Stonebridge Pediatrics

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Your Child's First Immunizations: Questions & Answers

Q: *What side effects should I expect?*

A: Most common side effects from immunizations include pain at the site of injection, low-grade fever, and fussiness. Very rarely, some infants can develop a severe allergic reaction to a component of the vaccine. Most infants, however, have only minor symptoms or no symptoms with immunizations.

Q: *Can I just wait until my child is a little older to give the vaccines?*

A: Part of the reason that we vaccinate children so early is because we have a limited window of opportunity in which we can protect them against certain devastating diseases. For example, one of the diseases we vaccinate for is called pertussis (a.k.a. "whooping cough"). In adults, pertussis causes a severe cough but generally is not life-threatening. Infants who get pertussis can stop breathing and die.

Q: *I have heard that some vaccines can cause autism. Is this true?*

A: No. This has been extensively researched with the same conclusion ─ no link between vaccines and autism.

Q: *I have heard that some vaccines contain mercury. Is this true?*

A: Some vaccines still contain a preservative called Thimerosal. Preservatives are important to have in vaccines so they do not spoil. There have been no documented cases of mercury poisoning from Thimerosal-containing vaccines. However, because of potential concerns largely generated by the media, many vaccines are now Thimerosal-free. With the exception of influenza vaccine, all of our vaccines are Thimerosal-free.

Q: *What is the best way to check temperature?*

A: Rectal temperature is generally the most accurate way of checking temperature. However, many parents are uncomfortable checking temperature this way. An under-the-arm (axillary) temperature is acceptable as well. Ear thermometers are inaccurate and I generally do not recommend them. Temporal thermometers, like the one we use in our office, are very good but require some practice. The key to getting a consistent readings with a temporal thermometer is to keep the probe flat against the surface of the forehead when checking a temperature.

Q: *What is the correct dose of* acetaminophen (Tylenol®) *for my child?*

A: It depends on what type of acetaminophen (Tylenol®) you are using. There are two types of liquid acetaminophen (Tylenol®) ─ Infants' and Childrens'. The only difference between the two versions is that Infant's Tylenol® is more highly concentrated than Childrens' Tylenol® and therefore requires less volume to achieve the same milligram dose. I recommend that parents use Infants' Tylenol® for children in their first year of life and then switch to Childrens' Tylenol® after one year of age. The correct dose of Infant's Tylenol (80 mg/0.8 mL) for your child is

_____ mL every 4 hours as needed.

The dose of medicines for children is dependent upon their weight. If you are uncertain of the correct dose of Tylenol for your child in the future there is a dosage calculator available for you on my website.

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Your Child's Immunizations: Questions & Answers (continued)

Q: *Can I give my baby acetaminophen (Tylenol®) for fever and/or pain?*

A: Of course you can! Fever ≥100.4 °F (no matter how you take it) is an emergency in children in the first 3 months of life. Call the after-hours service or go to the ER if your infant's temperature is ≥ 100.4 °F. It is okay to give Tylenol for low-grade temperature and/or pain to a two month old within the first 24 hours from receiving immunizations. Here are a couple of example scenarios to illustrate when it is appropriate to give acetaminophen (Tylenol®):

Scenario 1: Later this evening your baby has an axillary (under-the-arm) temperature of 100.5 °F. Your call to speak with the after-hours nurse as instructed. She asks you how your baby is acting and you tell her that s/he is a little fussy but otherwise is acting okay and feeding well. The nurse tells you that this is likely a side effect of the vaccines that your baby received today and to call if the temperature worsens or you have some other concern. It is okay at this time to give a dose of acetaminophen (Tylenol®).

Scenario 2: Later this evening your baby has an axillary temperature of 102 °F. You call to speak to the after-hours nurse as instructed. She asks you how your baby is acting and you tell her that s/he is very irritable, difficult for you to console, and she is refusing to feed. The nurse then tells you to proceed immediately to the ER. You should NOT give acetaminophen (Tylenol®) until you are instructed to do so by a healthcare professional.

Scenario 3: Later this evening you check your baby's temperature under his/her arm and the thermometer reads 99.9 °F. S/he is a little fussy and you wonder if you should go ahead and give some acetaminophen (Tylenol®). In this case I recommend that you re-check your baby's temperature in 30 minutes to see if it is rising. If you give acetaminophen (Tylenol®) too early you could prematurely blunt the fever. Therefore you would never know how high it was going to be. If the temperature is the same 30 minutes later then you can go ahead and give Tylenol. If it is continuing to go up, wait and check it every 30 minutes until it plateaus or goes above 100.3 °F.

Q: *My child has a temperature and the nurse told me to go to the ER to get it checked out. My child just had their vaccines and I know the ER is just going to laugh at me and tell me it is the vaccines causing the fever. Should I still go?*

A: Absolutely. If the after-hours nurse told you to go to the ER I am sure there was a good reason for this. If you go to the ER and they tell you it was the vaccinations causing the fever then I would consider that good news. Sometimes, however, it is just important for a physician to examine a child to be able to say exactly what is causing the fever.

Q: *Should I add a degree if I check my child's temperature with any other method except rectal?*

A: No. Occasionally axillary or oral temperatures can be slightly lower than the rectal temperature which is considered the "true body temperature." However, this discrepancy is not consistent or predictable. That's why I always tell people "what you get is what you get." When reporting temperature to a healthcare professional such as a doctor or nurse, it is generally preferred to report the actual temperature that the thermometer read and the method you used to check the temperature (rectal, axillary, oral, otic, or temporal). For example, you might say "I checked her temperature and it was 99.9 °F rectally." This way, a nurse or doctor can better interpret what that temperature may indicate.