 Use the Internet with caution. When you research your concerns online, says Dr. Barnaby Starr of Cross Keys Pediatrics, remember that, "The Internet provides information but not knowledge or education."

Dr. Timothy Doran, chief of pediatrics at Greater Baltimore Medical Center, notes that the Internet can be a great tool. "I've had high school kids diagnose their own appendix," he says. But to use that tool well, adds Lake, parents need to have some grounding — provided by their pediatrician.

Remember, as well, that not all information on the Internet is valid. "Anybody can put up an Internet site," warns Dr. Michael Lasser, a Columbia pediatrician.

4 Prepare your child for what an exam entails. "A lot of school-age kids don't know what to expect from a checkup," Lasser says. A few moments of preparation can eliminated hours (or days) of pre-visit anxiety. There are plenty of children's books at the library that explain a physical step by step. Web sites like www.kidshealth.org usually have a special section devoted to young patients and their questions.

5 Give kids a snack before you get to the doctor's office. "A pet peeve from my office manager is that parents leave crumbs and food in the play area," says Dr. Oliver Galita of Ellicott City Pediatric Associates. Aside from creating a mess, leftover food and crumbs can pose a health risk to other patients.

"We've got smashed Cheerios all over the exam room and yes, we can vacuum them up, but there are kids who have food allergies," says Brown.

6 Turn off your cell phone. "The cell phone is a major problem," says Lasser. "I walk in and the parents are on the cell phone, or they take a call during the exam. I don't know what to do. That's been a major problem. And calls in the waiting room are disruptive."

7 Make sure you understand the doctor's explanation and instructions. If your doctor is talking faster than a machine gun, an occupational hazard, and using words you don't understand, it's fine to ask him or her to slow down and explain it again.

8 Parents need to be present for office visits, even with teenagers. Your 16-year-old can drive himself to the appointment, but he cannot give consent to receive a vaccine, and he's not likely to articulate any health concerns. "With teenagers, I say, 'Is everything OK?'" and they say, 'Yeah, fine,'" says Galita. "I like to talk to parents and make sure they don't have any questions. I like having a parent there — or at least use a cell phone and make sure you're available."

9 Don't call the office and ask if something is going around. "We get (those) calls all the time," says Starr, adding that something is *always* going around.

10 Fever is not the bottom line indicator of illness. Fever often scares parents, but pediatricians care more about how the child is behaving rather than the temperature itself. If a baby under 3 months has a fever, the doctor should be contacted. "But after 3 months, it's what's going on besides the fever," says Brown. "It's not the degree of fever — unless you're 106 — but the issue is what they look like. If they're a complete wet noodle and you can't rouse them, or they're irritable and inconsolable, I'm much more worried about that with a 101-degree fever than the kid with a 106 who is tearing around the house." Concurrs Starr, "The keys of illnesses in babies are behavioral — they don't eat, they don't act right."

11 Antibiotics are not warranted for every illness. "I know this will open up a can of worms," says Galita, "but sometimes you don't need an antibiotic. Sometimes it won't help." Adds Starr: "Ninety percent of childhood illnesses are viral and don't require antibiotics." Giving a child antibiotics for a viral illness will have no impact on relieving symptoms and may result in a tolerance to certain medications.

What your child's pediatrician wants you to know