Fridley Children's & Teenagers' Medical Center

Love . . . Kindness . . . Excellence . . .

Member of Children's Physician Network

Unity Professional Building, Suite 215
500 Osborne Road NE
Fridley MN 55432

Appointments: 763-236-2700

Business Office: 763-236-2726

Fax: 763-236-2710

Web site: www.fridleychildrensandteens.com

Email: info@fridleychildrensandteens.com

Name: _____

Birth Date: _____

Birth Weight: _____lbs. _____oz.

Length: _____inches Head circumference: _____inches

Kids can get sick at any time, so our clinic offers extended hours and we have an on call provider available after hours.

Phone Hours *

Monday through Thursday	7:00 AM to 7:00 PM
Friday	7:00 AM to 5:00 PM

Our phones are answered by our service daily from 12:00 PM to 1:00 PM and the office is closed from noon to 12:40 PM for lunch.

**From time to time our phones are rolled over to our answering service weekdays to accommodate staff meetings and/or end of an evening clinic. If you hear the message "our office is now closed", please call back or leave a message with the answering service. Remember, our phones are not answered on the weekends or holidays during our walk-in hours. If you need to reach the on-call provider, leave a message with our answering service and the on-call provider will call you back as soon as clinic is over.*

Clinic Appointments

Monday through Thursday	7:30 AM to 6:15 PM
Friday	7:30 AM to 4:15 PM

Walk-in Urgent Care

Monday through Friday	7:30 AM to 9:00 AM
Weekends and holidays	9:00 AM to 10:30 AM

Weekends and Holidays

Our office is open weekends and holidays from 9:00 AM to 10:30 AM for sick children on a **WALK-IN basis and no appointments are necessary.** This includes holidays of Christmas, New Years Day, Memorial Day, Fourth of July, Labor Day and Thanksgiving Day. If a holiday lands on a Saturday it is observed on the preceding Friday and if on a Sunday, it is observed on the following Monday. Please use the south entrance to the building.

Insurance

We accept most insurance carriers. If you have any questions, please feel free to call our Business Office at 763-236-2726.

REFERENCES, RESOURCES and BIBLIOGRAPHY

Here is a bibliography that may provide useful references:

Brazelton, T. Berry, *Toddlers and Parents*

Briggs, Dorothy, *Your Child's Self Esteem*

Caplan, Frank, *The First Twelve Months of Life*

Diagram Group, *Child's Body*

Dreikurs, Rudolph, *Children: The Challenge*

Eiger, Marvin, *Complete Book of Breastfeeding*

Ferber, R., *Solve Your Child's Sleep Problems*

Fox and Azrin, *Toilet Training in Less Than a Day*

Fraiberg, Selma, *The Magic Years*

Ginott, Haim, *Between Parent and Child*

Schmitt, Barton, (1990) *Your Child's Health*

Spock, Benjamin, *Baby and Child Care*

White, Burton, *The First Three Years of Life*

Lage, Cheryl, *Twinspiration: Real-Life Advice From Pregnancy Through the First Year (for Parents of Twins and Multiples)*

Pearlman and Ganon, *Raising Twins: What Parents Want to Know (And What Twins Want to Tell Them)*

Newman and Pitman, *The Ultimate Breastfeeding Book of Answers Revised and Updated: The Most Comprehensive Problem-Solving Guide to Breastfeeding from the Foremost Expert in North America*

Other excellent sources of medical information that we recommend can be found at the following websites:

American Academy of Pediatrics: www.aap.org

Children's Hospitals and Clinics of Minnesota: www.childrensmn.org

Kids Safety First: www.Kidssafetyfirst.org

Car Seats Made Simple: www.carseatsmadesimple.org

Minnesota Child Passenger Safety Program: www.dps.state.mn.us/ots

Centers for Disease Control: www.cdc.gov

MN Department of Health: www.health.state.mn.us/index.html

Immunization Action Coalition: www.immunize.org

MN Parents Know: www.parentsknow.state.mn.us

Revised 11/2012

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#1 ENFAMIL BRAND RECOMMENDED BY PEDIATRICIANS*

*Pediatrician survey did not include Enfagrow products.

Enfamil® Staged Nutrition

Enfamil PREMIUM® Newborn

Infant formula tailored to meet the nutritional needs of babies **through 3 months** of age.

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Infant formula tailored to meet the nutritional needs of babies age **0 through 12 months**.

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Toddler formula for **9 months and up** who are transitioning from breast milk or infant formula. Has nutritional milk fat, including DHA and iron – building blocks of a toddler's brain. Includes 20 key nutrients to help support growth and is a nutritious alternative to milk.

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Enfamil® Gentlease®

Infant formula designed to ease **fussiness and gas** within 24 hours.

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Infant formula clinically proven to reduce both the frequency and volume of **spit up**.*

Nutramigen® with Enflora™ LGG®

Hypoallergenic infant formula to manage colic due to cow's milk allergy ***fast***, often within 48 hours†

Enfamil® ProSobee®

Soy-based milk-free infant formula.

*Based on a clinical study of Enfamil A.R. infant formula before the addition of DHA, ARA and prebiotics with infants who spit up frequently (5 or more spit ups per day) comparing frequency and volume of spit up after feeding Enfamil A.R. to the same infants at the beginning of the study.

†Studies before the addition of DHA, ARA and LGG.

LGG is a registered trademark of Valio Ltd.

Ask your baby's doctor which Mead Johnson formula is appropriate for your baby.
Call 1-800-222-9123 or log on to www.enfamil.com
for additional information about Enfamil Staged Nutrition.

June 2013

Keep costs down and quality up by coming to us instead of E.R.s, urgent care, and retail-based clinics.

We know children often need to see health professionals most during non-traditional business hours.

We feel we know your children and their medical history better than providers in the above listed places.

THAT'S WHY WE ARE OPEN LATE on weekdays with walk-in weekend and holiday hours to be available for our patients' needs.

This includes Christmas, Thanksgiving, New Years, and all holidays.

Every day, every year, we are there for you and your children.

Help keep medical costs down!

BREASTFEEDING IS BEST

Infants are generally happier and healthier if on breast milk!

We recommend all infants be fed breast milk. We can help you with any problems you may have to allow successful breastfeeding of your child.

If we can't help, we will get you to the experts who can.

PLEASE let us know if there are any questions you may have.

Table of Contents

Emergencies and After-hour Problems

If you have a life-threatening emergency, call 911.

Poison Control Center: 1-800-222-1222 or www.mnpoison.org

Our phones are answered 24 hours a day, including weekends.

Keep your phone line open after you place a call. If we do not call back within half an hour, call again. Misunderstood numbers, busy lines, and phones out of order happen frequently. If you leave home, call back and cancel your call.

The pediatric providers in the clinic agree with the American Academy of Pediatrics statement that opposes the use of retail-based clinics as appropriate sources of medical care for infants, children, and adolescents.

Our practice provides comprehensive family-centered, continuous, coordinated, and compassionate care for our patients. We maintain late-night, weekend, and holiday hours and provide same-day appointments to make our health professionals more accessible here than those at most office-based clinics in the Twin Cities area.

It is our experience that most retail-based clinics do not provide the extent and quality of care, opportunities for addressing other well-care topics and follow-up or proper coordination of health information that patients receive in our clinic.

Given these significant concerns, our providers reserve the right to not answer health questions for our patients that result from a visit to a retail-based clinic without seeing the patient in our clinic first.

Car Seat Guidelines for Children

A child must progress through different child safety seats based on their height and weight:

- Rear-facing seat: Newborns to at least 1 year and 20 pounds.
- Forward-facing seat: 1 to 4 years old; can use "convertible" or "combination" styles.
- Booster seat: For children once they have outgrown a forward-facing seat usually after turning 4 years old. Booster seats are required by Minnesota law. Children cannot ride in just a seat belt until age 8 or 4 feet 9 inches tall.

(Retrieved September 6, 2012 from Department of Public Safety, State of Minnesota, Choosing a Child Safety Seat https://dps.mn.gov/divisions/ots/child-passenger-safety/Pages/default.aspx)

Credit Policy

Our primary concern is the welfare of patients entrusted to our care. Unfortunately, we must also be concerned with the economic factor. In compliance with the Federal Consumer Credit Protection Act, we wish to notify you of our payment policy for statements and your copayments.

Per your insurance company, copayments are due on the day of service. If for any reason we have to bill for your copayment, a service fee of $5.00 will be added.

We expect payment on the day of service. We will, however, extend credit to clients who have demonstrated a good credit record in the past. If an account has been billed, it should be paid in full within 30 days of receipt of the monthly statement.

We accept cash, checks, Visa, and MasterCard.

If you cannot pay a bill in full, arrangements must be made through our business office. We are happy to set up a payment plan.

A finance charge is assessed on all accounts with charges over 60 days. The rate is 8% APR.

Patients are placed on a cash basis if any portion of their account balance becomes 90 days old. **This means that all non-emergency visits must be paid for at the time of service.** All emergency visits must be paid for within one week of the visit.

Accounts older than 120 days are listed with our collection agency unless a payment plan is established and followed.

Call our business office at (763) 236-2726 to make arrangements on accounts or for further information.

Well-child Exam Schedule

- 2 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 30 months
- 3 years
- 4 years
- 5 years, and then yearly (yearly physicals for school-age children is recommended by most insurances)

Our providers assess the need for immunizations at all visits! Specific immunizations recommended for your child depend upon current practices and your child's prior immunization history.

Urine, vision, and hearing testing will be requested for all children age 3 and older.

Hemoglobin and lead testing will be performed where recommended at 9 months and 2 years.

Hemoglobin, cholesterol, and glucose testing may be requested at any physical for children 5 years and older.

Immunizations we recommend for your child

Immunization schedules seem like they are always changing, subject to new vaccines and new recommendations. Your child will most likely receive immunizations at all well-child exams up to 2 years of age and many visits beyond.

Please avoid the tendency to promise "no shots," especially with your older children's visits.

Adacel	Tetanus, diphtheria, and pertussis for children 11 years and older, and adults
DTaP	Tetanus, diphtheria, and pertussis for children up to 7 years old
Flu-Mist	Intranasal version of the seasonal influenza vaccine for children 2 and older
Gardasil	Human papill virus (HPV) vaccine for females, and now males, 9–27 years old
HAV	Hepatitis A vaccine for children ages 1 to 17 years of age
HBV	Hepatitis B vaccine
HiB	Hemophilus influenza type B bacterial vaccine for children up to 2 years old
Influenza	Seasonal viral influenza vaccine for children 6 months and older
IPV	Inactivated polio virus vaccine
Menactra	Meningococcal conjugate vaccine (MCV) for children 11 years and older
MMR	Measles, mumps, and rubella vaccine
MMRV	Measles, mumps, rubella, and varicella (chicken pox) vaccine
Pentacel	Combination vaccine with DTAP, HIB, IVP
Pneumococcal	Vaccine to protect against bacterial pneumonia for children 2 years and older with immune deficits or asthma.
Prevnar	Pneumococcal conjugate (PCV) for children up to 5 years old

RotaTeq	Rotavirus vaccine, given orally for children up to 8 months old

Your Newborn Baby

Now that your baby has finally arrived, you should observe him carefully, taking note of his own special physical characteristics and behavior. Your baby is a unique individual with a personality and style of his own. We hope you will allow yourself the time to know and understand this special little person. You as parents, not the CPNP or physician, are the experts for your baby and time spent during the early days and weeks learning about your baby and his own style will help you meet his individual needs more effectively.

Important aspects of your newborn's behavior and care include:

Weight loss: All newborn babies lose weight (normally up to 10% of birth weight) during the first few days of life. The birth weight is usually regained by 2 weeks of age. Weighing your baby at home is unnecessary. Your baby will let you know if he is hungry. If you have any concerns about your child's weight, call us.

Hiccups, sneezes, mild coughs, noisy breathing, brief jerky movements, eye crossing, and chin quivering are frequently seen in young infants and are of no medical significance.

Spitting up occurs to some degree in all babies and is not a problem unless the baby fails to gain weight normally. Sitting the baby upright in an infant seat for 30–45 minutes after feeding is sometimes helpful in relieving this symptom if it occurs frequently.

Crying is your baby's earliest method of communicating. It may signal a need for food, warmth, affection, or relief from discomfort. Babies cry an average of 2–4 hours a day.

Some babies make life easy for parents and spread out the crying. Others do it all at once. A tired baby may cry 20–30 minutes before simply settling down to go to sleep. Don't overreact to your baby's crying. Soothers such as pacifiers, rhythmic movements, continuous sounds, or music may help. If you cannot determine a reason for the crying and the baby seems to be crying excessively, give us a call.

Bowel movements may normally vary in frequency from one per feeding to one per week or less. Color will vary with diet; yellow, orange, brown, and green all may be normal variations. Stools of breastfed babies are usually soft, mushy, or even watery. If your baby's stools are hard or passed as small pellets, this may indicate constipation. If this develops, let us know.

Diaper rash is most commonly caused by exposure to irritants such as urine, stool, soaps, and powders. It's a rare baby who escapes a rash during the first few months. Effective treatment consists of removing the irritant and exposing the diaper area to open air for 20–30 minutes, 3–4 times a day, and an application of ointment with each diaper change. Plastic pants should not be used until the rash clears. If your baby has a diaper rash that persists in spite of these measures, let us know.

The environment should be free of smoke and other irritants. Babies are most comfortable in temperatures that make you most comfortable (68–72° F). They enjoy being outdoors, but should be protected from wind and direct sunlight.

Pacifiers may help to satisfy a strong sucking urge. Dentists generally prefer the NUK type. Try to wean the baby from the pacifier by about 18 months of age, because weaning becomes increasingly difficult in older babies and children. Never tie the pacifier on a string around your child's neck.

Cleaning should involve nothing more than gently wiping the face and body with a warm damp cloth. A mild soap may be used. Daily bathing is fine if your baby enjoys it. If not, twice a week is adequate. Keep your bathing supplies together and never leave the baby unattended.

Eyes: Clean around the eyes with warm moist washcloth without soap.

Ears and nose: Clean outer areas only with a moist washcloth. Do not use cotton-tipped applicators.

Scalp: Use mild soap or baby shampoo with each bath.

Skin: Use only soap and water. Oils, lotions, and creams tend to clog the baby's pores and increase the tendency to develop rashes.

Navel: Keep it clean and dry and open to the air whenever possible. Clean the navel three times a day with cotton balls or Q-Tips soaked in alcohol. Just before and after the cord falls off, there may be some oozing or bleeding for 3–4 days. This is normal. Continue cleaning with alcohol.

Penis: It is not necessary to retract the foreskin of an uncircumcised infant for at least the first 3 years. For circumcised boys, gently clean between the folds of the remaining foreskin. A small amount of thick white matter is common and should be washed away. After circumcision, the penis will look very red and swollen. Use petroleum jelly and gauze to cover the tip of the penis for 3 days or more. Change with each diaper change. *Whether to do a circumcision is a personal choice.*

Vagina: Newborn girls have a milky white discharge from the vagina that is occasionally blood-stained. This is due to maternal hormones. When cleaning the baby's bottom, always wipe from front to back. It is important to clean around the labia as well as the vaginal opening. Use a wet cotton ball or soft washcloth.

Diapers may be cloth or disposable (paper with plastic backing). Disposable diapers are more frequently associated with diaper rashes than are well-laundered, well-rinsed cloth diapers (without plastic pants), but disposable diapers are undeniably more convenient, and problems with them can be minimized if you change them often enough.

Colic is a condition consisting of prolonged episodes of crying. It generally begins during the first few weeks and subsides by 3–4 months. During these episodes, the baby turns red, flexes his legs, passes large amounts of gas, and makes strong sucking movements.

There is a general tendency to want to feed your baby during these episodes. This tends to worsen the problem by increasing the amount of air in the intestinal tract. If your baby seems colicky, it is nothing you are doing wrong.

Changing formula or medication is rarely of any benefit. Soothing techniques—providing continuous sounds, using an infant swing, playing soft music, gently rocking, or swaddling (pinning the arms across the chest and wrapping snugly in a blanket)—may be helpful. If your methods for handling the colic are ineffective, give us a call. Remember, the problem disappears by 3–4 months; it does not harm the baby, and whatever you do, maintain your cool!

Sleep: Babies vary as much as adults in their sleep requirements. It may take you a while to understand your child's innate sleeping pattern. The norms for sleep in infants are:

Newborn: 17–20 hours a day for the first few weeks. Some babies sleep as little as 10–12 hours a day.

2 months: Average of 15 hours with longer hours of deep sleep, especially at night. Two or three naps daily are common.

3 to 9 months: 10–12 hours at night with approximately two naps daily.

9 to 12 months: 10–12 hours at night; may have only one nap a day. Most babies have one time during the day when they are awake for a longer period. For newborns, this often occurs in the early evening, and the baby may be more fretful than usual. Sleeping patterns of a fussy baby are much more irregular than those of a relaxed baby and will require special understanding. Talk with us if your baby's sleep schedule is very irregular. Sleep disturbances are always traumatic for parents. Not only do you need your sleep for effective coping during the day, but the sound of a crying baby is magnified in the middle of the night. It is a fact that the ability to sleep through the night is related to neurological maturation and not to types or amounts of food eaten at bedtime. The feeding of cereal before bed will not help your child sleep through the night. If sleeping through the night does happen to occur, it is probably coincidental.

Sleeping position: The American Academy of Pediatrics recommends that all healthy, term babies without gastro esophageal reflux or lung problems and that are less than 6 months of age should be placed to sleep on their backs instead of their sides or stomachs to prevent sudden infant death syndrome.

Babies are not born with sleeping position preferences. They will likely end up preferring the positions that they are placed in by their caretakers. They also should be placed on soft but firm mattresses without pillows to allow them to breathe without the chance of suffocation. Remember, premature babies and infants with lung problems or reflux **should** be placed on their stomachs for sleeping when recommended by the doctor. If you have any questions, talk to us.

Rashes

Erythema toxicum (newborn rash): Many babies develop a rash within the first 2 days of life that appears primarily on the trunk. This appears as small red pimples and is of no significance. It generally lasts a week and no treatment is necessary.

Prickly heat: This rash is caused by blockage of the baby's sweat glands. The face, neck, trunk, and diaper area are most commonly affected. It appears as groups of small red pimples, which occasionally form tiny blisters. It is most common during the summer months or when the baby is overdressed. It seldom bothers the baby and is best treated by not overdressing the baby and keeping him in a cool environment.

Facial rashes: Babies develop a variety of mild facial rashes in the first few months. The most common is one in which tiny white pimples appear on the face. This is due to plugging of the oil glands of the skin. None of these rashes requires treatment and they generally disappear in a few weeks.

Cradle cap: This is an accumulation of white-yellow scaly material on the scalp. The treatment consists of shampooing with a mild soap 2–3 times a week. In stubborn cases, shampooing with anti-dandruff shampoo will eradicate the condition. Firm scrubbing with the fingertips followed by a thorough drying is also helpful.

Feeding Recommendations

Breastfeeding: We recommend breast milk for infants whenever possible as their choice of liquid nutrition for their first year of life. In general, breastfed infants are healthier (less likely to get diarrhea illnesses) and happier (much less trouble with colic and spitting) than formula-fed infants. Benefits to mom include delays in resumption of the menstrual cycle and lowering of her risk of breast cancer. Besides all these benefits, it's free! Call us or the Unity breastfeeding charge nurse at (763) 236-2200 with your questions.

Infant formula: If supplementation of breastfeeding is desired, or ending of breastfeeding before 1 year of age occurs, we recommend a cow's milk–based formula such as Enfamil®.

Sometimes cow's milk formula does not agree with a child. In these cases, we recommend Lactofree or Gentlease formulas. Any switch in formula should be tried for 3–4 days before judging the infant's reaction to the new formula. This allows time to clear the old formula out of the baby's system. Call if you have concerns or questions about finding an appropriate formula.

Burping: As baby sucks from breast or bottle, he also swallows some air into the stomach, which causes discomfort to some babies and may interfere with good eating habits. Babies in the first months of life should be burped more frequently than older infants—at least twice a feeding.

Again, each baby is an individual and mother/father and baby must develop their own routines. An occasional baby even requires burping after sucking on a pacifier. To burp your newcomer, try sitting the baby upright on your lap or holding him over your shoulder.

Spitting up: Or wet burps is a natural phenomenon, annoying at times, but normal. Some babies are spitters and some are not. Frequently, a small mouthful of formula will ride up with a burp. Some babies spit up more as they become older and increasingly active. Do not become alarmed. We will check your baby's growth each visit. Only rarely is this spitting up of significance. If you are concerned with the amount of spitting up, try these measures:

- Give your baby smaller but more frequent meals.
- Be sure your baby is burped well during and after each feeding.
- Try laying your baby on his tummy in a sling with the head of the mattress elevated for 30–60 minutes after each feeding.

Genuine vomiting is not a natural process, but a symptom. This consists of forceful, rapid emptying of all the stomach contents. If your child has actually vomited more than one feeding, he may require a checkup or a change in diet. Call the clinic for further advice.

How much should your baby eat?

There are many right ways to feed a baby. A good feeding schedule is one that adequately nourishes your baby and doesn't run mother ragged. Observe your baby. Listen to his cry. Is it a hungry cry, or a "change me" cry, or a gas pain cry? If he sleeps longer than 5 hours during the day, wake him to feed him.

At night, your baby will wake you when he's hungry. When your baby starts sleeping through the night, feed him only until he is comfortably full, not stuffed to the brim (even if it means tossing out that extra ounce of formula). Be aware of obesity even during the first year of life, and remember that a fat baby does not mean a healthy baby.

Newborns should be fed a minimum of 6 (formula) to 8 (breastfed) times a day. Note that jaundiced infants should be fed at least every 3 hours (breast milk or formula) and preferably more often until the problem is resolved. These babies may be sleepier and require more encouragement to eat, as well.

Weaning: We recommend weaning your infant from bottle and formula at 1 year of age. At that time, infants are becoming toddlers and new behaviors are important in their development. Physically, the child is able to drink from a cup or glass. The nutritional purpose that bottle feeding had fulfilled is no longer needed.

If you do not wean your child at this age, it may be more difficult as he gets older and the bottle becomes a source of security rather than a means of obtaining nutrition. The toddler does not have the sucking needs a young infant has. Toddlers need to explore and have opportunities for trying out their independence. Attachment to a bottle or pacifier may inhibit those behaviors.

The weaning process can usually be completed within a month. We recommend stopping the least-favorite bottle first. Gradually substitute each bottle with liquids from a cup. Save the favorite bottle until last. We recommend that the bottle be gone by 2 years of age. It will help if the bottle is not used as something to pacify the child, but only for nutritional needs.

Solid foods: We do not routinely recommend solid foods before 4 months of age, as the early introduction of solids may lead to obesity and may increase the incidence of allergy. In addition, the infant's immature digestive tract may have difficulty if solids are introduced too early.

An infant is ready for solid foods when:

- Has doubled his birth weight,
- He drinks more than 32 oz. of formula per day, and
- He is hungry in less than 2-hour intervals after the first couple of months.

We may recommend that you introduce solid foods, beginning with infant rice cereal. Aim for three meals per day. Add one new food every 3–4 days.

Start each food with 3 tablespoons and increase as child desires. Feed your child until satisfied, not full.

Feed breast milk or formula before solids if the child likes solids. Feed breast milk or formula after solids if the child dislikes solids.

Recent studies now show that delaying introduction of foods does not lead to less food allergies. Therefore the strategy of starting foods is changing. Strategy should still involve starting with blander foods working the way up to foods with more intense tastes and sweetness. Starting rice cereal does not offer any advantage over other cereals, but cereal is fortified with extra iron for infants and is important for that reason. Next would be vegetables and then fruits, with the idea of saving sweeter, more intense baby foods for later. After a good variety of pureed baby foods are introduced, some soft table foods are appropriate. As your child is used to these foods, other small pieces of table foods can be given. Seafood, egg whites, and nut products need not necessarily be restricted from your child's diet except for choking concerns, though ask your provider if you have concerns.

Choking

Choking can be a life-threatening emergency. A child might be choking if he suddenly:

- Begins gasping or wheezing.
- Can't talk, cry or make noise.
- Begins to turn blue in the face.
- Grabs at his or her throat or waves arms.
- Appears panicked.

What to do: If a child is choking, call 911 right away or have someone else call. If you are trained to do abdominal thrusts (also known as the Heimlich maneuver), do so immediately. Note: If not done correctly, this maneuver could hurt the child.

Do not reach into the child's mouth to retrieve the object. You could push it farther down the child's airway and make the situation worse.

If a child is gagging and coughing but can breathe and talk, the airway is not completely blocked and it's best to do nothing. The child will likely be fine after the coughing spell.

If the child was choking and is now unconscious and no longer breathing, call 911 and then start CPR, if you've been trained.

Take the child for medical care after any major choking episode, especially if there is a persistent cough or wheezing. If the child is having difficulty breathing or swallowing, go to the emergency room.

Illnesses Common to the First Year of Life

Colds: In their first year of life, children average 6–10 colds, with each illness lasting up to two weeks. The symptoms of a viral infection include coughing, stuffy or runny nose, irritability, fever, poor appetite, and restless sleeping. Because colds are caused by a virus rather than bacteria, antibiotics are not effective against them. Antibiotics are given only for complications, such as ear infections or pneumonia.

Home treatment includes measures to keep the increased mucus (phlegm) moist and loose and to keep the child as comfortable as possible. We encourage parents to give the child larger amounts of clear fluids (Infalyte® or water) if he seems to gag on formula or breast milk.

We may recommend the use of cool vaporizers to increase humidity in the air for two or three days. These vaporizers should be used in the baby's room for naps and all night. Keeping the door partially closed will help the humidity stay in the room. Remember to empty and scrub the humidifier well every 2-3 days.

Coughing is a reflex measure to help the body rid itself of extra mucus, and therefore, can be helpful–unless the child coughs so hard that it results in vomiting or completely disrupts his sleep.

Coughing, accompanied by a very runny nose, may be caused by mucus dripping down the throat. (This is the type of cough that is frequently worse when the child is lying down.) Older children and infants with this type of cough may benefit by the use of a decongestant, elevating the head of the bed or crib 20–30", or 1–2 saline nose drops; suction with a bulb syringe.

If you feel that your child might benefit by the use of a decongestant or expectorant, call during clinic hours if you need further advice. Remember, we can help with the complications–but unfortunately we can't cure the cold itself.

Unfortunately, we probably can't do much to make our children or ourselves feel better, either. Most of the time you will find that the hundreds of cold and cough remedies available over-the-counter or the few we may be able to prescribe don't work. Nothing works for everybody either.

Croup: Croup is swelling around the vocal cords that can be caused by either a virus or by bacteria and can be very serious. This infection causes narrowing of the airways (tubes) leading to the lungs. Children may become croupy very rapidly. This consists of very noisy breathing and a barking seal-like cough, usually with some fever. This can be very frightening for parents. The first line of treatment includes high humidity.

This can be achieved in the bathroom with the door closed and a hot shower running or sitting next to a vaporizer. If this fails, sometimes several minutes of breathing cold, outside air is helpful.

Fever or pain relief can also be very important because they will ease the child's breathing. Sometimes it is easiest for all to sleep if the child and parent sleep together in a comfortable chair with a cool-mist humidifier blowing at their side.

Colds and croup: When to call the doctor

Some forms of croup sound terrible. Monitor the child's breathing and continue care at home. Call the doctor if:

- Any infant or child has difficulty breathing. This child should be seen by a doctor immediately. Serious symptoms include rapid breathing, blueness of the lips or fingernails, or abnormally hard rise and fall of chest as the child breathes.
- Infants under 3 months have a rectal fever higher than 101°F.
- An older infant has a fever longer than 48 hours.
- The child is coughing hard enough to produce vomiting more than once.
- A baby is very irritable, restless, and cannot be comforted.
- A baby is too tired to eat and wants to sleep continuously.
- A baby is wheezing (whistling, musical sound to the chest).
- You suspect an ear infection (crying when sucking, ear drainage, pulling or rubbing ears).
- The baby is under 1 year with a cold or cough.

Most concerns can be handled during clinic hours**. If your child is very ill, do not hesitate to call.**

If there is a cold in the house, it is very difficult to keep from exposing other members of the family. Take care of the child who is ill and try not to let yourself get run down in the process.

Acetaminophen should be given only for fever or generalized discomfort. It is not helpful for coughing or runny noses and should not be given routinely during the duration of a cold.

Vomiting and Diarrhea

Though very common, vomiting and diarrhea infrequently lead to dehydration because of fluid loss. A few small loose stools or vomiting episodes are of no danger to a child. Continuous vomiting or frequent large, liquid stools (more than 10 a day) may lead to dehydration, especially in infants.

These symptoms are generally caused by viral illnesses and will have no antibiotic therapy. Treatment encourages fluids or solids in smaller, more frequent amounts.

The latest research shows that for mild-to-moderate diarrhea and vomiting, no alteration in diet is necessary. If your doctor recommends a clear diet for treatment, refer to **Clear Liquid Diet Guidelines**, below.

Signs of dehydration are relatively easy to spot. A child who is drooling or has a moist mouth inside (not lips, which may be dry and cracked at any time) is well hydrated. A child with even two small bowel movements a day is likely not significantly dehydrated. Signs of dehydration include:

- Dryness of the usually moist tongue and mouth
- Dry, sunken appearance of the skin and eyes
- Significantly longer times between wet diapers or urination
- Infant or child is very tired, and has little desire to eat or to be up and about
- Infant or child may be quite irritable

We do not recommend the use of non-prescription medications for diarrhea and vomiting before checking with the clinic. Dehydration following diarrhea and vomiting—especially in infants—can occur very rapidly and be dangerous. Notify the clinic for all infants less than 6 months of age with diarrhea.

Toddlers who experience frequent loose—but not watery—stools without seeming to be very sick may be drinking too much juice, especially apple juice. Limiting his total fluid intake to around 30 ounces will generally help with this cause of diarrhea, commonly called *toddler's diarrhea*.

Clear Liquid Diet Guidelines

Goals of a clear liquid diet include resting the gastrointestinal tract and preventing dehydration. To rest the stomach and bowels, we recommend a diet that is very easily digested until vomiting and/or diarrhea decreases. As symptoms improve, the diet adds foods that require slightly more digestion. If this is well tolerated without increased symptoms, slowly put the child back on his or her regular foods. Advances in the diet must be made slowly or you may find your child back where you started. Elimination of milk and solids from the diet may cause brief weight loss, but the weight is quickly regained when the child feels better.

Call the clinic for further advice if symptoms do not improve despite these changes in diet or if the child shows signs of dehydration.

Stage 1

Clear liquids only: Oral electrolyte maintenance solution such as Infalyte®. This is the only clear fluid we recommend for infants under 6 months of age. For older children, a sports drink diluted 1:1 with water has a more acceptable taste.

Avoid milk, formula, solid foods, and fruit juices. Continue for 12–24 hours until stools improve or vomiting stops.

Stage 2

Add foods one at a time in small amounts to see if they are tolerated. If not, go back to clear liquids. Foods to add:

- Plain yogurt
- Plain soda crackers
- Rice cereal
- Toast with jelly
- Ripe banana
- Plain mashed potatoes
- Chicken soup (noodle or rice)
- More of stage 1 liquids

For babies on formula or breast milk, try just feeding soy formula for 1–2 days and gradually mix in larger amounts of cow's milk formula or breast milk until back to full strength.

Stage 3

With continued improvement, add:

- Ripe bananas
- Macaroni and cheese
- Yellow vegetables (no corn)
- Soy formula

Add green vegetables and other fruits last. Avoid citrus juices and Hi-C drinks.

Keep infants on a soy milk formula until diarrhea is **completely** gone.

Infections and Antibiotics

Infections: Viruses are the most common cause of infections in children. They are responsible for all colds and most of the fevers, sore throats, coughs, and conjunctivitis (pinkeye) that your child will have. These are things that resolve in a few days to two weeks. *Antibiotics have no effect on these illnesses.*

Bacteria cause some sore throats (strep throat), pneumonia, sinus infections, and skin infections that can be cured by antibiotics. Though many bacterial infections resolve without antibiotics, children will get better faster and without risk of serious complications (such as untreated strep throat leading to rheumatic fever, which can cause heart damage) when they are used.

Antibiotics: Ideally, antibiotics do not affect the person who uses them at all. Most antibiotics stop the bacteria from growing, allowing the immune system to be more effective. Sometimes, in killing the bacteria causing the infection, antibiotics may kill good bacteria in our bodies that help digest food or keep yeast growth down. This may result in stomach flu–like symptoms (diarrhea, nausea, vomiting) and yeast infections. *The stronger the antibiotic, the more frequent the side effects.*

Resistant bacteria: Antibiotics kill bacteria that are sensitive to them. However, the more antibiotics used, the more likely the bacteria are to invent ways to resist the effects of the antibiotics. These resistant bacteria need stronger antibiotics to kill them.

When are antibiotics needed?

- **Colds:** Responsible for most coughs, congestion, sore throats, runny noses (clear, yellow, or green mucus). Symptoms may last up to two weeks. *Antibiotics do not help in treatment or prevention.*
- **Ear infections:** Colds or allergies may create fluid behind the eardrum, which may become infected with bacteria. In most cases, antibiotics help cure the infection, but they do not help remove the fluid. Some ear infections resolve without antibiotics. Your provider may talk to you about watchful waiting when your child has an ear infection.
- **Sore throats:** Strep throat is the main sore throat that requires antibiotics.(see the next section.; most do not.
- **Sinus infections:** These are diagnosed by x-ray or when some cold-like symptoms seem to last longer than two weeks without improvement. Antibiotics often are helpful.
- **Coughs:** Coughs can have viral, bacterial, allergic, or asthmatic causes. Antibiotics cure only the bacterial kinds.
- **Viral infections**: These can weaken the body and lead to bacterial infections. If symptoms seem to last a long time or seem to change or worsen, call us to arrange an appointment.

Strep Throat

Virus: Unfortunately, antibiotics are not effective against viral sore throats. Children with viral sore throats can be ill for several days with a fever and swollen glands. The only treatment for viral sore throats is to help alleviate the soreness with acetaminophen and encourage drinking fluids.

Postnasal drip: This is caused by irritating mucus from a stuffy nose that constantly drains down the throat. A postnasal-drip sore throat may be accompanied by a head cold, cough (mostly at night), and sore throat upon waking.

This type of sore throat may be severe and short lasting, such as with the common cold, may be a chronic problem due to dryness in the air during the winter months, or due to nasal allergies. Symptoms of postnasal drip may be helped by using a decongestant. Call during clinic hours if you feel this may be of some help.

Streptococcus (strep) bacteria: These germs can be killed with antibiotics. Symptoms of strep throat are the same as for a viral sore throat, but may also include headache, vomiting, abdominal pain, and a rash. Strep throat that is not adequately treated with proper antibiotics can lead to heart damage and kidney disease.

There is no absolute way to diagnose strep throat without a throat culture or strep latex test.

A throat culture is a sample of germs collected from the throat with a cotton swab. Strep, if present, is identified in 1– 2 days. A strep latex test can identify strep germs within 5 minutes.

If your child is **allergic to penicillin**, tell us at the time of the culture so we may make other arrangements for treatment.

Comfort measures to help your child:

- Adequate dosages of fever/pain relievers every 4–6 hours.
- Encourage fluid intake. Warm or cool liquids may be very soothing.
- Avoid overtiring, but your child does not need to be confined to bed.
- For older children, gargle with warm salt water (1/2 tsp. dissolved in 1 cup of water), sore throat sprays, or sucking on hard candy may be soothing.
- Leg tenderness, which may accompany a penicillin injection, can be soothed with exercise, warm baths, and acetaminophen.

Strep throat is moderately contagious. We recommend throat cultures on all family members who have sore throats or symptoms of a head cold.

Rarely, a child may have strep throat in spite of a negative culture. This can happen if the child that has just eaten, vomited, or gargled. We recommend repeat throat cultures and/or a visit with the doctor if symptoms persist longer than 48–72 hours or if a rash appears.

Your child is non-contagious 24 hours after he receives antibiotic treatment and may return to school if feeling better. Call the clinic anytime during office hours if you have additional questions.

Conjunctivitis (Pinkeye)

Conjunctivitis, also called pinkeye, is a red, swollen eye. It's most commonly seen in children with cold viruses. Medicines are not usually used to treat viral pinkeye, which will run a few days or resolve itself as the cold subsides. Clearing conjunctivitis by treatment with antibiotics is effective only when the infection is

caused by bacteria. Other causes include allergies, trauma, and irritation—these have specific treatments.

Since conjunctivitis is frequently associated with ear infection or will not be treatable by antibiotic eye drops, our staff asks that the child is seen in the office to determine proper treatment. Do not be offended if we ask to see the child rather than prescribing antibiotic eye drops over the phone.

As with a cold, a child should not be in school when the symptoms are most severe.

Keep the eyes clear of drainage by cleaning with water on a cotton ball at least 4 times a day. Wipe from the nose outward. Use a new cotton ball for each eye.

Pinkeye is highly contagious, whether caused by a virus or bacteria. It is spread through contact with the eye drainage. Keep the affected child's washcloths, towels, and linens separate from the rest of the family's.

Sometimes an antibiotic may be prescribed. If so, use it until the condition has cleared. If redness or swelling continues, there are signs of an infection, and/or pain occurs, call the clinic.

Fever Control

If the child is less than 2 months, take a rectal temperature and call the doctor. Use acetaminophen (Tylenol) for children 2 months or older; use Ibuprophen for children 6 months and up.

Children's fever control medications dose by weight:

Acetaminophen (Brand names: Tylenol, Tempra)

For children 2 months or older, give every 4-6 hours, as directed. Dose by weight for specific acetaminophen products.

If your child weighs…	6–11 lb. (2.7–5 kg.)	12–17 lb. (5–7.7 kg.)	18–23 lb. (8–10.5 kg.)	24–35 lb. (10.9–16 kg.)	36–47 lb. (16.4–21.5 kg.)	48–59 lb. (21.8–27.3 kg.)	60–71 lb. (27.4–32.2 kg.)	72–95 lb. (32.7–43.1 kg.)
And you are using…								
Elixir 160 mg/5ml	1.25 ml.	2.5 ml.	3.75 ml.	5 ml. or 1 tsp.	7.5 ml. or 1.5 tsp.	10 ml. or 2 tsp.	12.5 ml. or 2.5 tsp.	15 ml. or 3 tsp.
Chewable tablet 80 mg.	Do not use	Do not use	Do not use	2 tablets	3 tablets	4 tablets	5 tablets	6 tablets
Junior tablet 160 mg.	Do not use	Do not use	Do not use	1 tablet	Do not use	2 tablets	3 tablets	4 tablets
Tablet 320 mg.	Do not use	Do not use	Do not use	Do not use	Do not use	1 tablet	Do not use	2 tablets

Ibuprofen (Brand names: Motrin, Advil, Pedicare Fever)

For children 6 months old and older, give every 6-8 hours, as directed. Dose by weight for specific ibuprofen products.

If your child weighs…	22 lb. (10 kg.)	33 lb. (15 kg.)	44 lb. (20 kg.)	55 lb. (25 kg.)	66 lb. (30 kg.)
And you are using…					
100 mg/5 cc suspension	5 ml. or 1 tsp.	7.5 ml. or 1.5 tsp.	10 ml. or 2 tsp.	12.5 ml. or 2.5 tsp.	15 ml. or 3 tsp.
Chewable tablet, 50 mg.	Do not use	3 tablets	4 tablets	5 tablets	6 tablets
Chewable tablet, 100 mg.	Do not use	Do not use	2 tablets	2.5 tablets	3 tablets

- Do not give any medicine to a child under 6 months of age without contacting your health provider first.
- Do not give Tylenol or Motrin if you do not know the weight of your child.
- Please read the labels on the box before giving your child any medicine.

- In case of an overdose, call your health care provider immediately.

Jealousy: The Green-eyed Monster

Jealousy is not necessarily just green-eyed; it may be blue-eyed or brown-eyed. It frequently affects the most charming and delightful 2- and 3-year-old kids.

Parents bringing home a new baby for the second or third time should expect the older child to feel displaced, ignored, unloved, and therefore, a bit resentful of the new intruder.

The best way to deal with jealousy is to anticipate it and help the older sibling deal with his feelings, even before the new baby arrives. In the few months before the baby is born, parents should gradually discuss the expected new family member. The child should know how he will be cared for while his mother is away. If possible, the child should visit the mother and new sibling in the hospital. On arrival home from the hospital, it may help to have dad hold the new baby so mom can give extra attention to the older child/children.

Other approaches to help the child feel he has remained an important part of his parents' life. Set aside special times during the day when the toddler will have the undivided attention of a parent. This can be with either parent while the infant sleeps.

In the beginning, it may be wise to save your cooing and loving talk for the infant for a time when the toddler is napping, playing, or receiving attention from another person. Request that relatives and friends direct some of their attention to the older child.

On occasion, you might point out some of the annoying behavior of the baby by saying, "Babies certainly can be a bother at times. They cry so much, and they're always wet." This may help the older child feel less guilty about the feeling of dislike that he may have for the new baby.

Allow the toddler or older child to help with the care of the infant, if appropriate. This could include getting a diaper or helping with the bath. It helps to commend him for his own competence and ability as compared with the baby's helplessness. Note: Avoid overdoing this so that the child feels pressure to be grown-up.

It also will help for the older child to receive some babying himself. Hold and rock him on your lap, and talk about when he was a baby. The child may even regress to more babyish behavior, such as drinking from a bottle or wetting his pants. This should be treated matter-of-factly and not punished. This is a temporary phase and will pass as he becomes convinced he has not lost his place in your heart.

Head Injury

If any of the following occurs, call the clinic:

- Vomiting more than once
- Unequal-sized pupils
- Severe headache
- Inability to wake up—check twice during the night
- Inability to move arms or legs
- Convulsions
- Changes in personality
- Blood or clear fluid from an ear or the nose

Constipation

Because constipation in infants is usually due to the cow's milk or soy in the formula, not the iron, low-iron formulas will likely not help the problem. For infants not taking solids yet, we recommend two ounces twice a day of pear, prune, or apple juice. This may be diluted with water on a 1:1 ratio or put in morning and evening bottles. Adjust the amount necessary to keep the stools loose. Give less juice if the stools are too loose or more if they are too firm.

In toddlers and older children, constipation and the abdominal complaints that it often leads to are extremely common. Making sure the child does not consume excessive amounts of dairy products and a high-fiber/low-fat diet are important. Regular schedules of bathroom attempts in toilet-trained children are also important. If you have further concerns about your child's constipation, it is best to schedule a 30-minute consult visit with a physician to allow enough time to address the complexity of this problem.

Sensitive Skin Care

Dry skin needs "grease!" Vaseline or other plain petroleum jelly is the best source. Eucerin or Lubriderm may be easier to use on large areas. Put one of these moisturizers on your child several times a day if needed when skin feels dry.

Limit bathing to 2–3 times a week, if possible. Use tepid water, not hot. Blot skin dry with a towel—do not rub.

Avoid anything with strong scents, dyes, or perfumes. Use Dove or other mild soaps when needed, detergents free of both fragrances and dyes for laundry, and avoid fabric softeners, if possible, or at least use liquid, if absolutely necessary.

Stop scratching! This is essential. Cut the child's fingernails short. Put gloves on him at bedtime if nighttime itching is suspected. Use Benadryl or other anti-itch therapies. Over-the-counter hydrocortisone creams once or twice a day may be used briefly for skin that is itchy or red. If symptoms persist longer than a week or are severe, call us.

Insect Repellent Guidelines

The American Academy of Pediatric recommends bug repellants with no more than 30% DEET and only on children 2 months of age and over. Note that this is also the maximum DEET concentration for adults as well.

Sunburn

Sunburn can happen within 15 minutes of being in the sun, but the redness and discomfort may not be noticed for several hours. Repeated sunburns can lead to skin cancer. Unprotected sun exposure is even more dangerous for kids who have many moles or freckles, very fair skin and hair, or a family history of skin cancer.

The American Academy of Pediatrics recommends sunscreens for infants 6 months and older. Prevention is always best, thus the AAP states cautious use of sunscreens in infants younger than 6 months only if sun exposure is unavoidable.

Signs and symptoms

Mild	Severe
• Skin redness and warmth • Pain • Itchiness	• Skin redness and blistering • Pain and tingling • Swelling • Headache • Nausea • Fever and chills • Dizziness

What to do

- Remove the child from the sun right away.
- Place the child in a cool (not cold) shower or bath, or apply cool compresses as often as needed.
- Give extra fluids for the next 2–3 days.
- Give the child ibuprofen or acetaminophen as directed, to relieve pain.
- Use moisturizing creams or aloe gel to provide comfort.
- When going outside, all sunburned areas should be fully covered to protect the child from the sun until healed.

Seek emergency medical care if:

- Blisters form or the burn is extremely painful.
- The child experiences facial swelling from a sunburn.
- The sunburn covers a large area.
- The child has a fever or chills after getting sunburned.
- The child has a headache, confusion, or faint feeling.
- You see signs of dehydration (increased thirst, dry eyes and mouth).

Record of Clinic Visits

2-Week Exam

Date _____

Age_____ Length _____

Head Circ. _____ Weight _____

Provider to review immunizations and laboratory testing.

Diet

- Breast milk and/or formula. Babies are definitely less colicky when taking breast milk.
- Spit happens. And sometimes a lot of it. If your baby is happy and seems to be growing, this is likely indicating that it's not a problem for him.
- If your infant seems to be having trouble with feedings, call the clinic.
- Bedtime bottles are okay, but due to ear infections and cavities, bottles in bed and bottle propping are strongly discouraged.

Health

- Fevers are always very concerning for infants under 2 months of age. You may take an axillary (armpit) temperature first, but if this seems high, we ask that you also take a rectal temperature. Call us before giving any treatment for a rectal temperature greater than 100.5°F.
- We do not recommend home-use ear thermometers, which are very expensive and notoriously inaccurate in infants. An inexpensive digital one is fine.
- Many babies experience congested breathing without a significant cough or runny nose. If your infant is happy while eating and sleeping normally, chances are that this is nothing to worry about.
- Eye drainage is fairly common. If this occurs, we will want to see your infant in the clinic to investigate if the cause is a blocked tear duct or conjunctivitis (pinkeye).
- Show your child you care! What a difference talking and singing to your infant can make.

Safety

- Car seat used by infant.
- Seat belt worn by parents.
- Smoke detectors that work.
- Carbon monoxide detectors that work.

Next visit: 2 months of age

Please bring this booklet with you.

2-Month Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- Moves all extremities
- Smiles and follows objects with eyes
- Coos and babbles

Diet

- Breast milk and/or formula
- Vitamin D supplementation may be discussed

Safety

- Car seat used by child.
- Seat belt worn by parents.
- Prevent falls off counters or from infant seat.
- Bug sprays with 30% DEET and children's based broad spectrum sun screen lotions (without PABA) are now recommended for use in infants down to 2 months of age. However, prevention of exposure to insects and excessive sun remains the best practice.

Burns

- Bath water: House hot water should be set at 120°F.
- Do not hold the child while drinking coffee or smoking.
- Prevent sunburn.

Dangerous objects

- Children put lots of things in their mouth (buttons, pins, coins, etc.)
- Examine all toys.
- No hard foods.

Drowning

- Never leave an infant in a bathtub or wading pool for any reason.

Next visit: 4 months of age

Please bring this booklet with you.

4-Month Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- Good head control
- Raise head to 90°
- Reach for objects
- Startles to noise
- Starting to try and roll over
- Follows objects with eyes
- Smiles and laughs

Diet

- Start solid foods—see page 8, for details.
- Many infants are ready for solids by 4 months. If your child seems content without solids, we recommend you start them by 6 months of age.

Next visit: 6 months of age

Please bring this booklet with you.

6-Month Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- Sits with support
- Transfers objects one hand to another
- Rolls over one way
- Consonant sounds

Diet

- Table/finger foods may be introduced for infants doing well with baby food. Try small unsweetened cold cereals, finely mashed cooked vegetables (except corn), or whole graham or saltine crackers. If the child can hold them, they can be used with care. As always, give only small amounts at a time and save them for a later time if your child seems to gag on them.
- Start fluoride supplementation for all infants not drinking fluoridated water (city tap water or fluoridated bottled water).
- Avoid these foods in infancy and early childhood:

  Nuts, hard candy, peas (unless well cooked and tender), corn, and small berries such as blueberries and huckleberries

  Raw vegetables such as carrots, until your baby has enough teeth for chewing. These foods are dangerous because they can be easily swallowed the wrong way and choke a child

  Concentrated sweets such as candy, cookies, pastries, and sugar-coated cereals. These foods are not necessary and encourage tooth decay. Delay giving these foods to your child as long as possible—perhaps for special occasions only. Don't offer them as a bridge for eating other foods.

  Foods high in salt and fat, such as potato chips, tortilla chips, and other chip-type foods. These all pose a choking hazard and have been known to cause perforation of the esophagus (food pipe) in children this age.

Safety

- Poison Control Center 1-800- 222-1222 www.mnpoison.org
- Protect your child from electrical cords and outlets

Special Instructions

Begin dental hygiene if teeth are present by brushing twice daily.

Next visit: 9 months of age

Please bring this booklet with you.

9-Month Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- Starts to pull to a standing position using the furniture
- Starts sitting from a standing position
- Plays pat-a-cake
- Bangs toys together
- Says "mama," "dada," and jabbers
- Picks up small objects with the thumb and index finger
- Waves bye-bye
- Responds to his own name

Diet

- Table foods and finger foods can be increased as your baby tolerates them.
- Sippy cups and spoons can be introduced.

Safety

Kitchen

- Hot liquids, hot foods, electric cords on irons, toasters, and coffee pots should be kept out of reach. Turn handles toward the center of the stove.

Poisons

- Medicines, vitamins, and poisons should be kept in a locked, out-of-reach cabinet.
- Syrup of ipecac is no longer recommended for home use. For medical concerns or further questions after speaking to the Poison Control Center, call us.

Staircases

- Barricade staircases.

Burns

- Place guards in front of open heaters and around registers and floor furnaces.

Dangerous objects

- Use safety plugs for wall outlets.
- Easily overturned lamps and sharp-edged furniture are dangerous.
- To prevent strangulation of a child, keep curtain/blind cords out of reach and never looped or tied at the bottom.

Special Instructions

- A benign illness common to this age is roseola, which is characterized by a high fever (up to 105°F for three days). A small red spotted rash on the trunk occurs the day after the fever is gone and is usually the way the diagnosis is made. The rash may last up to 5 days and children are no longer contagious after the rash appears.
- Begin dental hygiene if teeth are present by brushing twice daily.

Next visit: 12 months of age

Please bring this booklet with you.

12-Month Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- Drinks from cup with or without a sippy cover
- Feeds self finger foods
- Indicates wants without always crying
- Starts using more words
- Stands for 2 seconds independently
- Walks with one hand held
- Can put an object in a cup or container
- Plays ball by rolling it back and forth

Diet

- Change to all table foods if you haven't done so already
- Wean from a bottle to cup (should be done at least by 2 years old)
- Provide whole milk until 2 years old (1% and skim do not have enough fats for brain growth). Your provider may recommend 2% milk in certain situations.
- The average toddler may refuse most fruits and vegetables. Keep trying; constant exposure to these foods will encourage them to try these foods.

Safety

- Watch small objects, which can cause choking when placed in a child's mouth.
- Review 9-month information.
- Always watch your child in the bathtub or around any water source, including toilets and large pails.
- Children should continue using rear facing car seat until 2 years of age.

Special Instructions

- Begin dental hygiene if teeth are present by brushing twice a day. Find a dentist for your child and follow age recommendations for first visit.
- Fluoride varnish every 4 months may be recommended by your provider.

Next visit: 15 months of age

Please bring this booklet with you.

15-Month Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

Your child should now be taking all of his liquids from a cup.

Special Instructions

- Your child is beginning to test his independence; it is important to set limits for him as well as allow limited choices.
- Parents should discuss and agree on the approach to be used for discipline and what behavior, objects, and areas are to be forbidden. It is extremely important to be as consistent as possible in enforcing the limits that you set.
- In general, positive direction is more effective than corrective measures. Demonstrate the kind of behavior you desire and be sure the child understands the behavior that is expected of him (the behavior must be appropriate for age and expectations realistic). Make requests and statements in a positive form rather than a negative one.
- Have the courage to be imperfect and allow for the same in your child.
- Timeouts can start at 1 minute per year of age.
- When rules have been violated, act before you talk, but think before you act! Discipline in anger is significantly less effective than a calm, logical approach.
- Reading to your child is extremely important for school readiness. Studies show the more you read to your children and expose them to books, the better prepared for kindergarten they will be. Make this a regular habit by 2 years of age!

Next visit: 18 months of age

Please bring this booklet with you.

18-Month Exam

Date _____

Age_____ Length _____

Head Circ. _____ Weight _____

Provider to review immunizations and laboratory testing.

Development

Your child should be able to say 3 words beyond "mama" and "dada." Your child is picking up many new words. You can assist in many ways:

- Give your child words for the objects around him; encourage him to imitate those words.
- Give your child words for his and your actions: jump, eat, drink, and run.

Many parents start thinking about toilet training at this age.

- The average age for girls to be toilet trained is 2 years. The average age for boys to be toilet trained is 3.
- Certain neurological development and psychological readiness are necessary before training attempts can be successful.
- Toilet training should be a positive experience. If a child is resistant on the first attempt, it is best to delay for a few more months and then try again.

Dental Care

- Brushing should be done twice a day now, but can start as soon your child has teeth.
- Toothpaste is not absolutely necessary, but when used, make sure the child does not swallow large amounts. Infant toothpaste is available without fluoride and can be used until the child gets the knack of spitting the foam in the sink.
- The first dental visit should occur around the third birthday, so think about setting this appointment 3–6 months in advance.

Diet

- Your child's growth is slowing; his appetite may decrease and be more sporadic. Serve food in small, easily managed portions on small plates.
- Urging your child to eat is usually ineffective and frequently has the opposite effect. Let him be the best judge of how much to eat; you only have control over what is available and when.

Special Instructions

Temper tantrums are sometimes a problem at this age. The most effective method of dealing with them is to ignore them by having the audience (usually the parents) quietly leave the room, if possible. Pay no attention to the behavior.

Next visit: 2 years of age

Please bring this booklet with you.

2-Year Exam

Date _____

Age_____

Length _____

Head Circ. _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- The more independent a child is, the more their self-esteem improves.
- At 2 years, children like to try to undress, dress, and, feed themselves, initiate much of their own play, and help in simple household tasks. Encourage your child to do these things yet allow them to ask for help and be willing to give it when needed.
- Pacifier and bottle use should have ended at this point. If you're having trouble with giving up these bedtime habits, try to set a new routine without them (play, snack, bath, read, brush teeth, bedtime).
- The child should be able to say 20–50 words, and use two-word phrases. Approximately 50% of words said should be pronounced well enough to be understood by strangers.

Diet

- Most children should now be on the same diets that their parents are on. Obesity is now an overwhelming problem with many children in the USA.
- **Try to remember and live by 5-2-1-0 each day:**

  Eat at least **5** servings of fruits and vegetable

  No more than **2** hours of screen time (TV/Video Games/Internet)

  At least **1** hour of exercise/physical activity

  Most days should involve **zero** portions of high calorie/low nutritional value foods (i.e. sweets, chips, most juices even if 100% fruit juice, and anything but skim or 1% milk)

Special Instructions

Readiness for toilet training is indicated by two or more of the following behaviors:

- Dry pants in the morning
- Indicates in some way this his pants are wet and he wants them changed
- Regular bowel movements
- Demonstrates ability to hold or release urine at will
- Willingness to sit on a potty chair

Technique for toilet training (suggested)

- Place the child on a potty chair first thing in the morning. If he goes, let him know you are pleased. Continue to put him on the potty every 1–2 hours. If the child objects at all, discontinue your efforts for a few weeks.
- Place the child on a potty chair about the time he usually has a bowel movement.
- Toilet training should be done in a relaxed, pleasant atmosphere. Don't make your child sit on the potty for long periods of time. Accidents will happen and should be anticipated. Incidents should be treated insignificantly. Change the child's pants and encourage him to try harder next time because you are confident he can do it.

Next visit: 30 months of age

Please bring this booklet with you.

2 ½ -Year Exam

Date _____

Age_____ Length _____

Head Circ. _____ Weight _____

Provider to review immunizations and laboratory testing.

Development

- Plays with other children-cars, dolls, building
- Washes own hands
- Stands on one foot without support
- Draws or copies vertical lines
- Speaks clearly and is understandable most of the time

Diet

- **REMEMBER 5-2-1-0!**
- Fluoride
- Have good foods available; avoid junk food in the house

Safety

- Stay within arm's reach near water, including bathtubs, pools, and toilets
- Properly install a car safety seat in the backseat
- Supervise your child outside, especially around cars and machinery
- Use a properly fitted bike helmet
- Limit sun and use sunscreen

Special Instructions

- Install smoke detectors on every level of your home. Test them monthly and change the batteries annually
- Keep matches and lighters out of sight

Next visit: 3 years of age

Please bring this booklet with you.

3-Year Exam

Date _____

Age_____ Length _____

BP _____ Weight _____

Provider to review immunizations and laboratory testing.

Development

- Stands momentarily on one foot
- Rides a tricycle
- Climbs stairs by alternating feet
- Copies a circle and an X
- Knows age and gender
- Speech is 75% clear

Diet

- REMEMBER 5-2-1-0!
- Your child's appetite will continue to be sporadic. Food jags are common, such as refusing meat or vegetables for awhile or loving macaroni & cheese to the point he is willing to eat it 2–3 times a day, then refuses it entirely the next week

Special Instructions

- Children of this age are developing a sense of roles and their place in the family. They need the opportunity to act out some of the situations they observe.
- Fears, storytelling, and nightmares are common in 3–4 year olds. It is important to acknowledge the emotion experienced, but don't overreact. The parents' role is to reflect reality and reassure. When reasonable, allow the child to solve his own problems with your guidance, encouragement and support.

Next visit: 4 years of age

Please bring this booklet with you.

4-Year Exam

Date _____

Age_____

Length _____

BP _____

Weight _____

Provider to review immunizations and laboratory testing.

Development

- Speech is 100% clear
- Fine motor skills: copies circles, copies squares
- Rides a three-wheeler
- Knows colors

Diet

- REMEMBER 5-2-1-0!
- Fluoride
- Have good foods available; avoid junk food in the house

Safety

- Street safety
- Use a properly fitted bike helmet
- Start teaching your home address and cell/home phone number, plus how and when to dial 911
- Current recommendations for children include use of a booster seat until 4 feet 9 inches and in the back seat until 13 years of age.

Next visit: 5 years of age

Please bring this booklet with you.

5-Year Exam

Date _____

Age_____ Length _____

BP. _____ Weight _____

Provider to review immunizations and laboratory testing.

Development

- Broad jumps and skips
- Can name some letters, numbers, and at least one coin correctly
- Counts up to at least 20
- Will sit with you for 10–20 minutes at story time
- Starts to ride a bicycle, usually with training wheels
- Can identify and print the first letter of his name

Diet

- REMEMBER 5-2-1-0!
- Fluoride
- Have good foods available; avoid junk food in the house

Special Instructions

Draw a person

Copy these objects

Kindergarten Questionnaire

What concerns or questions do you have about your child?

_____

Do you think your child is ready for school? ☐ yes ☐ no

Does or has your child attended? (circle) Daycare Preschool Daytime sitter

Does your child object when left with others (e.g. sitter)? ☐ yes ☐ no

Can your child play quietly alone for ½ hour? ☐ yes ☐ no

Does your child pay attention when you read a story? ☐ yes ☐ no

Does your child obey adults and follow instructions? ☐ yes ☐ no

Do you have concerns about your child's behavior? ☐ yes ☐ no

Are you concerned about your child's hearing or speech? ☐ yes ☐ no

Can other people understand your child's speech? ☐ yes ☐ no

How many hours of TV does your child watch a day? _____

Does your child play well with other children? ☐ yes ☐ no

Does your child wear a seat belt regularly? ☐ yes ☐ no

How many times a day does your child brush his teeth? _____

Has your child seen a dentist? ☐ yes ☐ no Date of last visit: _____

What time does your child go to bed? _____ Wake up? _____

Does your child seem rested? ☐ yes ☐ no

In a 24 -our period, how many servings of the following foods does your child eat?

Milk/ dairy products _____ Fruits/vegetables _____

Meat/meat substitutes _____ Cereal/bread _____

What kind of snacks does your child eat?

_____

Does your child take vitamins regularly? ☐ yes ☐ no

Does your child dress and bathe himself? ☐ yes ☐ no

Can your child count to 10? ☐ yes ☐ no Say the ABC's? ☐ yes ☐ no

What household responsibilities does your child have? _____

_____

Review of Systems

Circle any of the following symptoms that apply to your child.

General

poor appetite	difficulty sleeping	fevers
excessive sleeping	overweight	excessive energy
too short	excessive appetite	confusion
excessive thirst	loss of memory	weight loss
no energy	too tall	

Skin

rash	acne	itching
dandruff	easy bruising	unexplained lump

Eyes

eye pain	blurred vision	wears glasses
crossed eyes		

Ear/nose/throat

earaches	frequent nosebleeds	mouth breathing
decreased hearing	sneezing attacks	bad teeth
difficulty swallowing		

Respiratory

hoarseness	difficulty breathing
wheezing	“shortness of breath” attacks
cough	

Cardiovascular

chest pain	heart murmur

Gastrointestinal

abdominal pains	constipation	frequent indigestion
diarrhea	blood in stools	
nausea/vomiting	stools in underwear (soiling)	

Urinary

daytime wetting	weak urine stream	frequent urination
bedwetting	painful urination	

Skeletal

bone pain	frequent accidents	back pain
swollen joints	limps	

Neuromuscular

headache	unexplained “attacks”	breath-holding spells
staring spells	loss of balance	fainting
convulsions	clumsiness	dizziness
weakness	paralysis	numbness
migraine	unexplained movements or jerking	

Other

_____

_____

Do you feel that any of your child’s symptoms are caused by stress or worry?

☐ yes ☐ no

Do you feel that your child is physically delicate? ☐ yes ☐ no

Physicals

6-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

7-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

8-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

9-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

10-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

11-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

12-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

13-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns:
_____

Immunizations:
_____

14-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns: _____

Immunizations: _____

15-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns: _____

Immunizations: _____

16-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns: _____

Immunizations: _____

17-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns: _____

Immunizations: _____

18-Year Physical

H: _____ W: _____ BP: _____ BMI (body mass index): _____

Concerns: _____

Immunizations: _____

Growth Charts

(See CDC growth charts on separate PDF file)

Source: http://www.cdc.gov/nchs/nhanes/growthcharts/clinical_charts.htm

Source: www.cdc.gov/nchs/nhanes/growthcharts/clinical_charts.htm

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