



## COPC Pediatric Practices

Associated Pediatrics  
Building Blocks Pediatrics  
Family Medicine & Pediatrics  
at Winchester Square  
Marysville Primary Care  
Ohio Center for Pediatrics  
Pediatric and Adolescent  
Practitioners  
Pediatric Support Center

Powell Pediatric Care  
Professional Pediatrics  
Providers Physicians East  
Riverside Pediatrics  
Small World Pediatrics  
Step by Step Pediatrics  
Westerville Medical Associates  
Worthington Pediatrics

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## WELCOME TO CENTRAL OHIO PRIMARY CARE

Each COPC pediatric practice is a part of Central Ohio Primary Care, Inc. (COPC), an organization of pediatricians, internists, endocrinologists, and family doctors who have joined together to centralize billing and negotiate with insurance companies. COPC helps us with administrative responsibilities, allowing us to dedicate our attention to caring for our patients. With strength in numbers, we have a greater leverage with insurance companies, increasing the likelihood that they will cover appropriate services. We are confident that COPC allows us to provide excellent care for our patients while spending less time with administrative issues.

At COPC, we are committed to providing you and your children with top quality pediatric care. We believe that the care of your child is a partnership built upon our knowledge of pediatrics and your commitment to your child's well being. We strive to remain current with advances in pediatric medicine and consider educating our families a top priority. We look forward to the opportunity to develop long-lasting relationships with our patients and their families.

The pediatricians at COPC have crested "A Guide to your Child's Health" as a resource for families. Included in the book is information regarding general infant and child care, child development, and common childhood illnesses. The intention of this book is not to be a complete reference manual, but rather to answer questions commonly asked by parents. We encourage you to use this information to initiate care of common illnesses at home, but if you have additional questions, always feel free to call the office.



## **Pediatric Support Centers**

*Evening and weekend same-day ill visits*

540 N. Cleveland Ave. Suite 250  
Westerville, OH 43082

&

4895 Olentangy River Road, Suite 150  
Columbus, Ohio 43214  
614-891-4705

**Central Ohio Primary Care Physicians (COPC)** is an independently-owned physician group with over 300 doctors in Columbus and surrounding areas. Our Pediatric and Family Medicine Partners are committed to the health and well-being of more than 70,000 area children. The Pediatric Support Center provides urgent care for all COPC pediatric patients during the evening and weekends hours when primary care offices may be closed. The center is staffed by trusted COPC Pediatricians and serves families to help avoid expensive, unnecessary and sometimes frightening visits to an emergency room or urgent care. You can make an after-hours appointment (evenings and weekends) at the Pediatric Support Center by calling your primary care physicians office. If their office is closed, your call will be redirected to the center to schedule an appointment or to speak to a nurse for advice. The physicians from the Pediatric Support Center also assist with newborn care at area hospitals.

Please remember that the center is not intended for life-threatening emergencies. The physicians at the center see conditions similar to those seen in your primary care physician's office such as fever, ear pain, vomiting, diarrhea, sore throat, asthma, rashes and minor injuries. A visit to the center requires the same co-pay and is billed at the same rate as a regular visit to your primary care doctor's office. This is a great savings when compared to charges you would expect from a visit to an urgent care facility or an emergency room.

To learn more about COPC please visit [www.copcp.com/psc](http://www.copcp.com/psc)  
& follow us on Facebook!

## **WELCOME TO PARENTHOOD**



The following information has been prepared to assist you in caring for your newborn and young child. The doctors have summarized the most common nutritional, developmental and safety information questions asked by parents at well child visits. The newborn section is the most detailed because, understandably, that is the age for which parents tend to have the most questions. Newborns can be overwhelming, but remember, they really just need your love and careful attention. Well-intended advice is often offered to new parents by family, friends and the media. While it may be helpful, it can often be inaccurate or not the best advice for your baby. We hope that you will use this booklet to guide your efforts to provide the best care for your child, and direct additional questions to the pediatricians when the need arises. We have additional, more detailed information at our office that you may also find helpful. We wish our families the best experience possible with their new adventure in parenting.

# GENERAL CARE OF YOUR NEWBORN

## Hospital Stay

You will gain your first experience with your newborn in the birth hospital. We encourage you to stay as long as you are allowed to maximize rest and recuperation. Keeping your newborn close by (in the room) is helpful in gaining knowledge about your baby's care and needs from the experienced hospital staff.

## Once at Home

Once home, continue to rest and recuperate. Use the pain medication offered to you by your obstetrician and continue your prenatal vitamins if you are breastfeeding. Visitors are okay from the beginning, as long as they do not have any ill symptoms. Your newborn will not need bathing, temperature measurements or any medical care prior to your first office visits, unless his/her condition changes. We would like to see your newborn in the office shortly after discharge, within 5 to 7 days. If you have any concerns or questions prior to the first appointment, do not hesitate to call. The following information is intended to address many common questions asked by new parents.

### *Call our office immediately if you notice any of these:*

- fever over 100.4 rectal measurement in the first 12 weeks
- absence of wet diapers for 24 hours
- increasing jaundice (yellow skin)
- excessive (unrelenting) irritability or crying
- infant too sleepy to awaken for feedings at all

## Infant Feeding

Hunger is the primary infant drive in the first weeks of life. We recommend “on demand” feedings in the beginning (NOT on a schedule). Most newborns will quickly fall into their 2 to 4 hour schedule, depending on whether they are breast or bottle-fed. Newborn infants may require nighttime feedings until closer to 4-6 months of age. Remember that babies cry for many reasons, not just hunger. If your baby has been fed within the past 2 hours try other means of comforting them, other than feeding. Be aware that newborns suckle for enjoyment, and may continue this behavior after being fully fed. Therefore, limit a single feeding to a reasonable amount of time. Feeding your newborn can be frustrating initially, but it will soon become a pleasurable time for you and your baby.

## Breastfeeding

We strongly encourage mothers to breastfeed their infants when possible. Advantages to the infant include protection from common viral illnesses including colds and stomach flu, excellent digestion and optimal nutrition. Although breastfeeding is the natural way to feed a baby, this skill requires patience, practice and often hands-on help.

Breastfeeding begins immediately following birth in the hospital. Ask to feed your infant when possible in the delivery room. Frequent feedings are recommended in the first few days while your breasts are soft and staff is available to assist you. The frequency is on demand, but wake your newborn until feeding is well established if he sleeps over 3 or 4 hours in the daytime. Feeding duration should not exceed 10-15 minutes per breast to lessen nipple trauma. Early milk production is a thick liquid called colostrum, which is very beneficial to your baby. Expect your milk to come in by the end day of 3. Twenty-four hours later your baby should be making wet diapers and stools with nearly every feeding. If this is not the case, call your doctor. Breast milk stool, which follows the clearing of the meconium (thick, black stool), is yellow, watery and seedy.

Breastfeeding can occur anywhere in your home where you are comfortable sitting. We recommend the cross-cradle infant hold until you are experienced at latching your baby to the breast. Be sure the baby holds your nipple deep in their mouth to avoid nipple trauma. Limit feedings to 10-15 minutes per side, as most breast milk is removed within this time. Ideally, if breastfeeding is going well, your baby will not require any additional bottles of formula. Bottle feeding (or “supplementing”) a breastfed infant at this point is often confusing and counterproductive to the breastfeeding process. In most instances, it is usually best to not introduce a bottle until an infant is at least one month old. After the first month, there may be times when nursing is inconvenient. When bottle feeding is necessary, expressed (pumped) breast milk is best, but an iron rich cow's milk formula, such as Similac Advance with Iron, is a suitable alternative. There may be cases where your doctor recommends formula supplements for certain situations.

Breastfeeding can be a challenge to new mothers. In most cases, this quickly improves and becomes an enjoyable experience for both you and your baby. We encourage you to breastfeed as long as it remains enjoyable, with a goal of twelve months.

## Bottle-feeding

On demand feedings are recommended for bottle-fed infants, initially. Most babies will work up to 2-4 ounces every 2-4 hours in the first weeks of life. We recommend an iron rich cow's milk formula, such as Similac Advance as a first formula. Most infants will remain on the same formula for their first year. Please contact us before switching to a specialty formula. Bottles require only dishwasher cleaning, and tap water (not from a well source) is safe without boiling. Formula can be warmed in a dish of water to room temperature or slightly warmer. NEVER microwave formula. Most babies will need to be burped once or twice during a feeding, and small amounts of regurgitation are normal. The addition of cereal to a bottle at night has proven NOT to be effective in helping infants sleep and is discouraged until discussed with the doctor.

## **Water and Other Supplements**

Babies do not require additional feedings of water during the first few months. All nutrition and fluid requirements are met in breast milk or formula feedings. Water is not harmful in small (1-2 ounce) amounts and may be offered if desired after the first few months. Never add sugar or Karo syrup to the water. Never feed an infant honey, prior to 12 months of age. Do not give newborns any other form of solid or liquid feedings until 4-6 months of age.

## **Vitamins and Fluoride**

A vitamin supplement containing Vitamin D is recommended for all breastfed babies shortly after birth. Your doctor will discuss this at one of your first visits. If your baby takes formula, your doctor will discuss if vitamins are necessary.

Fluoride prevents the formation of cavities. If your home water supply does not contain fluoride (well water), your child will need a supplement beginning at 6 months of age. Consider this when using bottled water to prepare formula, as many do not contain fluoride.

## **Comfort Measures**

Your own comfort should serve as a guide to room temperature, clothing and activities for your newborn. Newborns can overheat and should be dressed appropriately and kept out of direct sun in warm weather. Avoid crowded indoor spaces in public areas for the first 4-8 weeks of age.

## **Sleep**

Newborn infants sleep an average of 16-22 hours per day. Your baby should ALWAYS be placed on their back to sleep. This has been shown to lessen the risk of Sudden Infant Death Syndrome (SIDS). Use a firm, flat mattress and do not place a pillow or any other objects, including bumpers, in the crib. Never place a comforter or blanket over your baby. Co-sleeping (placing your infant in your own bed) increases the risk of SIDS and IS NOT recommended.

## **Bathing**

It is only necessary to bathe your infant once or twice a week. The first bath must wait until the umbilical cord has fallen off; sponge bathe your infant until this occurs. Once the cord is gone, bathe your baby head to toe in a warm room with minimal drafts. Make sure that all of the necessary equipment (soft cloth, hair brush, gentle soap) is nearby. A special basin is not required but always hold your baby at all times while in the water. Never turn away or leave your infant during bath time. A mild, unscented soap is all that is necessary. Gently wash your infant from head to toe. No additional scrubbing is needed in the diaper area. Wash only the outside of the ears with a washcloth. Never use Q-Tips, as they can injure the ear and push wax in deeper. Infants do not usually require any lotions. If you feel that your baby's skin is dry, use unscented lotion. Oils are discouraged because

they can actually clog the pores and powder should not be used because it is very easy for your baby to inhale.

## **Umbilical Cord Care**

Keep your infant's umbilical cord clean and dry. Keep the front of the diaper folded down so that the cord is exposed. Your doctor may suggest that rubbing alcohol be applied once or twice a day, but this is not always necessary. The umbilical cord will fall off in the first several weeks of life, and there may be a small amount of blood when this occurs. This is normal. Call your doctor if you notice any redness of the skin around the cord, any unusual drainage or foul odor.

## **Baby Boys**

If your baby boy was circumcised, apply Vaseline to the penis until it is healed, usually 5-7 days. This will prevent the healing skin from sticking to the diaper. As the circumcision heals you may notice a soft yellow covering develop; this is a normal part of the healing process. If you notice redness of the surrounding skin, bleeding or pus, please call your doctor. If your infant was not circumcised, you simply need to wash his penis at bath time as you do any other part of his body. Do not attempt to pull the foreskin back over the tip of the penis; this will occur naturally, usually before 5 years of age.

Your baby boy's breasts may be swollen at birth. This is a normal result of hormones passed to the baby by the mother before birth. It will disappear within the first several months of life.

## **Baby Girls**

When bathing your baby girl it is important to gently separate the labial folds to prevent the formation of adhesions that may later be difficult to separate. Gentle wiping with soap and water is all that is necessary in this area as additional scrubbing may cause irritation. When cleaning your baby girl after a bowel movement, always wipe from front to back.

The hormones that are passed from mother to infant before birth can cause a small amount of white, mucousy discharge from the vagina; in some girls a small amount of blood may also be seen. This is normal and will resolve as the hormones leave the body. These same hormones may cause your baby's breasts to be swollen at birth. The swelling will disappear within the first several months of life.

## **Jaundice**

Jaundice is a yellow coloring to the skin that is common in all newborns. Parents may notice this color change in the first several days after hospital discharge. Jaundice usually peaks on the fourth to fifth day of life and disappears over the next week. If your baby appears quite yellow to you, if the yellow color reaches the legs, if your infant is increasingly sleepy, or not eating well, please call your doctor.

A blood test may be necessary to determine the severity of the jaundice. Treatment for jaundice, if necessary, is simple and can often be handled at home.

### **Diapering**

Newborn stools are yellow brown/green and may be watery. They may look like diarrhea, especially in a breastfed infant. Bottle-fed infants may have firmer stools, and may only pass a stool every 1-3 days. This is normal. It is common for infants to grunt and make other noises when passing a stool; this does not mean your infant is constipated. Newborns may produce urine with a salmon (pink-orange) color in the first few days of life. This is caused by urate crystals in the urine and is completely normal.

No particular brands of diapers or baby wipes are recommended. We do recommend frequent changing to keep the skin in the diaper area healthy. If your newborn shows any sign of irritation in the diaper area, consider using cotton balls with warm water instead of baby wipes for changing. Allow brief air drying of the area before replacing a clean diaper. If a rash develops in the diaper area keep the skin covered with a zinc oxide cream (Desitin, A+D), Vaseline or Aquaphor. Do not use powder, as it is less protective and can be harmful if inhaled by your baby. If the rash has not improved in 2-3 days, call your doctor.

### **Safety for Your Newborn**

Your infant should be in a rear facing car seat placed in the center of the backseat of your car. Never place your infant in the front seat. Place blankets/coats over the infant, not under the straps. Accessories that did not come with the car seat are not recommended.

Check your hot water heater and turn down the temperature to 120 degrees or less. Temperatures higher than this can scald your infant very quickly. Make sure that you have working smoke and carbon monoxide detectors on every level of your home. Remember to check them each month.

It is best for your baby never to be exposed to cigarette smoke. Second hand smoke has been shown to increase the risk of SIDS (sudden infant death syndrome). In addition, infants exposed to second hand smoke may have more ear infections and be at increased risk for breathing difficulty. Our strong recommendation is that you never smoke inside of your home or in the car. Smoke remains in the fibers present in clothing, carpet, and furniture for days and continues to affect your baby long after the cigarette has been put out. Quitting is the best for you and your baby, but if you cannot quit, we encourage you to smoke only outside. If you would like recommendations for quitting, please ask your doctor.

## **THE 2-4 MONTH INFANT**

### **Nutrition**

At this age, most babies have developed a feeding schedule, and a few may begin to sleep throughout the night. Infants who are beginning to sleep longer at night will adjust their daytime feeding schedule to make up the difference. They may eat more often, take more during individual feedings, or “cluster feed” before bedtime. Formula or breast milk should still be the only component of your infant’s diet. Babies who are breast-fed will require a vitamin D supplement.

### **Development**

Your baby should be able to smile, coo, turn their head to sound, and become more alert to their surroundings. They should be able to hold their head up and lift it when on their stomach. Start to give your infant time on their “tummy” when they are awake. It is also a good idea to put them to bed while drowsy, but still awake. This will aid in the development of good sleep habits later in their development.

### **Safety**

Never leave your infant unattended on services like a bed, sofa or changing table as they may roll off. Continue to put your baby to sleep on their back; if they begin to rollover in their sleep, you may leave them there.

## **THE 4-6 MONTH INFANT**

### **Nutrition**

Babies should start solid food after 4-6 months of age. Your doctor may discuss the introduction of food after your baby’s 4 to 6 month visit. There are no rules for what type of food to give first, but it is important to introduce only one new food every 2 - 3 days. Solids at this age are primarily to teach your baby how to eat. The solids should not replace formula or breast milk, these are still your babies main form of vitamins and nutrients.

### **Development**

Your baby should be able to roll over and sit with support. They should be starting to grasp objects and will begin to put things in their mouth. They are probably becoming more vocal. You should have a well established bedtime routine.

### **Safety**

Now is the time to begin baby proofing your home. Electrical outlets should be protected and stairs gated off. All medicines, poisons and other potentially harmful substances should be moved up high, well out of reach.

## THE 6-9 MONTH INFANT

### Nutrition

By nine months, your infant should be eating solid food two to three times a day. Most babies 8-9 months old can tolerate ground meats, cheese and yogurt. Small pieces of soft foods can be given when your child develops the “pincher grasp”. Formula and breast milk are still the main nutritional source and your infant should take at least 16 ounces/day. If you want to give additional fluids, we recommend water rather than juice.

### Development

Your baby should be able to sit without support and can transfer objects from one hand to the other. Your baby may be able to feed themselves a bottle. Never give your child a bottle in the bed; this is harmful to the teeth and disrupts good sleep habits.

### Safety

Make sure that any small objects that your infant could choke on are out of their reach. Do not use a mobile baby walker; they are dangerous and can cause serious injury. If your baby is over 20 pounds you may need a larger car seat. It should be a both rear and front facing as your child needs to remain rear facing until at least two years of age.

## THE 9-12 MONTH INFANT

### Nutrition

At one year of age, breast milk and formula may be weaned/stopped and replaced by whole (vitamin D) milk. We also recommend that bottles be stopped with this change. You can begin this transition by introducing your nine month infant to a “sippy” cup. Encourage them to eat three meals a day, offering age-appropriate table food each time and try to offer bottles or breast milk after or in between meals. Your infant should still be receiving at least 16 ounces/day of formula or breast milk.

### Development

Your baby should be crawling or scooting and is beginning to pull to a stand. He can say “mama” and “dada” and understand simple commands. He may begin to be anxious around strangers.

### Safety

Choking is a concern at this age; make sure small toys and objects are out of reach and keep bite-size foods in very small pieces. Your child should remain rear facing the car seat.

## THE 12-15 MONTH INFANT

### Nutrition

Whole milk (not formula) should be a child’s primary source of dairy. Limit milk intake to no more than 16 ounces/day to prevent anemia and malnutrition. Your child should be getting three meals a day, with the family whenever possible, and two snacks. Offer foods that you make for the rest of the family (if it is healthy and appropriate) and limit sweets. Children this age have the tendency to fill up on fluid if given the chance. It is best to hold the cup until after your child eats. If they are still using a bottle, your child needs to be weaned to prevent excess fluid consumption and tooth decay. Continue to limit bites too very small pieces to prevent choking. Your doctor may recommend your child take a multivitamin.

### Development

Most children this age will begin to walk independently. They can say several words, understand simple commands, are learning body parts and can stack several blocks.

### Safety

Now that your child is more mobile, make sure that gates are up to block off dangerous spaces and stairways. Children walking at this age are top-heavy and can easily fall into standing water, buckets, or toilets. Take special care to keep bathroom doors closed and not to leave standing water inside or outside. Your child should remain rear facing in the car seat.

## THE 15-18 MONTH INFANT

### Nutrition

Many toddlers start to become very picky eaters at this age. They are growing at a slower rate, and are often busy playing and doing more interesting things than eating. Please remember that your child eats the amount of food that she needs to grow. It is your job to provide healthy foods when your child is hungry; offering unhealthy foods just because your child will eat them only creates bad habits and pickier eaters. The following tips will improve your chances of having a “good eater”:

- Don’t let your child “drink themselves full” - the maximum milk intake should be 16 ounces/day, the rest should be water. Excess milk intake can lead to anemia. Offer fluid only after your child has eaten.
- Do not let your child eat “junk food” if they refuse healthy food. If they don’t eat what they are offered, they are not hungry.
- Feed your child what you have made for the rest of your family (as long as it is healthy). Don’t become the “short order” chef and fix separate meals for your toddler. If they don’t eat what you have prepared, they are not hungry.



- Don't argue over meals. This simply creates more frustration for both you and your child. If they won't eat, throws the food or throws a tantrum take the food away and offer it again later.

### **Development**

Most children are walking well at this age and are beginning to climb. Their vocabulary is quickly expanding and they can follow simple commands. They are becoming more independent and want to do more on their own. Because of this, it is important to establish boundaries and be consistent in enforcing rules as your toddler begins to test limits.

### **Safety**

Recheck your home for dangers at your child's level. Lock up dangerous things that may smell good or look similar to food and drinks like lamp oil, antifreeze, colored vitamins and medicines.

## **THE 18 MONTH TO 2 YEAR CHILD**

### **Nutrition**

Continue to be diligent about healthy eating habits and follow the tips mentioned in the previous section. If your child is not getting a well balanced diet, an over the counter multivitamin maybe added. Continue to offer healthy foods, especially fruits and vegetables, even if your child has refused them in the past. It is okay to get creative and let your child dip their vegetables in dressings, cheese or even ketchup. Continue to limit whole milk intake to 16 ounces/day and be aware of overall fluid intake. Your doctor may recommend a multivitamin for your child.

### **Development**

Your child's vocabulary is approaching 20 words and they are beginning to use two word phrases. Limit testing continues and children this age often throw tantrums when mad. Your child needs to learn that tantrums will not help them to get their way. Ignore the tantrums completely; ANY attention, even in negative scolding, will only reinforce this behavior.

### **Safety**

If your toddler is attempting to climb out of their crib, transfer to a toddler bed or mattress on the floor. Make sure to childproof their room and put a gate up at the door. Make sure that all windows and doors out of the house are secured.

## **THE 2-3 YEAR CHILD**

### **Nutrition**

Children at this age can be very picky. We encourage you to keep to the advice mentioned in the previous two sections. Toddlers may have days during which they seem to eat quite a bit and then several days during which they will eat foods they may not normally consume. At two years of age whole milk should be replaced with low fat or skim milk.

### **Development**

Most children are toilet trained by three years of age, but remember that is a milestone just like walking, and cannot be forced. Always give positive feedback when your child uses the potty and never punish your child for having an accident. Don't make a battle out of using the potty as this will only frustrate you and your child. Discipline can become an issue at this age. Establish rules and boundaries and be consistent. Discipline needs to be appropriate and immediate if it is to be effective. You are in charge, not your child! Don't attempt to reason with your toddler, they do not have adequate reasoning skills and your attention only provides positive reinforcement to behaviors that you are trying to discourage. Do not give her choices if none exist.

### **Safety**

Watch your child closely both inside and out; children this age often wander away from their parents in public places. Teach your child their first and last name and to find another "mommy and daddy" if they get lost. Teach them his private parts and that no one can see them except his parents, including the doctor, unless a parent is present. Your child may now face forward in the appropriate car seat.

## **THE 3-4 YEAR CHILD**

### **Nutrition**

Most 3 year olds begin to be better eaters. A healthy diet with plenty of fruits and vegetables and limited sweets will help to create healthy eating habits well into your child's future.

### **Development**

Most children will be speaking in sentences and the majority of what they say should be discernible by an adult. Three year olds know their colors and are learning to count to five. They can eat with a fork and can pedal a tricycle. It is important for the development of social skills that your child interact with other children in a group setting of some type. Playgroups, day care or preschool provide the appropriate setting for such interactions.

### **Safety**

Teach your child their address and phone number if possible. **Teach them NEVER to talk to strangers, even if they offered candy or an animal to pet.** They should know to run away and tell a parent or teacher if it happens.

## **THE 4-5 YEAR OLD CHILD**

### **Nutrition**

Healthy eating should now be an established part of your child's life. It is also important to begin to encourage physical activity, such as a bike riding, outside play, and sports. Limit television, computer time and video games to one hour/day.

### **Development**

Children this age can recognize letters and numbers and may even be able to write their name. They're learning to ride a bike and may begin to be involved in organized sports or other activities. Kindergarten readiness may be a concern and we encourage you take into account all developmental factors - social, behavioral, academic when making this decision. Discuss this issue with your doctor or the school if you have concerns.

### **Safety**

Your child should ALWAYS wear a helmet when riding a bike or scooter, even if just in the driveway. Your child should still be in a booster seat and ALWAYS in the backseat of the car. Once your child is 4 years AND 40 lbs he may be placed in a booster seat with a 5-point harness. Children should remain in a booster seat until they are 4'9" tall. We recommend that no guns be in a home with children. If you do own a gun, it should never be kept loaded, should be stored separately from the ammunition, and both gun and ammunition should be locked at all times. Teach your child to never touch a gun and to find an adult immediately if he sees one in your home or in someone else's home.

## **FOOD INTRODUCTIONS**



We have put together this description of appropriate food introduction to try to help parents provide optimal nutrition for their children. This is merely a guide, and recommendations may vary for each individual child. Do not hesitate to discuss these recommendations with your child's doctor at your Well Child visits.

The best and only nutrition for your baby is breast milk or formula for the first 4 to 6 months. Solids (baby foods) and cows milk are not appropriate for young infants. Breast milk and formula contain all the nutrients a baby needs, and your child's digestive system is not mature enough to digest other foods until after 4 to 6 months. Cows milk lacks many of the vitamins and minerals needed by infants; it also contains a high-level of protein and sodium which can be too much for your infants system to tolerate. Researchers and experts in nutrition, along with the American Academy of Pediatrics, recommend that infants remain on breast milk or formula until they are 12 months of age.

We prefer that you do not introduce solids until your child is at least four months of age, but six months may be preferable to reduce the risk of allergies. Please discuss with your doctor what he/she recommends. There is a common myth that early introduction of cereal will help a child sleep through the night. Although many mothers (and grandmothers) believe this to be true, many good scientific studies have proven this not to be the case. Early introduction of solid can increase the risk of allergies, not only to foods, but also to grass, pollen and other environmental agents. In addition, solids are not an optimal source of nutrition in the first 4 to 6 months of life.

When is it time to introduce solids, the rule of thumb is one food at a time. If you introduce too many foods at once and your child has a reaction (diarrhea, rash, vomiting, or general unhappiness) you will not know which food is the offending agent. Give one new food every two to three days. Once a food has been proven "safe" you can give it with other test foods. Please discuss with your doctor what food is appropriate to give first. If your infant refuses the spoon, coughs or gags, they may not be ready; it is best to retry in several weeks. Honey should be avoided until after your child's first birthday because it can cause infant botulism.

In the first 6 to 9 months of life, breast milk or formula is the most important source of nutrients for your infant. It continues to be important until the child is one year old, but solids begin to take on an increasingly important role.

After one year of age, cows milk can be introduced. It is important to provide a child with adequate fat until two years of age, as this is needed for brain development. Accordingly, whole milk and full fat dairy products are important until the second birthday. A child over one year of age should not drink more than 16 ounces of milk per day. Too much cows milk can lead to anemia.

## Calcium

Calcium is an important mineral that is essential for the growth of strong bones and teeth. It helps build bone mass, which decreases the risk for broken bones later in life.

All children require some calcium in their diet. Infants receive all the calcium they need from formula or breast milk. As children get older their daily calcium requirements increase. Because not all children prefer to drink milk as their primary calcium source, we have provided this guide so that you can make sure your child is receiving enough calcium.

### Daily calcium requirements by age:

1-3 years - 500 mg or 2 servings of dairy products

4-8 years - 800 mg or 3 servings of dairy products

9- 18 years - 1300 mg or 5 servings of dairy products

1 serving = 8 oz. milk, 1 cup of yogurt, or 1 oz. of hard cheese (these foods can be substituted by other foods rich in calcium)

### Calcium content of common foods:

<u>Food</u>	<u>Amount</u>	<u>Calcium content</u>
Milk (whole, low-fat, or skim)	8 oz.	300 mg
Calcium fortified orange juice	8 oz.	300 mg
Yogurt	6 oz.	280 mg
Tofu (calcium processed/enriched)	4 oz.	260 mg
Cheese: Swiss, Parmesan	1 oz.	250 mg
Cheddar/Muenster	1 oz.	200 mg
Mozzarella/Feta	1 oz.	150 mg
Cottage cheese	4 oz.	100 mg
Ice cream	4 oz.	100 mg
Frozen yogurt	4 oz.	100 mg
Pudding	4 oz.	100 mg
White beans	½ cup	115 mg
Spinach: Cooked	½ cup	120 mg
Raw	1 ½ cup	120 mg
Orange	1 medium	50 mg
Sweet potatoes	½ cup	45 mg
Broccoli: Cooked	½ cup	35 mg
Raw	1 cup	35 mg

# IMMUNIZATIONS

Immunizations that protect your child against a variety of infectious diseases will be a major part of your child's well visits, especially in the first 18 months. Vaccines, like any medication, have potential side effects. It is important that you are informed of all the risks and benefits before immunizing your child. We have provided information about the immunizations here and you will receive information compiled by the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) before an immunization is given for the first time.

## CENTRAL OHIO PRIMARY CARE PHYSICIANS PEDIATRICS VACCINE POLICY STATEMENT

We firmly believe in the effectiveness of vaccines to prevent serious illnesses and save lives. We firmly believe based upon all available literature, evidence and current studies, in the safety of our vaccines. We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.

We firmly believe that our vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades, does not cause autism or other developmental disabilities.

We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illnesses that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude can lead to tragic results.

Over the past several years, many people have chosen to decline or delay vaccinating their children. As a result of under immunization, there have been outbreaks of and deaths from Measles, Haemophilus and Pertussis. By not vaccinating children, parents/caregivers are taking selfish advantage of others who do vaccinate their children. In addition, this places other children at risk for serious illness and death.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice maybe emotional for some parents. We will do everything we can to convince you that vaccinating according to schedule is the right thing to do. However, should you have doubts, please discuss these with us. Please be advised that delaying or spreading out the vaccines to give one or two at a time over multiple visits goes against expert recommendations, can put your child at risk for serious illness, disability, and even death, and goes against our medical advice as providers at Central Ohio Primary Care Physicians. In the event of not immunizing your child, you may be asked to leave the practice.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for your time in reading this policy.

## DTaP: Diphtheria, Tetanus, acellular Pertussis

- 1. Diphtheria:** An infection that causes a membrane to form in the back of the throat, leading to respiratory (breathing) problems, and possible paralysis, heart disease and death.
- 2. Tetanus:** A bacterial infection that is usually acquired through dirty wounds. It causes severe muscle spasms all over the body and can lead to "locking" of the jaw. It causes death in one out of 10 cases.
- 3. Pertussis (whooping cough):** A serious disease causing severe coughing spells that can last for weeks. Infection in young infants can cause them to turn blue and stop breathing. This infection can lead to pneumonia, seizures and death.

Children receive five doses of the DTaP, at 2, 4, 6 and 15-18 months and again at 4-5 years. The common side effects include fever and irritability, soreness and occasional swelling at the site where the shot was given. Swelling is more common with the dose given at 4-5 years. More severe side effects are rare but include high fever (greater than 105°F), seizures and allergic reactions.

## IPV: Inactivated Polio Vaccine

Polio is a viral illness that can cause paralysis and death. It used to be very common in the United States; but now is rarely seen because of the availability of the vaccine. Children receive 4 doses of IPV, at 2, 4, 6-18 months and a booster at 4-6 years. The IPV vaccine used today has never been known to cause serious problems; occasionally mild soreness is reported.

## **HIB: Haemophilus Influenza Type B**

This infection used to be the leading cause of bacterial meningitis and epiglottitis (swelling of the airway) in children; it can also cause infection of the blood, joints, bones, heart, and sometimes death. Before this vaccine, about 1 in 200 children developed an illness related to this infection; since the use of the vaccine it is rarely seen.

Your child will receive a series of four immunizations within the first 15 months. Side effects are mild, usually redness or warmth at the site of injection and fever that can last up to 2 to 3 days.

## **Hepatitis A (HAV)**

Hepatitis A is a virus that can cause a serious liver disease with symptoms such as a “flu-like” illness, vomiting and diarrhea and jaundice. In some cases infection can lead to liver failure and/or death. The virus can be spread by contaminated food and water, and close contact with infected persons.

The vaccination consist of two doses given between 12 and 24 months of age. The most common reactions to this vaccine are soreness at the site, loss of appetite and headaches. Children who did not receive the vaccine as toddlers should be immunized if they plan to travel to states or countries where there is a high incidence of infection with hepatitis A.

## **Hepatitis B (HBV)**

Hepatitis B a viral disease that affects the liver. It can cause an acute (short term) illness that causes diarrhea and vomiting, extreme fatigue, stomach pain and jaundice (yellow eyes and skin). Approximately 80,000 cases occur per year, most in young adults. The virus also causes a chronic (long term) illness that leads to liver damage or failure, liver cancer and death. People who are affected with the acute disease can become carriers and pass the disease on to others; they are also at risk to develop chronic disease. The virus is transmitted by exposure to blood or blood products, sexual contact, and from infected mothers to infants at the time of birth.

The immunization is given in a series of three shots. All newborns should receive this vaccine, as well as children who did not receive it as infants. The vaccine may cause soreness at the sight of injection and fever. Rarely an allergic reaction is seen.

## **PCV (Prevnar) Pneumococcal Conjugate Vaccine**

This vaccine protects against a type of bacteria called Streptococcus pneumonia; it is now the leading cause of bacterial meningitis in the United States. This infection can also cause blood infections, pneumonia and is one of the bacterial causes of ear infections. Children under two years are at highest risk for serious infection. Your child will receive four doses of this vaccine in the first 18 months.

Like other vaccines, side effects include tenderness at the site of the injection, fever and fussiness. No serious side effects have been reported.

## **MMR: Measles, Mumps, Rubella**

1. **Measles:** Measles is a serious disease causing cold symptoms, fever and rash; it can lead to pneumonia, seizures, brain swelling, brain damage and death.
2. **Mumps:** Mumps commonly causes fever and swelling of the salivary glands. It can lead to meningitis, painful swelling of the ovaries and testicles and rarely, death.
3. **Rubella (German measles):** Rubella as a mild disease causing rash and fever. However, if pregnant women get this disease it can cause serious birth defects or miscarriage.

The vaccine is given at 12-15 months with a booster shot at 4-5 years. The shot may cause fever or a mild rash 1-2 weeks after the vaccine is given.

## **Rotateq: Rotavirus Vaccine**

Rotavirus is an infection that causes severe diarrhea, vomiting and fever, mostly in infants and young children. It can cause severe dehydration requiring hospitalization and in rare cases, death. Rotavirus is spread easily by contact with other infected children.

The rotavirus vaccine is given at 2, 4 and 6 months of age. Reactions to the vaccine include cough, mild vomiting and loose stools.

## **Varivax: Varicella (chickenpox) Vaccine**

Chickenpox is a common childhood disease caused by a virus. It is very contagious and causes fever, fatigue, and an itchy rash. It can lead to serious skin infections, pneumonia, brain damage and death. Older children and adults who get the disease are at higher risk for more serious infection and complications.

The vaccine is given between 12-18 months of age. A booster dose is recommended at 4-5 years of age. Anyone who has not had chickenpox can get the vaccine. The most common reaction is soreness and fever. It is also possible to develop a mild rash up to a month after the vaccine.

## **Tdap: Tetanus, Diphtheria, and Pertussis**

Tdap is a booster shot for tetanus, diphtheria and pertussis (see DTaP). Adolescents should receive one dose of the vaccine between 11 and 18 years of age. The Tdap vaccine can cause pain and stiffness in the muscle where the shot was given. These symptoms can last several days, but are usually alleviated with acetaminophen or ibuprofen products.

## Meningococcal Vaccines

Menactra vaccine protects against several subtypes of a bacteria called *Neisseria meningitis*. Meningococcal disease is a serious bacterial illness that acts very quickly and causes blood infection and meningitis. Infection often leads to death despite treatment with antibiotics. Menactra is recommended for adolescents and people who do not have a functioning spleen. Two doses are recommended (11-12 years and 16-18). Meningitis B vaccine protects against an additional subtype of *Neisseria Meningitis*. It is recommended between 16 and 18 years of age.

## Gardasil: Human Papilloma Virus (HPV) Vaccine

HPV is the most commonly sexually transmitted virus in the United States. HPV infections can cause genital warts, cervical cancer in women, and oral and anal cancers in men and women. The HPV vaccine can prevent most cases of cervical cancer in women. The vaccine is designed to be given before one's first sexual contact to best prevent the diseases caused by HPV.

The vaccine is recommended for girls and boys 11 to 12 years of age. It is given in two - three doses (depending on the age at which your child begins the series) within a six-month period. The most common side effect from the vaccine is pain at the injection site.

## Influenza

Influenza is a viral infection that typically causes fever and chills, sore throat, cough, headache and muscle aches. Serious complications are also possible with an influenza infection; these include: pneumonia, dehydration, encephalopathy (brain infection), worsening of existing conditions such as asthma and heart conditions, and death. Anyone can have complications from influenza, but children under two years of age are more likely to experience complications and to require hospitalization with influenza infection. **It is now recommended that all children between six months and 18 years of age received the influenza vaccine.**

The vaccine must be given yearly in the fall. Children who are under nine years of age and are being vaccinated for the first time will receive two doses, one month apart. Side effects are generally mild and can include pain and swelling at the injection site, fever, muscle aches, headaches, running nose, nasal congestion, cough and wheezing. These typically only last a day or two.

## Safety



Injuries are the number one cause of death in children. The majority of accidents are preventable if proper precautions are taken. Listed below are some tips to prevent injury and keep your child safe. Please also refer to the safety information pertinent to your child's age under "General Care of Your Newborn" and "Your Growing Child".

## Car Seats and Seat Belts

Car seats are an absolute necessity for infant safety. Your infant should be in a rear-facing car set in the middle of the backseat until at least 2 years of age and 20 pounds. Children should then be placed in an appropriate forward facing car

seat. Once children are over 4 years of age and over 40 pounds they may be placed in a booster seat with a five-point harness. It is now recommended that children remain in a booster seat until they are 4'9" tall. Your child should ALWAYS be required to wear a seat belt. Children under the age of 13 and less than 100 pounds should ride in the backseat.

### **Hot Water Heaters and Burns**

Most hot water heaters are set at 140°F, a temperature that can quickly cause burns in infants. If you have an infant or small child in the home, your hot water heater should be turned down to 120°F. This will reduce the risk of burns; the same burn that takes 5 minutes at 120°F takes only 6 seconds at 140°F.

Once your child is able to reach and grab, she will. Never leave irons, curling irons, or other appliances unattended. Once your child can pull to a stand, cook on the rear burners and never leave your child unattended in the kitchen.

### **Smoke Detectors and Fire Education**

Every level of your home should have a working smoke detector. If you rent your home, your landlord is required to provide smoke detectors. Remember to check each smoke detector once a month. Make sure that everyone in the household knows what to do if the smoke alarm goes off. Teach your child where to go and who to call. When your child is old enough, discuss "stop, drop and roll".

### **Baby Walkers**

There is NO safe way to use a baby walker and NO home is safe from the potential hazards associated with walkers. Walkers are responsible for many life threatening injuries in infants. Even homes without stairs are unsafe, as infants are more mobile and can get into dangerous situations more quickly. **PLEASE never use an infant walker.**

### **Poisoning**

Poisonous materials, cleaning supplies and medicines are dangerous to any child. These items should be stored up high, well out of reach of children of any age. Do not depend on cabinet latches or locks when at your child's level. Never leave these substances sitting out, even in a childproof container. If your child ingests something he shouldn't, or if something gets into his eye or on his skin, please call the Poison Control Center immediately. They are located at Children's Hospital and are staffed 24 hours a day. They can advise you as to how to care for your child, symptoms to watch for, and whether your child needs to be seen emergently.

**CENTRAL OHIO POISON CONTROL CENTER  
(800) 222-1222**

### **Drowning**

Drowning is a leading cause of death in children 1 to 4 years of age. If you have a pool you should have a barrier between your home and the pool. You should have either 1) a fence (at least 5-foot high) with a self-closing, self-latchable, locking gate around the pool, 2) self-closing, self-latching doors from the home, as well as windows that are secured and locked or 3) a key-operated, motorized safety cover that is kept locked. Never leave furniture or any item out that a child could use to climb over a fence surrounding a pool. Do not allow riding toys around the pool. If you are near a pool somewhere other than home, you need to know where your child is at all times. Drowning is a year-round threat and children have drowned or suffered a "near drowning" in wading pools, ponds, rivers, bathtubs, toilets and buckets of water left unattended.

### **Helmets**

The effectiveness of safety helmets in protecting your child from a life threatening head injury is undeniable. Your child should be taught and required to wear an appropriately fitting safety helmet when on anything with wheels (bicycles, scooters, rollerblades, skateboards, etc.) no matter where they are. Participating in these activities without a helmet should not be an option!

### **Sun Protection**

Sunscreen is recommended for all children over 6 months of age whenever they are exposed to sunlight. Use a sunscreen with at least an SPF of 15; reapply every two hours, or more frequently if it is rinsed off by swimming. Sunscreen has not been proven to be safe in children less than 6 months of age. These children should be dressed in light clothing and kept in the shade.

## COMMON ILLNESSES

The following is general information regarding common pediatric problems. Many of these illnesses can be cared for at home, but there are times when you may need to call the office as it may be necessary for a doctor to see your child. If you are unsure about your child's condition, please do not hesitate to call and speak to one of our nurses or doctors. Doses for the medications mentioned can be found at the end of this section. Additional information is available in our office and we are happy to provide you with a handout when you visit the office.

### Burns

**Treatment:** Immediately immerse the burned area in cool water for at least 10 minutes. Do not use ice. If clothing is smoldering, cool by soaking in water first, then gently remove clothing. Do not attempt to remove clothing if it is stuck to the bum. Cover burned area with a sterile gauze pad. If blisters form, DO NOT BREAK.

#### *Call the office if you notice:*

- Blisters develop
- The burn is on the face, hands or genitals
- Any increase in redness or swelling
- Any discharge (drainage or pus)
- Any other concerns or questions

### Chickenpox

Chickenpox is a very contagious, viral illness that is spread by airborne particles. It causes an itchy, blistering rash that may not develop for 10-21 days after your child has been exposed. Your child may also have a low-grade fever, upper respiratory symptoms (congestion, runny nose, cough), decreased appetite and headache. Your child is contagious 2 days before the rash appears until all of the lesions are crusted (about 6-10 days). Your child should be isolated from others (who have not had chickenpox) until all of his lesions are crusted.

**Treatment:** Encourage your child not to scratch the lesions. An antihistamine, such as Benadryl, can help to decrease the itching. If you give oral Benadryl do not use Benadryl cream as some of it may be absorbed into the skin. Oatmeal or baking soda baths can soothe itching skin. Lesions can become infected. To minimize this risk keep your child's fingernails clean and trimmed and bathe daily. If you see an infected looking lesion apply Neosporin ointment 3-4 times/day. Acetaminophen (Tylenol) is helpful for the fever and discomfort. **DO NOT GIVE YOUR CHILD ASPIRIN OR IBUPROFEN.**

#### *Call the office if you notice:*

- Any lesion that appears to be infected

- A persistent and severe cough
- Difficulty breathing or chest pain
- High fever, stiff neck, persistent headache, or listlessness
- Any other concerns or questions

### Colds

A cold, or upper respiratory infection is the most common illness in children. Colds are caused by viral infections, meaning that there is no specific treatment. Children with colds typically have a runny nose, congestion, cough and a slight fever. They may also have a sore throat, watery eyes and a decreased appetite. Thick yellow/green mucous is normal with a cold. It is common for symptoms to last for at least 10-14 days. Normal, healthy children can have 6-8 colds per year; children in a daycare setting may have more.

**Treatment:** Because there is no medicine to "cure" a cold, treatment is mainly supportive. Encourage your child to drink extra fluids; this will keep the mucus thin and keep your child well hydrated. Humidifiers and vaporizers may make your child more comfortable at night. Make sure they are kept clean, and use only water. Additional medicines in the vaporizer may cause irritation to your child's lungs. A steamy bathroom may also be helpful in clearing nasal passages. Infants breathe primarily through their noses, and will be more comfortable if the nose is kept clear. Use a bulb syringe with or without saline (saltwater) drops to help clear nasal secretions.

Saline nose drops can easily be made at home by mixing ¼ teaspoon salt in 1 cup of warm tap water. Be sure to make new solution each time and throwaway unused saltwater solution.

Medications such as acetaminophen and ibuprofen are helpful to relieve fever and discomfort. **NEVER GIVE IBUPROFEN TO A CHILD UNDER SIX MONTHS OF AGE.** We do not routinely recommend other cold medications as they often have side effects of irritability, sleeplessness and jitteriness and rarely alleviate symptoms for any significant period of time. No medicine will shorten the course of the cold.

#### *Call the office if you notice:*

- Extreme irritability or fussiness that is unrelenting
- Yellow/green eye drainage that persists more than 48 hours
- Swollen eyelids or extreme puffiness around the eyes
- Ear pain or ear drainage
- Fever that lasts more than 72 hours
- Difficulty breathing, especially if the ribs are visible with each breath
- Sore throat that is accompanied by fever, headache or vomiting
- Symptoms that persist past 10-14 days
- Any other questions or concerns



## Constipation

Constipation refers to hard, painful bowel movements, not infrequent stools. All infants and children occasionally become constipated. Many infants may not have a daily bowel movement.

**Treatment:** If your infant is under 4 months of age, discuss treatment with the nurse or doctor. If your child is over 4 months of age offer pear, prune, or apple juice (2-4 ounces mixed with an equal amount of water). Do not dilute "infant juice" as it has already been diluted. If your child is older than 6 months, increase the amount of green vegetables, fruits and bran products in their diet. Avoid bananas and rice as they can cause constipation. We do not recommend the use of enemas or suppositories unless this has been discussed with your doctor.

### **Call the office if you notice:**

- No improvement with the above suggestions
- The problem is recurring
- Your child has gone longer than 72 hours without a bowel movement and seems to be having abdominal pain
- Severe pain and bleeding
- Any other questions or concerns

## Cough

Cough is a very common pediatric symptom. It can be associated with colds, allergies, croup, pneumonia, asthma, and a variety of other conditions. Cough associated with a cold can last for several weeks and may be the last symptom to resolve.

**Treatment:** The treatment for cough depends on the particular cause, but in most cases basic comfort measures are recommended. Encourage fluids, place a cool mist humidifier in your child's room, and elevate the head of the bed. If your child is older than 6 years of age and still uncomfortable with these measures in place, you may try an over-the-counter cough suppressant at night. We never recommend a cough suppressant during the daytime, as the cough is beneficial in clearing secretions and preventing further infection.

### **Call the office if you notice:**

- Cough that persists more than 2 weeks
- Your child has difficulty breathing, chest pain or chest tightness
- Your child is wheezing or breathing fast
- The cough is accompanied by vomiting or turning blue
- Development of high, persistent fever
- The cough develops after choking on food or any other object
- Any other questions or concerns

## Croup

Croup is caused by a viral infection affecting the larynx (voice box) and upper trachea (windpipe). It is often accompanied by a fever and upper respiratory symptoms. When your child has croup, he will typically go to bed without difficulty and then wakes up with a dry, barking cough (like a seal). Your child may make a high-pitched "crowing" or squeaking noise when taking in a breath. The cough is typically worse at night, but your child may have a hoarse voice and mild cough during the day.

**Treatment:** Remain calm and try to keep your child relaxed; this alone will make him breathe easier. Take your child outside into the cool air and let him breathe for several minutes or steam up the bathroom and sit, allowing him to breathe in the moist air until breathing becomes easier. When you return your child to bed run a cool mist humidifier. Encourage plenty of fluids. Acetaminophen or ibuprofen will help with the discomfort caused by fever and painful coughing.

### **Call the office or seek emergency care IMMEDIATELY if:**

- Your child is becoming less alert or less responsive
- Your child's lips become blue
- Lying down makes your child's breathing more difficult
- The "crowing" noise when breathing in does not resolve after 10-15 minutes outside or in the steamy bathroom

## Cuts, Scrapes and Lacerations

Most cuts and scrapes can be treated at home. The goal of treatment is to clean the wound to prevent infection and to speed the healing process.

**Minor cuts and scrapes:** Clean the area well with soap and water. Remove any visible dirt, glass, etc. Rinse the area well. Allow the wound to air dry then apply an antibiotic ointment and bandage. We do not recommend the use of over-the-counter "liquid band-aid" products. The ointment and bandage should be changed at least daily. If the wound begins to look more red, swollen, or if pus is seen, contact your doctor during office hours.

**Other cuts and scrapes:** If the cut is deep, gapes open, or will not stop bleeding after applying pressure for 10 minutes, call your physician's office, as stitches may be necessary.

## Diarrhea

Diarrhea is a common problem in childhood; most often it is caused by a viral infection. True diarrhea is watery bowel movements with a marked increase in stool volume and frequency. The concern with a diarrhea illness is that your child may become dehydrated. Signs of dehydration include:

- Sunken appearing eyes

- Dry, cracked lips and dry, sticky tongue and inside of the mouth
- No tears when crying
- Less than 2 wet diapers or urine out in a 12 hour period
- Lethargy (difficult to arouse, doesn't interact with surroundings)
- Weakness (won't sit up, crawl, or play)

### **Treatment**

**Infants:** If your infant is breast-fed, continue to breastfeed and offer additional fluid in the form of Pedialyte. Continue formula for bottle-fed infants and offer Pedialyte as well. Formula fed infants may benefit from a soy formula for a brief time, if diarrhea is prolonged.

**Older infants and toddlers:** Offer a variety of clear liquids when a diarrhea illness begins. Pedialyte products are a good choice because they will replace the necessary electrolytes (salts) that your infant needs. You can offer milk, but decrease the amount until the diarrhea improves. Avoid juices; they can make the diarrhea worse.

**Older children:** Older children are not at as great a risk for dehydration from diarrhea as infants. Encourage more fluids and offer a bland diet.

### ***Call the office if you notice:***

- Diarrhea that persists more than 2 weeks
- Any signs of dehydration (as noted above)
- Blood in the stool
- Any other questions or concerns

### **Earache**

Earaches are a common complaint in children and can be caused by a variety of conditions such as a middle ear infection, an outer ear infection (swimmer's ear), a sore throat, congestion (associated with both colds and allergies) or trauma. Middle ear infections are the cause of the "ear infections" commonly referred to in children; they are frequently associated with colds.

**Treatment:** The only way to diagnose a middle ear infection is by direct visualization of the eardrum. Your doctor will only prescribe a medication (if necessary) after seeing your child in the office. Until your child can be seen in the office, acetaminophen or ibuprofen can be given for pain relief. Warm oil drops in the ear canal if there is no drainage, or a heating pad placed over the ear may provide additional comfort.

### ***Call the office if you notice:***

- Drainage from the ear
- Persistent ear pain or irritability

- A high fever that accompanies the ear pain
- Any other questions or concerns

### **Fever**

A fever is a rise in body temperature above normal. The average normal body temperature when measured orally is 98.6° F (37° C), but may be slightly higher or lower depending on the individual. It is normal for the body temperature to fluctuate during the day; mild increases (100.4°-101.3° F or 38°-38.5° C) may be caused by exercise, excessive clothing, a hot bath, or warm weather. Warm food or fluids can also raise the oral temperature. If you suspect such an effect, take your child's temperature again in a half hour. We recommend taking rectal temperatures in children less than 6 months and axillary (under the arm) temperatures from 6 months to 3 years of age.

Fever is a symptom, not a disease. Unless your child is less than 12 weeks of age, **A FEVER IS NOT A MEDICAL EMERGENCY.** It is the body's normal response to an infection. A fever aids the body in fighting the infection by turning on the body's immune system. The usual fevers (100.4°-104° F or 38°-40° C), which all children get, are not harmful. Most are caused by viral illnesses; some are caused by a bacterial illness. Teething does not cause a high fever. Most fevers that accompany a viral illness last for 2-3 days. It is normal for a fever to come and go throughout the day, with or without the use of a fever reducing medication. It is normal for children to become fussy and less active with a fever; their demeanor usually improves when the temperature goes down. In general, the height of the fever does not relate to the seriousness of the illness. What is important is how sick your child acts. Fever causes no permanent harm until it reaches 107° F (41.7° C). Fortunately, the brain's thermostat keeps even untreated fevers below this level in a normal child.

### **Treatment**

**Medications:** Remember that a fever actually helps your child fight an infection more effectively. Therefore, only use medications if your child is uncomfortable. Your child's comfort should improve within two hours after the medication is administered. Your child's temperature will not return to normal unless it was not very elevated before the medication was given. The medication will not "cure" the fever, it is normal for the temperature to rise again once the medication has worn off. Repeated doses of medication may be needed. If your child is sleeping comfortably, do not wake him to give medication.

**Acetaminophen:** Children older than 2 months of age can be given any of the acetaminophen products (Tylenol, Liquiprin, Panadol, Tempra). These products can be given every 4 hours if needed. Give the correct dose for your child's weight or the dose discussed with your doctor.

**Ibuprofen:** Ibuprofen products (Advil, Motrin) can be given to children older than 6 months of age. These products have a longer lasting effect and should only

be given every 6-8 hours. Give the appropriate dose for your child's weight.

If your child is less than 12 weeks old, do not give these medications without speaking with your child's doctor.

**Other measures:** Body fluids are lost during fevers due to sweating. Encourage your child to drink extra fluids. Popsicles and iced drinks may be helpful. Keep clothing to a minimum, as most heat is lost through the skin. Do not bundle your child, this can cause the temperature to rise further. If your child feels cold or has chills give her a light blanket. If your child is still uncomfortable 1-2 hours after taking medicine, or if the temperature has not come down, you can bathe your child in a tepid bath for 20 minutes. DO NOT use ice water or alcohol; this can make the temperature go up.

**Call the office IMMEDIATELY if:**

- Your child is less than 3 months old, and the temperature is greater than 100.4° F (38° C) rectally
- The fever is over 105° F (40.6° C) when measured rectally
- Your child looks or acts very sick

**Call the office WITHIN 24 HOURS if:**

- Your child is 3 to 6 months old (unless the fever is following immunizations)
- Your child has had fever over 24 hours with no obvious cause or location of infection
- Your child has had a fever for more than 3 days
- The fever went away for over 24 hours and then returned
- Any other questions or concerns

## Head Injury

Head injuries are almost inevitable in children. Most are minor and cause no serious problems. If your child hits his head make sure that he is talking and moving his arms and legs normally. Ask older children to name people or toys. If your child had a forceful fall he may be a bit drowsy, have a mild headache, or even vomit once or twice.

**Treatment: DO NOT PANIC!** Place ice or a bag of frozen vegetables on the site to minimize swelling. If there is any bleeding, apply firm, direct pressure to the area.

**Call our office IMMEDIATELY if your child:**

- Lost consciousness with the head injury
- Has unusual behavior, such as inconsolable crying, confusion or dizziness
- Has bleeding from the ear or the nose
- Has a change in vision, trouble hearing or speaking
- Has a seizure

- Has neck pain
- Has a headache that is worsening or lasts more than a day
- Has persistent vomiting
- Has a laceration that may need stitches

## Insect Bites

There are many stinging and biting insects in Ohio. It is rare that their bites carry serious disease and most of them cause no more than a local skin reaction. During the first two days after a bite or sting expect the area to swell and itch. Some stings are more painful than others, and the site may appear red and warm. Swelling can be dramatic, especially on the face or hands, and may be much larger the morning after the bite or sting.

**Treatment:** Treatment is aimed at relieving itching and pain and preventing infection. If you know the bite/sting has occurred, remove your child from the area if there are other insects. Cool the site with a cool pack or washcloth and keep elevated. Make a paste out of baking soda or meat tenderizer mixed with water and apply it to the site. This soothes the skin and relieves discomfort. Over the next several days your child may get additional relief from an over-the-counter topical steroid cream, such as hydrocortisone. This can be applied twice a day for no more than two days. Tylenol or Ibuprofen may also help with pain and swelling.

Call 911 if there is difficulty breathing or your child develops tightness in the chest or throat. These types of severe allergic reactions usually happen within one hour of the bite or sting.

**Call the office if:**

- The area becomes darker red and more tender or begins to drain pus, as these can be signs of infection
- The site continues to swell after the first 2-3 days
- You see red streaks from the site toward the center of the body
- Your child has a fever that cannot be otherwise explained

## Nosebleeds

Nosebleeds are common in children. The most common cause is trauma (especially nose picking); they can also be caused by colds, allergies, and low humidity/dry air. The bleeding usually comes from a small blood vessel close to the surface in the front of the nose.

**Treatment:** Have your child tilt their head forward and apply pressure to the nose for at least 10 minutes. Do not release pressure during this time to see if the nose is still bleeding. Once the bleeding has stopped you will probably see a blood clot or dried blood inside the nose. DO NOT try to remove the blood or have your child blow their nose, as this will make the bleeding start again.

***Call the office if you notice:***

- Bleeding that does not stop after 15 to 20 minutes
- Nosebleeds that frequently recur
- Your child also has bleeding gums, excessive bleeding from cuts or easy bruising

**Pink Eye (Conjunctivitis)**

Conjunctivitis is swelling of the membrane that covers the eye. The classic signs are "blood shot" eyes and thick discharge from the eye or crusting of the lashes. Conjunctivitis can be caused by irritation, allergies, bacteria, or most commonly, viruses. The term "pink eye" usually refers to an infectious conjunctivitis (bacterial or viral). As with other viral illnesses, viral conjunctivitis is not cured by antibiotics, but must run its course over 4-7 days. If your doctor suspects that a bacterial infection is forming, antibiotic drops or ointment may be prescribed.

**Treatment:** Keep the eyes clean using a clean cloth or cotton ball and warm water. Wash the eyes every several hours as needed to keep the discharge from building up. Apply warm compressions for about 10 minutes 3-4 times a day. Try to keep your child from rubbing her eyes. This will irritate the eyes more, and increase the risk of spread to the other eye, as well as to siblings and other contacts. You and your child should practice good hand-washing to prevent spreading the infection.

***Call the office if:***

- Your child is acting ill or has other symptoms such as fever or earache
- Your child complains of eye pain or trouble with his vision
- The eyelids become red and swollen
- The discharge immediately reappears after wiping it away
- The redness lasts for more than 7 days

**Poison Ivy**

Poison ivy is caused by a local reaction of the skin to oil on the leaves of the poison ivy plant. The rash consists of small bumps or blisters that can appear in lines. Blisters may look to be filled with a clear yellow fluid that may crust over if scratched open. The rash is usually very itchy, but not typically painful. Poison oak, poison sumac and many other plants and weeds can cause the same type of reaction.

There are two common misconceptions about poison ivy - that it is contagious and that it can spread. Poison ivy is not contagious. Once the oil has been washed from the skin, direct contact will not pass the rash from person to person. However, oil that remains on the hair or clothing can spread the rash if it comes into contact with others. Poison ivy does not spread. After the oil has come into contact with the skin it can take up to two weeks for the rash to appear; the rash may appear in different areas of the body on different days. This is normal.

**Treatment:** If you think your child has come into contact with poison ivy, have him bathe or shower. Keep the affected areas clean with soap and water. Cover areas that are likely to become dirty. Benadryl may be used to relieve itching, either cream OR by mouth, but not both. An over-the-counter topical steroid cream can be used twice a day for up to one week. Keep your child's fingernails and toenails short to prevent scratching, especially at night.

***Call the office if:***

- The rash becomes more painful than itchy, is becoming increasingly swollen or has thick drainage, as these can be signs of infection.
- The rash involves the face or groin area.
- You are concerned that the rash may not be poison ivy.

**Rash**

Rashes are common in childhood and have many causes. The majority of childhood rashes are not harmful. If your child has a mild rash without other symptoms of illness you can safely watch it for several days. Many common childhood viral infections can cause a rash. These rashes can cover the entire body and tend to look worse when your child gets warm (in sunlight, after a bath or exertion). If the rash seems to itch you can try oatmeal baths or use Benadryl (for children over one year) if the itching is severe. Rashes are difficult to diagnose over the phone, so if you have a question about your child's rash please call during office hours so that an appointment can be scheduled. Please call immediately if your child has a rash that looks like broken blood vessels or a rash that does not blanch (lose its color briefly when pushed on).

**Sore Throat**

The majority of sore throats are viral, and as with any virus, there is no cure for the infection. Viral sore throats usually last 3-4 days and are often associated with cold symptoms. "Strep throat" is a bacterial infection that usually causes a sore throat, fever, headache and nausea/vomiting. It requires a throat swab for diagnosis and is treated with antibiotics. Acetaminophen or ibuprofen products will help with a sore throat, regardless of the cause.

***Call the office if you notice:***

- A sore throat that is not improving in 2-3 days
- A sore throat and a known exposure to someone with strep throat
- Obvious swelling on the outside of the neck or excessive drooling
- Signs of dehydration because your child is refusing fluids
- Any other questions or concerns

**Vomiting**

Vomiting (throwing up) is most often caused by a viral infection in the stomach or by eating something that has irritated the stomach lining. It is frequently

associated with diarrhea, although it may precede the diarrhea by 1-2 days. It generally lasts 12-48 hours. The main concern when your child is vomiting is keeping him hydrated.

**Treatment:** Wait 30 minutes after your child vomits before offering any fluids. After 30 minutes give your child several sips of water, Pedialyte or other clear liquids and wait 10-15 minutes. If no vomiting occurs, give several more sips. Gradually increase the amount of clear liquid offered and the time between offering liquids until your child is drinking as much as she wants without vomiting. Do not offer a large amount at once, even though your child may want more. This distends the stomach and is likely to cause more vomiting. If your child vomits again, wait 30 minutes and go back to offering only a few sips. Once your child is keeping down clear liquids you can return to formula or breastfeeding or add back bland solid foods. It is normal for your child's appetite to be decreased for up to a week after a vomiting illness. It is also expected that your child may lose weight during his period; she will eat more in the weeks that follow to regain the lost weight.

In general, we do not recommend medicines to treat vomiting. It is appropriate to give acetaminophen if your child has a fever with her vomiting. If vomiting is persistent, it may be helpful to use the suppository form of these medicines.

**Call the office if you notice:**

- Vomit containing blood or bile (dark green color)
- No improvement after 24 hours
- Persistent vomiting accompanied by fever and significant abdominal pain
- Signs of dehydration
- Sunken appearing eyes
- Dry, cracked lips and dry, sticky tongue and inside of the mouth
- No tears when crying
- Less than 2 wet diapers or urine out in a 12 hour period
- Lethargy (difficult to arouse, doesn't interact with surroundings)
- Weakness (won't sit up, crawl, or play)

**MEASUREMENT CONVERSION TIPS:**

- ½ tsp = 2.5 mL
- ¾ tsp = 3.75 mL
- 1 tsp = 5 mL
- 1 ½ tsp = 7.5 mL
- 1 ¾ tsp = 8.75 mL
- 2 tsp = 10 mL

**MEDICATION LIST**

Acetaminophen Products (Tylenol®/Tempra®)			Give Every 4-6 Hours
<b>Suspension/Elixir</b>	12-17 lbs	80 mg	½ tsp or 1 chewable
(160 mg/5 mL)	18-23 lbs	120 mg	¾ tsp
5 mL = 1 teaspoon (tsp)	24-29 lbs	160 mg	1 tsp or 2 chewable or 1 JS
	30-35 lbs	200 mg	1 ¼ tsp
<b>Chewables (80 mg)</b>	36-41 lbs	240 mg	1 ½ tsp or 3 chewable
	42-46 lbs	280 mg	1 ¾ tsp
<b>Junior Strength Chews (JS)</b>	47-52 lbs	320 mg	2 tsp or 4 chewable or 2 JS
(160 mg)	53-58 lbs	360 mg	2 ¼ tsp
	59-64 lbs	400 mg	2 ½ tsp or 5 chewable or 2 1/2 JS
	65-70 lbs	440 mg	2 ¾ tsp
	71-95 lbs	480 mg	3 tsp or 6 chewable or 3 JS
	95+ lbs	640 mg	4 JS
<b>Regular Strength Tablets</b>	48-95 lbs	325 mg	1 tablet
(325 mg)	95 + lbs	650 mg	2 tablets
<b>Extra Strength Tablets</b>	74-146lbs	500 mg	1 tablet
(500 mg)	147+ lbs	1000 mg	2 tablets

**Ibuprofen Products (Advil®, Motrin®)****Give Every 6-8 Hours**

These products should not be given before 6 months of age.

Infant Drops (50mg/1.25mL)	12-16 lbs	50 mg	1.25 mL
	17-21 lbs	75 mg	1.875 mL
	22-27 lbs	100 mg	2.5 mL
Suspension (100 mg/5mL)	12-16 lbs	50 mg	½ tsp
	17-21 lbs	75 mg	¾ tsp
5 mL = 1 teaspoon (tsp)	22-27 lbs	100 mg	1 tsp or 1 chewable
	28-32 lbs	125 mg	1 ¼ tsp
Chewable Tablets (50 mg)	22-32 lbs	100 mg	2 chews
	33-43 lbs	150 mg	3 chews
	44-55 lbs	200 mg	4 chews
Junior Strength	33-38 lbs	150 mg	1 ½ tsp
Chewable Tablets (100 mg)	39-43 lbs	175 mg	1 ¾ tsp
	44-49 lbs	200 mg	2 tsp or 2 chewables
	50-54 lbs	225 mg	2 ¼ tsp
	55-60 lbs	250 mg	2 ½ tsp
	61-65 lbs	275 mg	2 ¾ tsp
	66-87 lbs	300 mg	3 tsp or 3 chewables
Adult Tablets (200 mg)	44-87 lbs	200 mg	1 tablet
	88-131 lbs	400 mg	2 tablets
	132+ lbs	600 mg	3 tablets

**BENADRYL (Diphenhydramine)**

<b>Elixir/Syrup/Liquid</b>	13-26 lbs	6.25 mg	½ tsp
(12.5 mg/5 mL) 5mL = 1tsp	27-40 lbs	12.5 mg	1 tsp or 1 chewable
	41-54 lbs	18.75 mg	1 ½ tsp
Chewables (12.5 mg)	55-81 lbs	25 mg	2 tsp or 2 chewables
	82-109	37.5 mg	3 tsp or chewables
Adult Tablets (25 mg)	55-109 lbs	25 mg	1 tablet
	110+ lbs	50 mg	2 tablets

**ALLERGY RELIEF (Non-sedating)**

<b>Claritin® (Loratadine)</b>	2-5 years	5 mg (1 tsp or 1 chew)	once daily
	6 years and up	10 mg	once daily
<b>Alavert®</b>	6 years and up	10 mg	once daily
<b>Zyrtec (cetirizine)</b>	6-23 mos	2.5 mg (½ tsp)	once daily
	2-5 years	2.5 mg (½ tsp or ½ chew)	once daily
	6 years and up	5-10 mg (1-2 tsp or 1-2 chews)	once daily
<b>Allegra (Fexofenadine)</b>	6-23 mos	15 mg (½ tsp)	twice daily
	2-11 years	30 mg (1 tsp)	twice daily
	12 years and up	60 mg (2 tsp or 1 tablet)	twice daily

## COUGH AND COLD PREPARATIONS

Cough and cold preparations are generally ineffective in young children and **we recommend they not be used in children under six years of age. These medications should NEVER be given to a child under two years of age.** We encourage you to try the non-drug supportive measures listed under the "Cold" and "Cough" sections first. If your child is six years or older and you do try an over-the-counter medication, we recommend using a single ingredient preparation directed toward a specific symptom (i.e. congestion or cough). Combination preparations can put your child at risk for side effects and overdose. **Children with asthma should NOT be given products containing a cough suppressant (dextromethorphan).**

For measuring purposes, 5 mL = 1 teaspoon (tsp) and 0.8 mL = 1 dropper

**Never use a dropper from one medication to give another medication.**

### DELSYM® {Dextromethorphan} Cough suppressant

<b>Suspension</b>	6-12 years	1 tsp	every 12 hours
(30 mg/5 mL = 1 tsp)	> 12 years	2 tsp	every 12 hours

### PEDIACARE® PRODUCTS

<b>Pediacare® Cough-Cold</b>	6-8 years	2 tsp	every 6 hours
<b>Suspension</b>	9-10 years	2 ½ tsp	every 6 hours
	11+ years	3 tsp	every 6 hours

<b>Pediacare® Cough-Cold</b>	6-8 years	2 tabs	every 6 hours
<b>Chewable Tablets</b>	9-10 years	2 ½ tabs	every 6 hours
	11+ years	3 tabs	every 6 hours

<b>Pediacare® Nightrest</b>	6-8 years	2 tsp	every 6-8 hours
	9-10 years	2 ½ tsp	every 6-8 hours
	11+ years	3 tsp	every 6-8 hours

### DIMETAPP® PRODUCTS

<b>Children's Dimetapp®</b>	6-12 years	2 tsp	every 6 hours
<b>DM Cold &amp; Cough</b>	> 12 years	4tsp	every 6 hours

<b>Children's Dimetapp®</b>	6-12 years	2 tsp	every 4-6 hours
<b>Cold and Allergy</b>			

### ROBITUSSIN® PRODUCTS

<b>Robitussin®</b>	6-12 years	2 tsp	every 4 hours
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<b>Robitussin® Cough or Pediatric Cough &amp; Cold</b>	6-12 years	2 tsp	every 6-8 hours
	>12 years	3-4 tsp	every 6-8 hours

<b>Robitussin® Pediatric Night Relief</b>	6-12 years	2 tsp	every 6 hours
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<b>Robitussin®-CF or Robitussin®-PE</b>	6-12 years	1 tsp	every 6 hours
	>12 years	2 tsp	every 6 hours

<b>Robitussin®-DM or Robitussin-SF Cough</b>	6-12 years	1 tsp	every 4 hours
	>12 years	2 tsp	every 4 hours

**SUDAFED PRODUCTS**

<b>Childrens' Sudafed® Liquid</b>	6-12 years	2 tsp	every 6 hours
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<b>Children's Sudafed® Cold &amp; Cough</b>	6-12 years	2 tsp	every 6 hours
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<b>Children's Sudafed® Chewables</b>	6-12 years	2 tabs	every 6 hours
	>12 years	3-4 tabs	every 6 hours

<b>Sudafed® Adult Tablets</b>	6-12 years	1 tabs	every 6 hours
	>12 years	2 tabs	every 6 hours

**TRIAMINIC PRODUCTS**

<b>Triaminic® Chest Congestion or Allergy Congestion</b>	6-11 years	2 tsp	every 6 hours
	12+ years	3 tsp	every 6 hours

<b>Triaminic® Cold &amp; Allergy</b>	6-11 years	2 tsp	every 6 hours
	12+ years	3-4 tsp	every 6 hours

<b>Triaminic® Soft Chews Cold &amp; Allergy</b>	6-11 years	2 tabs	every 6 hours
	12+ years	3-4 tabs	every 6 hours

**GROWTH RECORD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Head Circumference \_\_\_\_\_

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**IMMUNIZATION RECORD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Hepatitis B Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
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**Pneumococcal Vaccine (Prevnar)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_  
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**DTaP (Diphtheria, Tetanus, Pertussis)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_  
#5 \_\_\_\_\_

**Hib Vaccine (Haemophilus Influenza B)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_

**Polio Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_  
#5 \_\_\_\_\_

**MMR Vaccine (Measles, Mumps & Rubella)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

**Varicella (Chickenpox) Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

**Rotavirus Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
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**Hepatitis A Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

**IMMUNIZATION RECORD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Influenza Vaccine**

*2 doses first year, then annual doses:*

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**Tdap (Tetanus, Diphtheria, Pertussis) Vaccine**

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\_\_\_\_\_

**Meningococcal Vaccine**

\_\_\_\_\_  
\_\_\_\_\_

**HPV Vaccine (Human Papillomavirus Infection)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

**Additional Vaccines:**

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## GROWTH RECORD

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date              Age              Weight              Height              Head Circumference

Date	Age	Weight	Height	Head Circumference
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## IMMUNIZATION RECORD

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Hepatitis B Vaccine

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

\_\_\_\_\_

### DTaP (Diphtheria, Tetanus, Pertussis)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

### Polio Vaccine

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

### Rotavirus Vaccine

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

\_\_\_\_\_

### Pneumococcal Vaccine (Prevnar)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

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### Hib Vaccine (Haemophilus Influenza B)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

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#4 \_\_\_\_\_

### MMR Vaccine (Measles, Mumps & Rubella)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

### Varicella (Chickenpox) Vaccine

#1 \_\_\_\_\_

#2 \_\_\_\_\_

### Hepatitis A Vaccine

#1 \_\_\_\_\_

#2 \_\_\_\_\_



**IMMUNIZATION RECORD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Hepatitis B Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
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**Pneumococcal Vaccine (Prevnar)**

#1 \_\_\_\_\_  
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#3 \_\_\_\_\_  
#4 \_\_\_\_\_  
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**DTaP (Diphtheria, Tetanus, Pertussis)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
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**Hib Vaccine (Haemophilus Influenza B)**

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#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
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**Polio Vaccine**

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#5 \_\_\_\_\_

**MMR Vaccine (Measles, Mumps & Rubella)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

**Varicella (Chickenpox) Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

**Rotavirus Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
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**Hepatitis A Vaccine**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

**IMMUNIZATION RECORD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Influenza Vaccine**

*2 doses first year, then annual doses:*

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**Tdap (Tetanus, Diphtheria, Pertussis) Vaccine**

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**Meningococcal Vaccine**

\_\_\_\_\_  
\_\_\_\_\_

**HPV Vaccine (Human Papillomavirus Infection)**

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
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**Additional Vaccines:**

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