

OHIO CENTER FOR PEDIATRICS

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OUR DOCTORS

KIM G. ROTHERMEL, MD:

Dr. Kim Rothermel, a Summa Cum Laude graduate of Muskingum College, received her MD degree from Rush University. Dr. Rothermel trained in Pediatrics and Pediatric Hematology/Oncology at Columbus Children's Hospital. She is Board Certified in Pediatrics and in Pediatric Hematology/Oncology. Dr. Rothermel is on the teaching faculty at The Ohio State University and is active at Columbus Children's Hospital where she served as President of the Medical Staff in 1994 and remains active on many medical staff and administrative committees. She also serves as Chief of the Section of General Pediatrics at the hospital. Dr. Rothermel is married to Dr. William Rothermel, a surgeon, and they have four sons: Peter (*wife Sarah*), Aaron, Luke, Adam, and two grandsons, Adin and Noah. Dr. Rothermel is active in her church and community.

JANICE M. GALLAGHER, MD:

Dr. Janice Gallagher, a Cum Laude graduate of the University of Dayton, received her MD degree from The Ohio State University. Dr. Gallagher trained in Pediatrics at the Naval Hospital in San Diego, California. Board Certified in Pediatrics, Dr. Gallagher has been in pediatric practice since 1982, and is a member of the American Academy of Pediatrics, The American Medical Association and The Ohio State Medical Association. She served as President of the Medical Staff at Columbus Children's Hospital in 2006, and remains active in committees at the hospital. Dr. Gallagher and her husband, Peter White have three children, Stephen, Barbara and William, and five grandchildren, Joseph, Evelyn, Brayden, Isabella and Christopher. Dr. Gallagher is active in volunteer work at her church and she enjoys gardening, reading and spending time with her family.

MARY BETH CASS, MD:

Dr. Mary Beth Cass graduated with a B.S. in Microbiology from The Ohio State University, and received her medical degree at The Ohio State University College of Medicine, where she was a member of the Alpha Omega Alpha Honor Medical Society. Dr. Cass completed her internship in pediatrics at Columbus Children's Hospital, continued her pediatric training at the University of Virginia Medical Center and is on the teaching faculty at The Ohio State University. Board Certified in Pediatrics, Dr. Cass is a member of the American Academy of Pediatrics, the Central Ohio Pediatric Society and the Children's Practicing Pediatricians, where she currently serves on the Board of Directors. Dr. Cass lives in Columbus with her husband, David, and they have three grown children: Sarah (*husband Alan deVries*), Emily and Nathan.

M. BONNIE PUGH, MD:

Dr. Bonnie Pugh is a Magna Cum Laude graduate of The Ohio State University. She received her medical degree from the Medical College of Ohio, where she was a member of the Alpha Omega Alpha Medical Honor Society. Dr. Pugh completed her internship and residency at Columbus Children's Hospital. She is President-Elect for the Central Ohio Pediatric Society. Dr. Pugh is a Fellow of the American Academy of Pediatrics and is Board Certified in Pediatrics. Dr. Pugh is married to Tom Pugh, a software consultant, and they have two sons, Andrew and Ethan. Her hobbies include scrapbooking, reading, and enjoying time with her family and friends. Dr. Pugh has a special interest in the care of premature infants and teaching medical residents and students.

JANIE L. CANNER, DO:

Dr. Janie Canner is a Cum Laude graduate of DePaul University located in Chicago, IL. She received her medical degree from the Arizona College of Osteopathic Medicine where she trained in both traditional and osteopathic medicine. Dr. Canner completed her pediatric residency at Advocate Hope Children's Hospital in Oak Lawn, IL. She began her medical career as a Pediatric Hospitalist in the Chicago area where she specialized in the care of hospitalized and critically ill children prior to relocating to Ohio. She is board certified in pediatrics and is a member of the American Academy of Pediatrics. Dr. Canner is married to Dr. Jason Canner, a fellow physician in pediatric Hematology/Oncology at Columbus Children's Hospital. She is interested in teaching and promoting medical education, and her hobbies include travel, outdoor activities, yoga and pilates, running and spending time with her family and friends.

SCHEDULE OF VISITS

We are able to provide preventive health care to your infant, child or adolescent through regularly scheduled visits. A routine check-up will include screening procedures, a physical examination, immunizations and discussion of development and nutrition. With this in mind, we look forward to seeing you when your child reaches the following ages:

4-7 days
1, 2, 4, 6, 9, 12, 15, 18 months
2 years and annually thereafter

SCHEDULE OF IMMUNIZATIONS

Age of Routine

Examination* Immunizations**

Newborn (4-7 days)

1 month

2 months DTaP, Polio, Hib, Hepatitis B, Prevnar, Rotavirus

4 months DTaP, Polio, Hib, Hepatitis B, Prevnar, Rotavirus

6 months DTaP, Prevnar, Rotavirus

9 months

12 months Hib, Hepatitis B, Prevnar, Hep A #1

15 months MMR, Chickenpox

18 months DTaP, Polio, Hep A #2

2 years

3 Years

4 years MMR #2, Chickenpox #2

5 years DTaP, Polio

6-18 years

11-18 years Tdap, Menactra, HPV Vaccine

* Annual physical examinations are done after the age of two

** Immunizations are given according to the American Academy of Pediatrics and CDC recommendations. Due to periodic shortages and frequent changes in the vaccine schedules, please refer to the website at www.cdc.gov for up to date immunization recommendations. Influenza vaccine is given each fall starting in October to those patients who are considered high-risk and is offered to patients who request the vaccine if supplies are available.

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GENERAL INFORMATION

Office Hours

Monday - Friday 8:30 a.m. - 5:00 p.m.

Appointments

Appointments are made for routine well-baby checks, physical examinations, acute and chronic illnesses, and consultations for a variety of concerns. To help us schedule your appointment appropriately, please let the nurse or receptionist know if you will require an extensive appointment. Your appointment is reserved especially for you. Please arrive a few minutes before your scheduled appointment to take care of any necessary registration details. Appointment cancellations require 24 hours' notice (one business day).

We realize that children's illnesses are never planned, so we are happy to schedule same-day visits for our patients. In order to efficiently serve ALL of our patients, these same-day appointments cannot be cancelled once they are scheduled.

Phone Calls

Our triage nurses are available to answer your calls from 8:30 a.m. to 12:30 p.m. and 2:00 p.m. to 5:00 p.m. The early morning and late afternoons are our "busy" times for calls regarding illnesses. If your question is a routine one, avoiding the above times will allow your call to be answered more quickly. If your call is regarding an illness that will likely require a visit, please call us as early as possible. Please refer to "Guidelines for Calling the Office", located on the last page of this book. Preparing this information ahead of time will allow the nurse to handle your call efficiently.

Night/Weekend Calls

A physician or nurse will be available to you after routine office hours for telephone consultation regarding urgent problems. Call the main office number (**766-3344**) and leave a message on the voice mail system. Be sure to leave your name and telephone number FIRST, then a brief description of your urgent concerns. You should receive a return call within 60 - 90 minutes. (*See below for emergencies*) Please remember to leave your telephone number, since the on call pediatrician is not at the office and has no immediate access to your chart.

After regular office hours (5:00 p.m.), we ask that parents try to reserve calls for problems that cannot wait until 8:30 a.m. the next morning. Parents should be able to give temporary treatment to non-emergency conditions (*i.e. colds, cough, fever and stomach upset*). The Redbook contains practical advice to help parents manage these common conditions. If your child becomes ill over the weekend and you need consultation regarding management, please call the office. On Saturday mornings, the physician on call will usually be available to see your child before noon if the illness is too severe to wait until Monday. Please call as early as possible in the morning to arrange Saturday appointments.

Emergencies

If you have a true emergency (*i.e. severe difficulty breathing, convulsions, or severe trauma*) call 911. If you have an emergency that requires immediate phone consultation with the doctor or nurse, call the office and follow the instructions on the voice mail system. A physician or nurse will be paged immediately in these situations and will return your call within 5 to 10 minutes. Please remember to leave your telephone number and please use this option for emergencies only. If you feel that your child needs to be seen in the emergency room or urgent care center, the doctor or nurse will help you determine this and direct you to the appropriate facility.

Charges

An after-hours charge will be assessed for ill child appointments after 5:00 p.m. (*weekdays*) and on weekends and holidays. Extended phone consultation (*over 5 minutes*) may also be assessed an additional charge. Phone calls after hours which require that a prescription be called in may be assessed a call-in fee.

A non-cancellation fee will be charged for appointments that are not kept, and those not cancelled before 24 hours (*one business day*).

Unscheduled Visits

Please do not expect an unscheduled child to be seen. We will be happy to see siblings together if you will make appointments for all children. This will allow us to best accommodate you and others.

Managed Care

Managed Care is a structured health care financing and delivery system that provides cost effective care through organized relationship with physicians, hospitals and other health providers. The goal of managed care programs is to deliver cost savings over traditional insurance programs along with high quality medical care.

When your child requires emergency care, it is important that you contact the child's primary care physician before seeking care. You also need to make certain that services such as x-ray, laboratory tests, subspecialist care or consultations are provided at a facility that is contracted by your insurance carrier. For a list of participating facilities covered by your managed care plan, see your plan information booklet or policy guide.

If your child has a life threatening illness/accident, call 911. Upon arrival at the hospital, phone our office to inform us of the situation. In some instances you may be required to also contact your insurance company. Please refer to your policy guidelines for specific rules and regulations for maximum benefit coverage.

If you have any general questions regarding managed care, our Office Manager would be glad to assist you. You may contact her Monday through Friday, 9:00 a.m. to 4:00 p.m. at 766-3344.

INTRODUCTION TO NEWBORNS

Infant Feeding

The feeding schedule of infants varies, so allow some flexibility during the first weeks, eventually working toward a flexible 3-4 hour schedule. Your baby should be awakened if he is still sleeping after 4 hours during the daytime in an effort to avoid getting his "days and nights" mixed up. Change him, play with him for a little while until he completely awakens, then offer him his feeding. Smoking at anytime around your child is harmful but especially during his feeding.

Breast Feeding

There are several advantages to breast feeding during the first 3 months:

1. It stimulates the uterus to return more quickly to normal size.
2. The milk is always readily available at a proper temperature with little chance of bacterial contamination.
3. Human milk is less allergenic than formulas prepared from a cow's milk base.
4. Breastfeeding reduces the chance of infection in the first few months.

Breastfeeding should be on demand, although during the first few days after birth, you should breastfeed at least every 2-3 hours. Your milk supply usually increases on day 3 or 4. Breastfed infants should have 3-5 yellow seedy stools each day starting on day 4 or 5. Please call the office if you have concerns about your baby's intake.

Place a finger on each side of the nipple and press slightly so the nipple protrudes. Then guide the nipple into the baby's mouth. Be careful to keep the breast from pressing against the baby's nose and interfering with his breathing. Occasionally you may need to encourage the baby to nurse. To do this, gently stroke his cheek nearest to the breast. He will then turn his head to search for the nipple. The milk flow will be greater if both breasts are well nursed by a hungry infant. You can give a feeding at one breast or, at both, but remember to completely empty one breast before nursing at the second. If your baby has fed at both breasts at a feeding, it is best to begin the next feeding at the breast where the last feeding was completed. The baby will take the greatest portion of his feeding within the first 5 minutes, but it may take him 20 minutes to completely empty the breast. If your baby does not take all the milk in the breast, you may wish to express manually until your baby's demands adjust to your supply of milk.

Breast Milk Storage - Preparation

Refrigerate or freeze expressed breast milk immediately in clean or sterile containers in single-feeding amounts.

Refrigerated breast milk should be used within 48 hours. Frozen milk can be stored for about two weeks in the freezer compartment of a one door refrigerator; six months in the freezer compartment of a two-door refrigerator; and up to one year in the bottom of a deep freeze.

When freezing, allow room in the container for expansion or freeze in clean ice cube trays (*one cube equals about one ounce*) and transfer to a clean container.

Store breast milk in plastic containers rather than glass. Always label milk with the date of expression. To thaw, place the container under cold water then gradually warm the water. You may also heat to body temperature in a pan of warm water. Do not boil breast milk or heat it in a microwave oven. Use frozen milk immediately once it's thawed, and do not refreeze. After a feeding, discard any leftover milk.

Bottle Feeding

Seated comfortably and holding your baby, hold the bottle so that the nipple and neck of the bottle are always filled with formula. This prevents your baby from sucking air which gives him a false sense of fullness and may make him uncomfortable. Your baby has a strong natural desire to suck, and for him, sucking is part of the pleasure of eating. For this reason, babies will keep sucking on nipples even after they are collapsed, so take the nipple out of his mouth occasionally to allow for refilling. This makes it easier for him to suck and also lets him rest. Most babies feed for 15-20 minutes. You will find that sometimes your baby will take all of his bottle, and sometimes he won't. Never prop the bottle so it can easily slip into the wrong position. In addition, the baby needs the security and pleasure provided by holding him at feeding time. As your baby grows and gains weight, he will need more formula. When your baby takes all of his bottle regularly and cries for more, increase the amount in each bottle by 1-2 ounces.

Formulas

Some companies have chosen to advertise formulas directly to the consumer. If you see such advertising, please check with our office before making a change in the formula which you offer your child. Nutrition is so very important to the growing child and we would like to share our experience and knowledge by recommending a formula that will best meet your baby's need.

Burping

Burping your baby helps him to remove swallowed air. All babies, both breast and bottle fed, swallow some air. To burp your infant, hold him upright over your shoulder, face down over your lap, or in a sitting position on your lap with his head supported and gently rub or pat his back. Don't be alarmed if he spits up some milk. It isn't always necessary to interrupt a feeding to burp your baby, but always do so after each feeding. Of course, sometimes he may not burp because he doesn't need to. Don't try to force him.

Fluoride

Children who receive the recommended amount of fluoride have an average of 60% fewer cavities than those children who do not. Most city water is adequately fluoridated. If your water supply is from a well or not supplemented with fluoride please discuss this with the doctor at your next check-up.

Vitamin D Supplementation

If your infant is primarily breastfeeding, the American Academy of Pediatrics recommends supplementing your baby with Vitamin D to prevent an illness called rickets. Your doctor will discuss this with you at the 1 month well child visit. We recommend a vitamin D supplement called Tri-Vi-Sol™ A, D, C at 0.5 ml once daily. It is available at your local grocery store or pharmacy. We recommend supplementing until your child is drinking whole milk at 1 year of age or is on more than 16 ounces of formula daily. If you have any questions, please discuss this with your doctor.

COMFORT

Room Temperature

Try to keep an even, comfortable temperature in the baby's room. On hot days provide ventilation. Air conditioning is not harmful to infants. On cold days, check your baby frequently to see that he is warm and comfortable.

Outdoors

A good rule is to take your baby outdoors whenever the weather is pleasant. Avoid taking your infant out into large crowds or enclosed public spaces until 6-8 weeks of age.

Clothing

Your baby should be dressed according to the weather. Try to keep the infant comfortably cool rather than comfortably warm and dress the baby as you would dress for indoors or outdoors. Wash all new clothing with a mild detergent such as Dreft™ or Ivory Snow™ before putting them on your baby.

Sleeping

Recent research has shown that it is safer to place your sleeping infant on his back. Studies have shown a decrease in the incidence of SIDS (*Sudden Infant Death Syndrome*) when babies routinely sleep on their backs. The mattress should be firm and covered with a waterproof cover, which is then covered by a soft sheet. Do not use a pillow or soft bedding. Some babies sleep a great deal; others require comparatively little sleep. It is not necessary to have the house completely quiet when the baby is sleeping.

Diapers

Disposable diapers are effective in protecting your baby's skin. Ultra absorbent brands are an appropriate choice for night time use. Cloth diapers should be rinsed well. If any rash appears, keep the diaper area open to air as much as possible.

Crying

Most babies are irritable and fussy at some time during the day. This often occurs in the evening before bedtime. If his appetite has been satisfied and his diaper is changed, you may try a pacifier, an infant swing or walking with him. If these do not help, he is probably better off in his own bed during this fussy period. Holding your baby for prolonged periods of time may prevent him from falling asleep.

GENERAL BABY CARE

Bathing

It is good to have a regular time for bathing your baby. The room should be warm and free from drafts. Until the navel and circumcision have healed, wash the baby by sponging him. When healing of both has occurred, you may use a tub or sink.

Face: Wash with warm water.

Eyes: Do not clean unless there is discharge. Then clean by using a soft washcloth or moistened cotton ball and wipe from inside to outside. If discharge is persistent or eyes become red, please let us know.

Nose and Ears: Clean outer areas only with a moist washcloth. Do not attempt to clean the inside of either nose or ears.

Head: Your baby's head should be washed once or twice a week with soap or baby shampoo. Work from front to back to keep soap out of his eyes. Rinse well and pat dry. Do not put oil or baby lotion on baby's head.

Body: Use a mild soap such as Dove or Johnson's Baby Soap and warm water. Be sure to wash in all creases and rinse well. When bathing in a tub, the infant is well lathered before immersion and then rinsed well. Pat dry with a soft towel, taking special care to dry in all creases. Powders, lotions and oils are not usually necessary.

Nails: These should be cut whenever they extend beyond the end of the digits and should be cut square across, never rounded. Many newborns develop small hangnails which need no treatment.

Anus and Genitalia: The direction of wiping and washing girl infants should always be front to back. Soap and water should be used after a bowel movement, otherwise, plain water is sufficient. Although convenient, "baby wipes" can be irritating to your baby's skin, so use them sparingly.

Circumcision

If your infant boy has been circumcised, cover the raw area with Vaseline at each diaper change for 7- 10 days. After healing, pull the foreskin gently to clean at bath time. If your boy has not been circumcised, do not forcibly retract the foreskin for cleaning.

Navel

Keep the navel clean and dry. Apply 70% rubbing alcohol by cotton tipped applicator or cotton ball to the base of the cord 1-2 times daily until the navel is healed and dry. Occasionally, when the cord falls off, there may be a few drops of blood. This is normal.

COMMON PEDIATRIC PROBLEMS

Burns

1. Remove clothing that can be moved easily. Do not remove dry, burned clothing or any clothing that is stuck to the burn.
2. Immerse the burned area in cold water for at least 10 minutes, if possible. If the burned area is extensive, cover it with a clean folded sheet or towel soaked in cold water.
3. Remove any belts or tight bands.
4. If blisters form, do not break them.

As soon as the child is made comfortable, call us to discuss what further treatment is needed.

Chickenpox

Chickenpox is a highly contagious viral disease spread by close contact and respiratory droplet secretions from the nose and mouth. Incubation period (*time lapsing between exposure and presence of first lesions*) is 10 to 21 days, with an average of 15 days. A child is contagious 1 to 2 days prior to the appearance of the rash and until all lesions are crusted (*usually 6 to 10 days*). Infected children must be isolated from susceptible persons until all lesions are crusted.

At first the lesions appear like mosquito bites and rapidly advance to look like a "dewdrop on a rose petal" (*a fluid filled blister upon a red spot*). These break, drain and then form a scab. Lesions usually form on the trunk of the body and spread to the face, scalp, extremities and mucous membranes of the mouth, eye, and genital areas. Children should be encouraged to avoid scratching the lesions. Associated symptoms include: a low grade fever, upper respiratory infection, decreased appetite, and headache. Some children have mild cases with few symptoms, while others have severe cases.

Comfort Measures: Tylenol is helpful for fever and discomfort associated with chickenpox. DO NOT USE ASPIRIN.

Benadryl™ elixir has an antihistamine effect that decreases itching. Check the bottle for dosage or call the office nurse.

Calamine lotion applied to the lesions as needed will decrease itching. Do not use on lesions that occur in the mouth, genital area or near the eye.

Lesions in the mouth may be treated with warm saline rinses or hydrogen peroxide and water rinses in a 1:1 ratio. Try warm saline or hydrogen peroxide compresses on spots in the genital area.

Aveeno™ baths can be very soothing.

Occasionally, lesions will become infected. If so, wash them well and apply Polysporin™ or Bacitracin™ ointment four times a day. Providing a daily bath, daily change of clothes, and having clean, trimmed fingernails will decrease the risk of infection.

Call the office if you note:

1. Suspected infection in more than two of the lesions.
2. Persistent or severe cough.
3. Difficulty breathing or chest pain occurring within 2 to 5 days of appearance of rash.
4. High fever, stiff neck, headache, listlessness or hyperirritability.

Colds

A cold is a viral respiratory infection and is the most common medical problem of childhood. Normal, healthy children will have up to 6 to 8 colds per year; slightly more per year if they are in daycare. A cold typically produces a runny nose, sore throat, mild cough, and mild fever. It will last 7 to 14 days. Especially in an infant, green nasal drainage may be a normal part of a cold. There is no specific treatment for a cold. You may make your child more comfortable by doing the following:

Fluids: Extra fluids are very important. An infant will breastfeed or bottle feed more often, though may eat less at each feeding. If your infant feeds poorly, **Pedialyte™** may be given in addition to regular feedings. An older child should be offered fluids at frequent intervals.

Humidifiers/Vaporizers: Humidifying the air may be helpful in keeping secretions thin. A cool mist vaporizer is preferred. Only water (*No MEDICATIONS*) should be added to the vaporizer or humidifier. The water should be changed and the machine cleaned each day. Holding your child in a steamy bathroom for a few minutes may also be helpful.

Saline Nose Drops: Saline (*salt water*) nose drops help to keep mucus thin and decrease swelling of the lining of the nose. We recommend using prepared products such as Ocean™, Ayr™ or Nasal™. Two or three drops in each nostril before feedings and at bedtime may be helpful for infants. Using a nasal aspirator alone or after placing saline nose drops in each nostril may also help clear the secretions.

Medications: Acetaminophen is used to relieve discomfort and to reduce fever. Most children will drink the needed fluids much easier if they feel more comfortable. Antibiotics are only needed if a secondary infection develops. They do not cure a cold.

Other cold medications may be tried if your child is over one year old; however all of them have side effects, some of which may make your child feel worse! All cold medications may temporarily (*4-6 hours*) relieve symptoms, but will not shorten the course of a cold.

The ingredients in cold medications may include the following either alone or in combination:

ANTIHISTAMINE	Relieves runny nose, sneezing, watery eyes
DECONGESTANT	Relieves stuffy nose
EXPECTORANT	Loosens mucus; makes cough productive
COUGH SUPPRESSANT	Stops Cough

Constipation

If your infant is under two months and is having difficulty stooling with hard or infrequent stools, call the triage nurse for advice. Infants over 2 months of age may be given 2 to 4 teaspoons of prune juice added to 1 to 2 bottles per day. For older infants and toddlers, a diet rich in high fiber foods such as green beans, peas, peaches, pears, apple juice, and bran products will help resolve constipation. Please schedule a visit with the physician if you are having difficulty managing your child's constipation.

Coughs

Coughs may be part of a cold, allergies, croup, pneumonia, asthma, or a variety of other conditions. Children 6-8 months old may cough purposely as an attempt at language!

Treatment varies with the cause, but generally a cool mist humidifier, extra clear liquids, and raising the head of the bed are useful measures. A cough suppressant may be used at night to allow for restful sleep. As with colds, if treatment with these medications makes your child feel worse, it is better to treat with a vaporizer or humidifier and extra fluids. A cough that persists more than 3 weeks should be evaluated by a physician.

Croup

Croup presents with a tight, dry, barking cough and perhaps some noisy breathing. It is a frightening experience that requires calm yet purposeful action.

If this occurs, you should:

- i Stay calm.
- i Take your child to the bathroom and shut the door. Turn on the shower to make steam. Sit with the child and let him breathe in the steam. Alternatively you may take your child outside into the cool night air (*make sure he is wrapped appropriately*).
- i When breathing is easier (*in 20-30 minutes*) you can return to the child's room where a vaporizer should be going.
- i Encourage extra fluids to help keep the throat moist.

If any of the following symptoms develop along with croup symptoms, notify the physician immediately:

- i Rapid onset of severe sore throat associated with breathing difficulties.
- i Fever, usually greater than 102°F.
- i Excessive drooling.
- i Blueness around the lips and face.
- i Pale color.

Do not hesitate to call 911 if you feel your situation is urgent and then contact us.

Diaper Rash

Diaper rash is caused by chemicals in the child's urine or stool that irritate your baby's skin. Keep the diaper area clean and dry by bathing frequently with warm water (*especially if your child is having loose stools*). Pat the skin dry and apply a barrier cream or ointment (*Desitin[®], Aquaphor[®], Triple Paste[®], etc.*). Avoid diaper wipes when your child's skin is irritated.

Diarrhea

Diarrhea is usually associated with a viral illness resulting in an increase in watery stools. The following outlines symptomatic relief by age group:

Infant 0-6 months:

Continue to feed your baby with breast milk or formula, but offer some additional fluid in the form of ***Pedialyte[®]***.

Infant- Toddler 6 - 24 months:

At the first sign of watery, frequent stools, encourage additional clear liquids. An electrolyte solution like ***Pedialyte[®]*** or frozen ***Pedialyte[®] Pops*** help to replenish water, sugar, sodium and potassium. You may make ice cubes or popsicles with the ***Pedialyte[®]***. You may continue a regular diet moderating certain foods like milk and milk products and fatty foods. Encourage chicken/ rice soup and solids such as rice, potatoes, pasta and toast. Avoid apple juice as it can make the diarrhea worse. You may resume a full regular diet when the stool volume is decreasing.

Child - Adolescent:

Place your child on a relatively bland diet and encourage fluids. If diarrhea is mild to moderate, ***Pedialyte[®]*** may be mixed with equal parts of another clear liquid. If diarrhea is severe or persistent, associated with abdominal pain or if stools are bloody, call the office for an appointment.

Earache

Ear pain may be due to an outer ear infection, (*"swimmer's ear"*), a middle ear infection, Eustachian tube dysfunction, a sore throat or trauma to the ear. Ear pain from a middle ear infection is usually described as severe and stabbing and accompanied by a feeling of fullness in the ear. It occurs commonly in childhood and often develops while the child has cold symptoms.

To provide some relief from pain, give acetaminophen or ibuprofen. A warm hot water bottle may provide some comfort. If there is persistent pain, an associated high temperature, or drainage from the ear, please call to schedule an appointment.

Fever

Fever is the body's response to infection. Most fever illnesses in children are caused by viruses and can be managed at home. The fever itself does not harm your child, but it may make him feel uncomfortable. You may give your child medications to reduce his temperature if he is uncomfortable. Acetaminophen (*Tylenol[®]*) can be given to children over 2 months of age and Ibuprofen may be used in children over 6 months of age. Both medications are safe and effective in appropriate doses. Aspirin should not be used in children. Refer to the charts on page 17 for the appropriate dose of fever-reducing medicine for your child.

Call the office during regular office hours if your child:

- i has a fever that persists for 72 hours or more.
- i continues to look ill after the temperature goes down
- i has a specific complaint of pain (*sore throat, ear pain, chest pain*)
- i has a fever with a bad cough
- i has an illness that concerns you and you would like him to be examined

Please call the office immediately if you child has a fever and:

- i is an infant less than 2 months of age with a rectal temperature > 100.4^o
- i looks very ill, is unusually drowsy or is very fussy
- i has a stiff neck, severe headache or extensive unexplained rash
- i has a severe headache and persistent vomiting
- i has had a seizure

Acetaminophen Dosage

Weight	Drops	Elixir	Chewable Tablets	Tylenol Junior
	80mg/0.8ml	160mg/tsp	80mg/tabs	160mg/tabs
6-11 lbs.	0.4	° tsp.		
12-17 lbs.	0.8 ml	Ω tsp.		
18-23 lbs.	1.2 ml	æ tsp.	1Ω tablets	
24-35 lbs.	1.6 ml	1 tsp.	2 tablets	
36-47 lbs.		1Ω tsp.	3 tablets	
48-59 lbs.		2 tsp.	4 tablets	2 tablets
60-71 lbs.		2Ω tsp.	5 tablets	2Ω tablets
72-95 lbs.		3 tsp.	6 tablets	3 tablets

Acetaminophen may be used every 4 - 6 hours as needed.

Because of the association of aspirin use, Reye's syndrome and viral illness, we recommend that medication for any fever be initiated with an acetaminophen product. If acetaminophen is ineffective for pain relief or discomfort, ibuprofen is a good alternative. Motrin[®], Advil[®] or other medications containing ibuprofen at the listed concentration may be used every 6-8 hours according to the following schedule:

Ibuprofen Dosage

Weight	Dose Drops	Infant	Suspension	Chewable Tablets	Junior Strength
Pounds	mg	50mg/1.25ml	100mg/5ml	50mg/tab	100mg/tab
12-17	50	1.25 ml			
18-23	75	1.87 ml			
24-35	100	2.5 ml	1 tsp	2 tablets	
36-47	150	3.75 ml	1Ω tsp	3 tablets	
48-59	200	5.0 ml	2 tsp	4 tablets	2 tablets
60-71	250		2 Ω tsp	5 tablets	2 Ω tablets
72-95	300		3 tsp	6 tablets	3 tablets

Sponging: Sponging may help bring down fever and may be used at any age in conjunction with medication. To sponge bathe your child, place him on a towel in a tub filled to a depth of 1-2 inches with tepid water, and wipe him with a moistened washcloth for 10-15 minutes, pat dry, and recheck temperature. Do not use alcohol or ice water for sponging. If your child begins to shiver while sponging, stop bathing as this may cause the temperature to increase.

Head Injury

If your child hits his head, you should be alert to the following:

Watch how your child is acting for the next 24 hours. Keep a constant eye on your child when he is awake. If your child is sleeping, wake him every 3 hours. Your child should wake up easily. Make sure your child is talking and moving his arms and legs normally. Ask older children to name well-known people or toys. Your child should be able to stay awake for a few minutes. Symptoms from a head injury may develop several hours after the injury. Please call us immediately if your child:

- i Is less than 6 months of age
- i Will not wake up or is more sleepy than usual.
- i Vomits more than two times.
- i Has a headache, which gets worse or lasts more than a day.
- i Has a seizure.
- i Has neck pain.
- i Bleeds from his ear or has a nosebleed.
- i Has any trouble with vision, hearing, or speaking.
- i Has any trouble walking or has weakness of an arm or leg.
- i Has any unusual behavior, such as crying for longer than usual, acting confused, or being dizzy.

Nosebleeds

Nosebleeds are very common throughout childhood. They are usually caused by dryness of the nasal lining or by the normal rubbing and picking that children do when the nose becomes blocked.

Have your child sit up and lean forward so he does not have to swallow the blood. Tightly pinch the soft parts of the nose against the center wall for 10 minutes. Don't release the pressure until 10 minutes are up! If the nose continues to bleed, apply a piece of gauze covered with Vaseline[®] and squeeze again for 10 minutes. Leave the gauze in place for another 10 minutes before removing it. If bleeding persists, call our office, but continue the pressure in the meantime.

Vomiting

Most vomiting is caused by a viral infection of the intestinal tract or by eating something that irritates the stomach lining. Vomiting usually stops in 12 to 24 hours and diarrhea often accompanies or follows vomiting. Temporarily changing your child's diet generally speeds recovery.

For bottle-fed infants (*under 1 year of age*), do not offer any solids or fluids for 1-2 hours, then offer **Pedialyte**[®]. Start with Ω ounce to 1 ounce every 30 minutes. Gradually increase the amount offered and resume formula when **Pedialyte**[®] is tolerated several times in ad lib volumes.

For breast-fed infants, continue to nurse, but provide breast milk in smaller than usual amounts. If your baby has vomited twice, continue breastfeeding but nurse on only one side each time for 5-10 minutes. After your baby has gone for 8 hours without

vomiting return to nursing on both sides. If vomiting continues despite restriction in nursing time, offer **Pedialyte**[®] 1 ounce to 1 ounce every 30 minutes. Gradually increase the amount offered and then resume breastfeeding slowly.

For children 1 year and older, offer **Pedialyte**[®] alone, or clear fluids mixed with **Pedialyte**[®] (1-1 ounce every 30 minutes). Very gradually increase the amount offered. When the vomiting has stopped, add dry bland foods such as saltines, Cheerios[®], or dry toast. You may advance the diet as tolerated.

Discontinue all nonessential medicines for eight hours. Oral medicines can irritate the stomach and make vomiting worse. If your child has a fever, use acetaminophen suppositories, which are available without a prescription.

Call the office for an appointment if your young infant vomits more than two feedings, if your child's vomiting persists for more than six hours, or if persistent vomiting occurs with fever over 103°F. Call if there is significant abdominal pain or bile-stained vomitus.

DEVELOPMENT, NUTRITION and SAFETY

0 to 2 Months

Development

By this time, you have learned that your baby has a few simple needs. He needs to feel comfortable and secure. You recognize the special quality of his cry that means hunger. You know also that he needs to be cuddled and loved. There is no such thing as spoiling a baby at this age. His nervous system is too immature to be disciplined and attempts to force him into a program of rigid rules will be met by frustration and turmoil for the entire household.

Babies from birth to one month like to suck: they also like to be held and rocked gently, and to listen to soft repeated sounds. By one month they can establish eye contact, respond to sounds and are soothed by the human voice. They like to look at geometric patterns (*especially black and white designs*) and at the human face.

Nutrition

Breastfed babies should be fed on demand. Bottles can be given cold directly from the refrigerator; however, most babies seem to prefer the bottle warmed slightly. This can be done in a pan of warm water or a bottle warmer. Make certain that the nipple hole is not too large; the milk should drip slowly when the bottle is inverted. If the holes are too large, discard the nipple.

General

If you feel comfortable, allow yourself to be away from your baby for at least one 2-4 hour period a week. Relaxation is an important part of health, and you may find renewed strength to care for your infant if you get this periodic break.

Safety

Your baby needs to be in a car seat every time he is in a moving vehicle. The car seat should be rear-facing in the back seat. If you have a passenger side airbag, NEVER place your infant in the front seat.

To diminish the risk of SIDS (*Sudden Infant Death Syndrome*):

- i Place your infant on his back during sleep for the first six months.
- i Do not overbundle your baby.
- i DO NOT ALLOW ANY SMOKING in the home.
- i Use a firm mattress with minimal bedding.

Avoid undue exposure to illness. Infants with fever over 100.4^o F need to be checked by the doctor.

2 to 4 months

Development

Babies from 2-4 months of age show an increased interest in their surroundings. They are alert now for longer periods and may begin to sleep through the night. They turn in the direction of sound and by 3-4 months are smiling and beginning to coo. Voluntary movements increase and objects are brought to the mouth. Motor skills also improve; by 3 months the infant can hold his head up well. By 4 months infants are more playful. They like to kick, watch bright objects, and have great interest in initiating speech sounds.

Nutrition

Your baby may begin to regulate his feeding and sleeping times, but there will still be some days when he seems to be off-schedule. Middle of-the-night feedings are given only on demand. Some babies may continue to need an extra feeding during evening hours; most will have a long period of sleep at night. Once a baby sleeps consistently through the night, he doesn't need to be fed if he starts waking again. Check on him, pat him, and say good-night.

Safety

Continue to keep your baby in a rear-facing carseat until he is at least one year old AND weighs 20 pounds. Infant walkers can cause severe injuries; we strongly recommend not using them! Your baby will grab and hold onto objects; never eat, drink or carry anything hot near your baby while you are holding him. Falls may occur due to your infant's increased ability to wiggle and roll over. Do not leave your infant alone on changing tables, beds, sofas, etc., even for a short time.

4 to 6 Months

Development

Babies at this age are gaining more control over trunk muscles and may roll over and sit propped for short periods. They like to look in mirrors, "talk" to you, and reach and feel objects. Sleep patterns are often improved and babies are usually less fussy in the evenings.

Nutrition

Your baby's nutrition primarily comes from breast milk or iron-fortified formula. Toward the end of this period, your baby may be developmentally ready to eat from a spoon. When a child consistently takes greater than 32 to 40 ounces per day, wakes at night, or can no longer wait 3 to 4 hours between feedings, iron-fortified rice cereal may be introduced. The pre-cooked infant cereals are easily prepared by the addition of warm water, formula or breastmilk. The feeding should be offered from a shallow, round spoon. After rice cereal is tolerated, oatmeal or barley cereal may be introduced. If your child is content with his current schedule, you may wait until 6 months of age to introduce cereal or other solids.

General

Babies begin to teethe at this age. They first start by drooling and then begin to bite and chew on everything. The first tooth may erupt at about 6 months, but it can take as long as 12 to 15 months. Some people associate congestion, changes in personality, eating or stool habits, diaper rash or low-grade fever with teething. These are all common changes in babies at this age and are difficult to attribute to the teething process itself. For treatment of teething discomfort, allow your baby to chew on teething toys and rub their gums with your clean fingers. An occasional dose of acetaminophen may be given if teething pain is severe.

Babies at this age only need socks or booties to cover their feet. Shoes are not needed until they begin walking.

6 to 9 Months

Development

Babies begin to sit alone and show movements such as twisting, crouching, and rocking on all fours that will lead to crawling. Some babies creep and others crawl well in this time period. They grasp objects actively and transfer objects from hand to hand. The pincer grasp becomes more refined and self-feeding and drinking from a cup may begin. Language continues to develop with simple words such as "MaMa" and "DaDa" and shouting to get attention. They like to imitate movements, look for objects, and bang blocks together. Many will show more awareness and fear of strangers.

Nutrition

Breast milk or formula is still the primary calorie source, but your baby should now be introduced to cereal, vegetables, and fruit. Introduce one new food at a time, trying it for 2 to 3 days and checking for reactions like stomachache, diarrhea or skin rashes. You may begin by introducing 1 to 2 tablespoons of each new food and

increasing the amount slowly until your child takes \circ to Ω cup of that food at a serving. The best first food is iron-fortified infant rice cereal. It provides appropriate nutrients and is the least likely of the grains to cause any reaction. You may use prepared fruits and vegetables, or prepare your own in a blender or food grinder. Home-prepared foods can be frozen in ice cube trays or plastic bags. Limit seasonings in the foods you prepare.

1. **Cereal** (*rice, oats, barley*): make cereal with breast milk, formula or water. You may find that children vary in the consistency of cereal they desire.
2. **Vegetable** (*yellow and green*): children often accept the yellow vegetables (*squash, carrots, sweet potatoes*) more readily than the green (*peas, beans, broccoli, spinach*). The green vegetables may cause soft stools. Avoid mixed vegetable dinners at this time. Be sure to include two vegetable servings each day, including 1 green vegetable.
3. **Fruits** (*pears, applesauce, bananas, peaches, etc.*): avoid citrus fruits and fruit desserts.

Babies at this age may still take 20 to 24 ounces of formula per day or nurse 3 to 5 times per day. Offer formula and water in a cup. Avoid using the bottle to comfort your infant, and never allow him to take his bottle without being held by a caretaker. Babies should not be changed to cow's milk at this age. Cow's milk does not provide adequate iron, vitamins, or minerals for growing babies.

Sample Menu

- Breakfast: Cereal (\circ - Ω c.), fruit (\circ -1 jar)
Lunch: Vegetable (\circ -1 jar), fruit
Dinner: Cereal and vegetable or fruit and vegetable

General

Nasal congestion is very common now with simple viral upper respiratory infections being the most common cause. Elevating the head of the crib 10 to 15 degrees, and using a cool mist vaporizer, or saline nose drops can be helpful.

Accident Prevention

Start baby proofing your home. Lock your cabinets. Place all medicines, oils, detergents, polishes, etc., under lock and key. Insert plug covers into electrical outlets. Do not drink coffee, tea, or hot soup with your baby on your lap. It's a good idea not to use tablecloths as babies can grab these easily. Don't set the table until you are ready to sit down. When cooking, use the back burners on the stove, turning pot handles in and toward the back. Watch for pins, needles, and other small objects that could easily fall on the floor. Remember that babies this age put everything in their mouths. A car seat is mandatory and safest in the center of the back seat. The car seat should be rear-facing until the infant is over 1 year of age and over 20 pounds.

9 to 12 Months

Development

By now, most infants crawl well, can get into a sitting position, and begin to pull to stand. They enjoy exploring and looking for hidden objects, so be sure not to leave dangerous objects lying around. They like to play pat-a-cake and also enjoy nesting toys. Many will show more awareness and fear of strangers.

Babies 10 to 12 months may begin to walk holding on to furniture. Those that can stand alone may also be able to squat to pick up objects. First steps are often around the first birthday. Language becomes more expressive with some understandable words amid the babble. Some infants insist on feeding themselves either with hands or occasionally a spoon. Play becomes more imitative.

Remember that all babies develop at different rates. Try not to compare one child to another. However, if you have concerns about development, please discuss them with your pediatrician at your well child visit.

Infants who usually sleep through the night may begin waking again. They respond best to reassurance, a pat on the back, and consistent guidance that night-time is sleep-time.

Nutrition

To this point your infant's diet has consisted of breastmilk or formula, cereals, vegetables, and fruits. You may now add to his diet: meat, yogurt, cheese, bread, crackers, Cheerios, and soft finger foods. Regarding meat, you may start with a prepared baby food meat, or you may prepare your own. If you choose to prepare your own, use blenders, or food mixed with milk or a mild sauce. Baby food grinders, blenders, or food mills may assist you in your efforts. If your child has a milk sensitivity, wait to introduce yogurt and cheese until your child is 12 months old. Avoid added salt or sugar.

As more solids are introduced, infants decrease their milk intake to 16 to 24 ounces per day. Breastfed infants nurse less often or reduce the amount they take per feeding as intake of solids increases. Continue to offer liquids from a cup. Breastmilk or iron fortified formula is recommended through the first year to prevent iron deficiency-anemia.

At around 10 months of age, you may progress from foods with smooth textures, to foods with lumpy textures, to soft unmodified table foods. Many parents are hesitant to introduce table foods because their child has only a few teeth. Be reassured that the gums do a remarkable job of "chewing" food, however it is important for all parents to keep in mind the risk of food aspiration. Aspiration occurs when food enters the lungs rather than the stomach. We do encourage waiting until your child is 12 months old to introduce citrus foods and eggs. Due to their potential for allergic reactions shellfish and peanut butter should not be given until age 2.

Some infants lose interest in their bottles, making the transition to the cup much easier. Plan to wean your child from the bottle by 12 - 15 months to avoid unnecessary tooth decay and improve nutrition.

Safety

To prevent aspiration of food, avoid those foods known to be choking hazards: whole grapes, raw vegetables, nuts, popcorn, and hot dogs with skins. If your child should begin to choke on a piece of food, attempt to stay calm and allow him to cough. In most instances, your child's coughing will expel the troublesome food. To decrease the risk of choking and to set a good pattern for meals later, remember all meals and snacks should be served with the infant seated securely at a table.

General

Upper respiratory infections continue to be very common. Over the next 12 to 18 months, your child may experience 6 to 10 viral illnesses with fever. These infections with fever may last 3 to 5 days with continued congestion up to 2 weeks. Acetaminophen may be given as needed to keep your infant comfortable. Extra fluids are always helpful.

12 to 15 Months

Development

Many babies take their first steps around their first birthday. They may start to climb, undress themselves, and insist on complete self-feeding. The one year old is a very social being who enjoys jabbering, stacking blocks, and throwing balls.

Nutrition

When your infant is 12 months of age, whole milk rather than formula is introduced as the primary source of milk. Other milk products, such as yogurt, cheese, and cottage cheese may also be given. Whole milk should always be taken from a cup, not a bottle, and should be limited to 16 to 20 ounces per day. If your infant is bottle fed, he should be weaned from the bottle by 12 to 13 months of age, no later than 15 months.

Most infants are eating a combination of baby foods and table foods at this age. Your child should be sitting in his high chair for all meals, and will enjoy feeding himself with his fingers or occasionally a spoon or fork. Offer your infant a varied diet including cereal, fruits, vegetables and meats. Your growing child should eat three meals a day, with snacks offered at regular intervals between meals. Snacks should not just be "fillers", but should contain nutrition to complement your meal plan for the day. An example might be: fruit (*carbohydrate*) served with cheese, cottage cheese, yogurt or milk (*proteins and fat*). Some guidelines for daily intake are listed below. Do not allow your child to develop the "sippie cup" habit. All eating and drinking should be done at the table, and your child should not have continued access to milk or juice from a sippie cup or bottle.

Recommended Food Intake

12 to 15 Months old

Food Group	Daily Servings and Serving Size
Milk/milk products	4-5 servings, fluid servings each 4 oz.
Fruits	2-3 servings, each 1-2 Tbsp.
Vegetables	2-3 servings, each 1-2 Tbsp.
Bread and Cereals	4 servings
Meat, Poultry, Fish, Eggs	2 servings, each about 2oz.

15 to 18 Months

Development

Motor skills continue to develop and your toddler should be walking well. As activity increases, so does the chance for falls and injuries. The development of language skills is quite variable and most of your child's speech will be "toddler talk" at this age. However, recognizable words should be part of the toddler's vocabulary with an average of four to six words by age 15 months. If you have any concerns about your child's hearing or language development, be sure to mention this to the doctor at your well child visit.

Nutrition

Your toddler should be completely weaned from the bottle by 15 months. Continued bottle-feeding after this age leads to poor nutrition, iron deficiency and tooth decay. As toddlers become more independent and less cooperative, their eating habits may change and they may begin to refuse foods previously taken well. Continue to offer your toddler a well-balanced and varied diet but never force him to eat. Avoid foods with high fat and high sugar content and avoid all "junk foods". Don't allow your youngster to snack on food or juice for 2 hours before mealtime.

Toddlers should be offered three meals and two to three HEALTHY snacks during the day. Your child should be sitting in the high chair for all meals and snacks, and should not be allowed to carry a sippie-cup around with him during the day. Whole milk is recommended until your child is 24 months of age and should be limited to 12-16 ounces per day. Many children today consume excessive amounts of fruit juice, which may lead to poor appetite, tooth decay and diarrhea. Limit fruit juice intake to 4-6 ounces per day and offer water if your child is thirsty between meals.

Continue to limit foods that are potential choking hazards: hard fruits and vegetables, nuts, popcorn, hot dog chunks, grapes, etc. Cut foods into bite-size pieces that won't block the airway if your baby begins to choke.

Recommended Food Intake

15 -18 Month Olds

Food group	Daily Servings and Servings Size
Milk (<i>Whole milk and milk products</i>)	3-4 servings; fluid servings each 4 oz.
Fruit	2-3 servings, each 1-2 Tbsp. or ° piece of fruit
Vegetables	2-3 servings
Breads and Cereals	4 servings, each about °-1/3 adult serving size
Meats, Poultry, Fish, Eggs and Beans	2 servings, each about Ω oz.

18 to 24 Months

Development

The 18 month old is characterized by limitless physical energy! He is becoming more independent and may at times be demanding and oppositional. Language skills should be maturing rapidly at this age, with the toddler imitating often and learning new words almost daily. He may understand many words, but his comprehension is still limited, so keep this in mind as you discipline him. Remember that discipline is "teaching" and is an important part of healthy child development. Develop a firm, consistent, yet loving discipline plan to deal with unacceptable behavior promptly. Temper tantrums reflect your toddler's frustration and should be ignored unless they are occurring frequently. Frequent tantrums call for a review of the daily environment and a plan to cut down on the number of your child's frustrating experiences. For the most part, toddlers are delightful, inquisitive, sensitive little people, and should be enjoyed to the fullest!

Nutrition

Your toddler may begin to develop very sporadic eating habits. The appetite will fluctuate from meal to meal and day to day. Whereas your child gained 15 or more pounds at the first year and a half of life, he will only gain about 4 to 5 pounds per year from 18 months until 5 years of age. Because he is not gaining weight as fast, he needs fewer calories and may seem to have a poor appetite. Never force your child to eat; trust his appetite center! Offer your child three meals a day and two or three small healthy snacks between meals. Limit the amount of juice your child drinks to 6 ounces each day and avoid snacking for two hours before mealtime. Your child needs foods from all the food groups for adequate nutrition. Exclude empty calories such as chips, cookies, sweets, and "junk foods" from the diet.

Avoid catering to your child's demands. Prepare a nutritious meal and offer it to your toddler. If he refuses it, deny the temptation to substitute his favorite food. Scheduled snack time will soon come, and at that point, you may offer your toddler a choice of food. In this way, your toddler will learn that he is to eat what is offered at meals.

If your toddler has been playing hard just prior to mealtime, take time to calm him by playing a quiet game or reading a book. Five minutes spent in this way may lead to an improved appetite. Provide silverware, but do not insist that it be used. Fingers are often the utensil of choice even at this age. When your toddler begins to play with his food, it is time for him to get down from the table.

Toilet Training

Before a child is ready for toilet training, he should understand the difference between wet and dry, and the discomfort of wet and dirty pants. Some children are ready at this age while others do better between the ages of two and three.

24 to 36 Months

Development

Children at this age are old enough to get around and get into trouble! Short sentences are common and they are able to understand questions, conversation, and commands. Although your child is developing independence, he still needs security and consistent discipline.

Nutrition

Poor eating habits characterize the child in this third year. He may eat only one good meal a day or only eat well 1 day out of 2 or 3 days. Your child is apt to be very finicky now. Preferences may be related to taste, form, consistency or color. Small helpings are best. Ritual is often important with not only repetition of foods, but also dishes and arrangement on the plate. Pouring his own milk or juice from a small pitcher may motivate his drinking. Spilling is still very common.

Accident Prevention

Your 2 year old will learn quickly how to use chairs, boxes, or stools to climb onto anything. Therefore keep all medications and cleaning supplies locked and keep an attentive eye on him at all times.

Toilet Training

When your child appears to understand the difference between "wet" and "dry", he may be ready to learn about appropriate use of the toilet. This must be done without pain or punishment. Have your child sit on his "potty seat" at regular intervals. These times should be coordinated with times the child usually urinates or has a bowel movement. Reward him with affection and interest when he is successful.

Reading to your child for a short time (*5-10 minutes*) may hold his attention but never force him to sit on the toilet. Children at this age have better control and are often able to verbalize their toileting needs. Night and naptime bladder control usually occurs many months after daytime control. Be patient. Children who are trained under pressure have a greater chance of having problems with bowel or bladder control later in life.

Three Year Olds

Development

A three year old can pedal a tricycle and alternate feet going upstairs. He can feed himself with less spilling. The 3 year old loves to perform. His vocabulary and ability to use language has increased tremendously. He is able to socialize more and is starting to play with other children. Some children give up their nap by this age.

Nutrition

Appetite fluctuations continue and eating habits may be sporadic. Dawdling over meals is common when he has an audience. Offer nutritious meals and snacks and avoid junk food.

Toilet Training

Children have few accidents by age three and some are able to stay dry at night, although night-time wetting may continue through age six. If your three year old is having difficulty with toilet training, please discuss this with the doctor at your child's routine health visit or schedule a consultation.

INJURY PREVENTION

Auto Child Restraints

All children under 40 pounds (*any age*) and all children under 4 years of age must be restrained in a "federally approved" child restraint seat. A list of these may be found at our office or with the Ohio Department of Highway Safety 1-800-424-9393 or at www.aap.org. Children are safest riding in the back seat until they are 12 years of age. They are safest in a booster seat until 80 lbs and 8 years old.

Protective Head Gear

All infants and young children riding as a passenger on a bike should be wearing a safety helmet and be restrained in a proper seat. All children riding a bike should wear a safety helmet at all times. Helmets can prevent serious head injuries. Some cities and states have passed legislation mandating helmet use. We also encourage proper head and other protective gear for high risk sports, such as hockey, skateboarding and roller blading.

Firearms

Nearly 5000 children die each year from firearms, one-third to one-half of these unintentionally! Societal factors - including media portrayals - foster dangerous gun use patterns by children and adolescents. We must reduce the accessibility of handguns in the environment in which our children live and play. Please discuss this as a family. If you do own guns, we strongly recommend that the gun and ammunition be locked up separately at all times.

Fires

All homes should have smoke detectors and fire extinguishers. Alarm systems are an excellent way to identify fires at their inception. Please discuss fire safety and prevention with your family and institute home fire drills at age-appropriate times.

Drowning

Children should be taught at a young age to respect water. Proper flotation gear should be used with young children at all times. A flotation device is not a substitute for needed parental supervision. Children of all ages should use life vests when boating. Home swimming pools should be properly fenced and adult supervision provided at all times.

Falls

Infants should never be left unattended on counters, tables or dressing tables. Crawlers and toddlers should not have access to stairs without an adult present. Walkers should not be used. Windows and doors should be secured.

Poisonings

All medicine, cleaning supplies, chemicals of any kind should be secured from curious children. In case of poisonings, please contact the Poison Control Center at Children's Hospital at 1-800-222-1222 to receive instructions. If action was taken, please notify our office in a timely fashion.

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DOB: _____

DTaP (Diphtheria, Pertussis, Tetanus)

Primary _____

Primary _____

Primary _____

Booster _____

Booster _____

Polio Vaccine

Primary _____

Primary _____

Booster _____

Booster _____

HIB (Haemophilus Influenza)

Primary _____

Primary _____

Booster _____

Booster _____

Hepatitis B

Primary _____

Primary _____

Primary _____

Hepatitis A

Primary _____

Primary _____

Pneumococcal Vaccine

Primary _____

Primary _____

Primary _____

Booster _____

Chart #: _____

Rotavirus Vaccine

Primary _____

Primary _____

Primary _____

MMR

First _____

Second _____

Varicella (Chickenpox)

First _____

Second _____

Tdap (Tetanus, Diphtheria, Pertussis)

HPV Vaccine

Primary _____

Primary _____

Primary _____

Meningococcal

Other

DOB: _____

DTaP (Diphtheria, Pertussis, Tetanus)

Primary _____

Primary _____

Primary _____

Booster _____

Booster _____

Polio Vaccine

Primary _____

Primary _____

Booster _____

Booster _____

HIB (Haemophilus Influenza)

Primary _____

Primary _____

Booster _____

Booster _____

Hepatitis B

Primary _____

Primary _____

Primary _____

Hepatitis A

Primary _____

Primary _____

Pneumococcal Vaccine

Primary _____

Primary _____

Primary _____

Booster _____

Chart #: _____

Rotavirus Vaccine

Primary _____

Primary _____

Primary _____

MMR

First _____

Second _____

Varicella (Chickenpox)

First _____

Second _____

Tdap (Tetanus, Diphtheria, Pertussis)

HPV Vaccine

Primary _____

Primary _____

Primary _____

Meningococcal

Other

DOB: _____

DTaP (Diphtheria, Pertussis, Tetanus)

Primary _____

Primary _____

Primary _____

Booster _____

Booster _____

Polio Vaccine

Primary _____

Primary _____

Booster _____

Booster _____

HIB (Haemophilus Influenza)

Primary _____

Primary _____

Booster _____

Booster _____

Hepatitis B

Primary _____

Primary _____

Primary _____

Hepatitis A

Primary _____

Primary _____

Pneumococcal Vaccine

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Primary _____

Primary _____

Booster _____

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Rotavirus Vaccine

Primary _____

Primary _____

Primary _____

MMR

First _____

Second _____

Varicella (Chickenpox)

First _____

Second _____

Tdap (Tetanus, Diphtheria, Pertussis)

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Primary _____

Primary _____

Primary _____

Meningococcal

Other

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Booster _____

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Booster _____

Hepatitis B

Primary _____

Primary _____

Primary _____

Hepatitis A

Primary _____

Primary _____

Pneumococcal Vaccine

Primary _____

Primary _____

Primary _____

Booster _____

Chart #: _____

Rotavirus Vaccine

Primary _____

Primary _____

Primary _____

MMR

First _____

Second _____

Varicella (Chickenpox)

First _____

Second _____

Tdap (Tetanus, Diphtheria, Pertussis)

HPV Vaccine

Primary _____

Primary _____

Primary _____

Meningococcal

Other

GUIDELINES FOR CALLING THE OFFICE

Checklist for Calling the Office

- Fever which rises or returns after the third full day.
- Unusual physical behavior
(Does he appear sick?)
- Cold associated with earache, hoarseness of voice, shortness of breath.
- Stomachache with persistent vomiting and/or diarrhea.
- Severe persistent headache.
- Sprain or strain with swelling.
- Head injuries.
- Swallowed something thought to be poisonous or injurious.
- Deep cuts that might need stitches.
- Broken bones.
- Know the name, address, hours and telephone number of your pharmacy.

In The Case of Swallowing Poison

Call Children's Hospital Poison Control Center 1-800-222-1222 IMMEDIATELY.

Be Prepared Before Calling the Office

- Take child's temperature
- Know specific symptoms.

Examples are:

- Onset of illness
- Fever and duration
- Runny nose
- Headache
- Nasal Congestion
- Cough
- Earache
- Sore throat
- Abdominal or other pain
- Swollen glands
- Rash
- Sore eyes
- Vomiting
- Diarrhea
- Constipation
- Changes in urination
- Changes in sleep pattern

When Calling

State your name and your child's name and age.

State your child's chart number.

State reason for calling: This is an emergency (leg broken, deep cut, swallowed poison).

My child has the following symptoms (list them). I would like to see the doctor as soon as possible.

I would like to make an appointment for a physical examination for my child.

I would like to make a Special appointment for my child i.e. school/behavior, etc.

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