

Twelve Month Check Up

www.cedarparkdoctors.com



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Phone: 512-336-2777

LENGTH _____ WEIGHT _____ HEAD CIRCUMFERENCE _____

IMMUNIZATIONS

It is common for children to experience some discomfort from today's Vaccine. The Following are NORMAL side effects.

_ Soreness, redness, swelling, tenderness where shot is given

_ Fever (usually low grade)

For relief, you may apply ice for first 24 hours/and Tylenol _____ dosage

Received vaccines to prevent:

- Dtap Hib Hepatitis A Hepatitis B Influenza Prevnar Polio Varicella (Chickenpox)
 MMR Other _____

SHOULD YOUR CHILD EXPERIENCE

_ Streaking @ Site of Injection _ Difficulty breathing _ Hoarseness or Wheezing

_ Swelling of the throat _ Weakness _ Fast heart beat _ Dizziness _ Hives

CONTACT THIS OFFICE IMMEDIATELY 512-336-2777

NUTRITION

1. Your toddler should be making the transition from a diet of baby food and formula or breast-milk to a diet of mainly table food and cow's milk. This is an important time for your child and your family. It is your responsibility to teach your child to accept and like a variety of healthy foods. The key to getting your child to accept new and nutritious foods is repeated exposure. You may need to serve a food 10 times or more before your child learns to accept or even like a new food. Keep trying.
2. This is an excellent time for parents to look at their own diet. Parents are important role models. How parents eat has a profound impact on their children's diet. Studies show that children who prefer high fat and calorie-dense foods (junk food) have parents with similar preference. Parents transfer eating habits to their children. Parents need to provide nutritious food at every meal and every snack. Aim for at least two to three servings each of fruits and vegetables a day. Eliminate high-calorie, poor quality snacks such as sodas, chips, and cookies. Milk should be served at each meal. Healthy eating habits will decrease the risks of chronic diseases such as obesity, heart disease, diabetes, cancer, and stroke for the entire family.
3. You may notice that your child is getting more independent and wants to self-feed. This is normal. Provide more finger foods for your toddler.
4. You may also notice that your child's appetite is decreasing. This is normal. Your child is entering a period in which growth will be much less rapid. In the 1st year of life, most babies triple their birth weight. Between 12 months and 2 years of age, most babies only gain about 5 or 6 pounds. Do not worry if your child's appetite has decreased; just keep offering a variety of nutritious food. Do not worry about any particular day or even week. Try not to turn meal time into battle time. Resist the temptation to become a short-order cook.

THE FOOD GUIDE PYRAMID

The U.S Department of Agriculture publishes a “Food Guide Pyramid” that is a general guideline of foods important for a healthy, balanced Daily diet. The following is a modification of the USDA Food Pyramid for children age 12-23 months.

HEALTHY EATING TIPS

The Food Pyramid		
Dairy Group	3-4 servings	Milk (whole milk)-1/2 cup (4 oz) Cheese-1/2 oz. Yogart-1/4 cup (2oz)
Meat and Others Proteins	2 servings	Meat, Fish or Poultry-1 ounce (about ¼ the size of a deck of cards) Eggs- ½ Beans-1/4 cup (cooked)
Fruit	2-3 servings	Canned or Frozen Fruit (in natural juice, not syrup)-1/4 Fresh Fruit-1/2 of small sized fruit 100% Fruit Juice-3 to 4 oz.
Vegetables	2-3 servings	Cooked Vegetables -1/4 cup (2 oz or 4 TBLS) Raw vegetables are not appropriate at this age, as they are a choking hazard.
Grains -at least half should be whole-grain	4-6 servings	Bread-1/2 slice (preferably whole grain) Cooked Cereal, Rice, Pasta-1/4 cup Dry Cereal-1/3 cup Crackers-2 to 3 (Preferably whole grain)

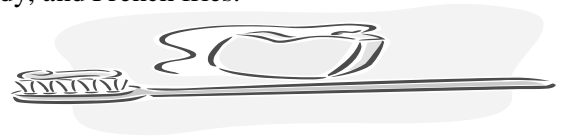
1. Liquid Intake:

- **Milk:** Your child should drink at least 12-16 ounces a day of whole cow’s milk. More than 24 ounces a day of milk can lead to anemia & a decreased appetite in general. Dietary fat is important for brain growth & thus, your child is too young for low-fat milk. Offer milk at every meal. If your child will not drink milk, offer milk products such as cheese and yogurt.
- **Soft Drinks, Fruit Drinks, & Sport Drinks:** not appropriate in this age group. Offer water between meals.
- **Cup training:** Your toddler should be able to drink all of his liquids from a cup. It’s time to discontinue the bottle; prolonged bottle use causes cavities. One way to help wean off the bottle is to put only water in the bottle so your child will lose interest. Sippy-cups (cups with a lid and spout) can also cause cavities if you allow your child to use them all day long. Save them for snacks and mealtimes. Cups with straws will reduce the exposure of the teeth to the beverage as your child drinks.

2. **Fruits and Vegetables:** Offer 2-3 servings each of fruits and vegetables every day. While amounts of food eaten on any given day can vary tremendously, a reasonable goal for total fruits & vegetables a day for your toddler is 1 cup to 1 ½ cups a day. A cup equals 4 servings & 1 ½ cups equals 6 servings a day. Keep trying. Set a good example.

3. **Grains:** Make sure at least half of your child’s grains are whole grains.

4. **Iron-Containing Foods/Anemia:** Iron stores during the 1st year of life are generally very good. Breast-milk, iron-containing formulas, and iron-fortified infant cereals all help to ensure adequate iron intake during the first year.
5. Now that your toddler is entering her 2nd year, she will need to depend on different foods for her iron. Red meats, poultry, & fish all provide easily absorbable iron. Vitamin C helps iron absorption, so offering citrus fruits at meals or snacks help. Limit milk to 24 ounces or less a day; 12-16 ounces is all that is needed to supply the calcium that your toddler needs. Excessive milk at this age can cause anemia.
6. If your child is not a meat-eater or you have concern about your child's iron-intake, do not hesitate to give a daily supplemental vitamin with iron, such as Polyvisol with Iron or Vidaylin with Iron drops. One to 2 servings a day of infant cereal is another way to provide iron supplementation to your toddler. The infant cereals are more iron-rich than regular cereals. Iron supplements may discolor teeth so it is best to brush teeth or rinse the mouth after each dose.
7. **Snacks:** Offer nutritious, bite-sized snacks such as fresh fruit, fruit canned in natural juice, cottage cheese, string cheese, whole-grain crackers, cheerios, and other iron-fortified non-sweetened cereals, avocado, and bits of meat. Avoid high calorie, poor nutritious foods such as cookies, donuts, candy, and French fries.



DENTAL TIPS

1. Do not allow children to use sippy cups throughout the day. Save them for snacks and meals. High-sugar beverages such as juice are best to drink with a straw. Discontinue bottle use.
2. Use dab of fluoridated toothpaste & a soft child-sized toothbrush for daily cleaning once your child has 7- 8 teeth. If your toddler has less than 7 teeth, use a soft infant toothbrush to gently brush teeth and gums. Try to brush your baby's teeth twice day.
3. Once you are sure that our toddler will spit, not swallow, toothpaste, begin using toothpaste with fluoride. Use a pea-sized amount of toothpaste to limit the amount that he can accidentally swallow.
4. Cheese is excellent when eaten at the end of a meal or as a snack. Cheese is a good source of calcium. In addition, Cheddar, Swiss, and Mozzarella stimulate saliva flow, which helps clear the mouth of food and neutralizes acid.
5. For more information you may visit the American Academy of Pediatric Dentistry's website at www.aapd.org.

DEVELOPMENT

Social/Emotional

During the second year of life, toddlers have a very selfish view of the world. They know other people exist, but they have no idea how they think or feel. Child development experts refer to this as the egocentric or self-centered phase.

This viewpoint makes it difficult for toddlers to play with other toddlers in a truly social sense. They will often enjoy playing alongside each other, but cooperative games do not work. Often playing with older children is easier and more enjoyable for everyone. Sharing is meaningless to a child this age & a toddler believes that he alone deserves the spotlight.

Your toddler's mood will swing between fierce independence and clinginess to you. Some people call this period "the first adolescence." Your child is having mixed feelings about his new independence skills and his reluctance to separate from you. Give him attention and reassurance.

Tips:

1. Try to minimize combat when your child's "friends" are over. Provide plenty of toys for everyone. It might help to select a couple of prized possessions for you child & make these items off limits to other children. If your child is acting too possessive & not allowing the other children to play, try reassuring him that the other child is "only looking at it" or "yes it's your toy, he's not going to take it from you." Distract and redirect your child. Be prepared to referee.
2. Children this age are often aggressive. They have very little awareness of the feelings of others & being physical is a natural response to frustration or anger. Be alert when toddlers play. Be prepared to pull the aggressive child away

from the activity. Clearly reprimand the behavior, (“don’t bite”, “don’t hit”, etc.) and redirect all the children to friendlier play.

3. Toddlers are great imitators. When you are mowing the lawn, reading the paper, or sweeping the floors, your toddler may want to help. Even though it may take longer, try to involve your child or turn the activity into a game. If you are doing something that she cannot help you with or participate in some way, find another “chore” to do. Encourage these desires to be helpful. Helping, like sharing, is an important social skill.
4. Brief separations from you may help your toddler become more independent. He will still suffer separation anxiety, but generally the protest is brief. Leave him with a kiss & a promise that you’ll return. When you return, greet him enthusiastically & devote full attention to him for a while before moving on to other chores or business. This way, your child will learn that you always return.
5. Toddlers are notorious for throwing tantrums. Unfortunately, tantrums are seen from about 9 months up until 4 or 5 years of age. A tantrum is the emotional equivalent of a blown fuse. A tantrum is most likely when frustration has built up in your toddler such that only an explosion can release it. Once a tantrum is underway it is not something neither an adult nor the child can generally stop.
 - The best strategy is to try to avoid tantrums. Organize your toddler’s life so frustration is kept to a minimum. Allow time for naps & quiet time. Keep meal and snack times predictable. Have reasonable expectations. A toddler is not going to eat neatly or pick up his toys without help. If possible, leave your toddler at home with the other parent when lengthy errands need to be run. Sometimes you might be able to head off a tantrum by holding your child & cuddling or by redirection. Lend him some of your control until he’s able to take a breather & take charge of himself again. If it’s too late for this, try your best to treat his behavior as unpleasant, but irrelevant. Do not scream or argue with your child for he is not capable of listening during a tantrum. Remove breakable objects. Do not give in to your child’s demand because this will increase their frequency of tantrum. Do not let your child feel rewarded or punished for the tantrum. When the tantrum is over, you both just need to go on with your day.

Cognitive/Learning

You will notice how hard your toddler concentrates as he plays. He is constantly gathering information about how things work. He is learning to make decisions & find solutions for play-related problems. He will be attracted to mechanical devices such as wind-up toys, switches, buttons, and knobs.

Imitation is an important part of learning at this age. He may play with household objects by himself or try to involve you. He may also like hiding games. If he does something special, he may pause and look to you for applause. By responding to these cues you will encourage his learning, and have fun.

He still lacks judgment & does not understand consequences. You must watch him carefully. Even if he injures himself in play he may not understand the cause. He knows that he can open & shut doors, but does not know to keep his/her fingers out of the way.

Language

You have probably noticed that your toddler now understands most of what you say. If you suggest going outside, he’ll head for the door. If you ask where his ball is, he’ll go look for it. This understanding is a giant leap in language development. Start using less baby talk. Speak clearly to your toddler. Continue to talk lovingly & with emotion to your toddler. Try to read to your child daily at a regular time. Most toddlers can say one or two words at this age. First words are usually labels, such as people’s names, favorite toys, pets’ names, or other special objects. Use correct labels (names) for objects. Pronunciation is difficult so work hard to understand what he is telling you.

Gross Motor (Movement) Skills

Walking without support is the major motor milestone for this age group. If your child is not walking yet, she should be within the next 6 months.

When a toddler first walks, she will plant legs apart widely and lurch side-to-side slowly. She may hold her arms up, bent at the elbow, and with hands at shoulder level for balance. Over the next few months, her walk will mature. Her feet will come together and her arms will move at her side in a more normal fashion.

At this age walking is still a challenge. Your toddler will fall and fall and fall. Even turning corners is not easy at first. Watch your child carefully, especially around stairways.

Fine Motor (Hand & Finger) Skills

Over the next few months, your toddler's ability to manipulate small objects will improve dramatically. By manipulating small objects, he will learn spatial relationships such as: in, on, under, and around. Favorite games include:

- Putting raisins or cheerios in a small container and then dumping them out again
- Building towers of 2 or 3 blocks and knocking them down.
- Turning knobs and pages
- Covering and uncovering containers
- Picking up balls or other objects

Media Alert

Now while your child is young, parents need to consider both the risks & the benefits of mass media exposure (television, movies, video and computer games, the Internet, etc.) and set family rules for media exposure.

Potential benefits of the media include selected educational television programs, family entertainment/movies, & knowledge obtained through the Internet.

Unfortunately, there are also problems with excessive or unsupervised mass media exposure. Currently the average American child spends more than 3 hours a day watching television. This figure does not include time spent watching movies, listening to music, playing video or computer games, or surfing the Internet. Time spent with the media can displace creative, active, or social pursuits. Other problems include:

1. **Behavior:** There is much evidence that significant exposure to media violence increases the risk of aggressive behavior in certain children and adolescents, desensitizes children to violence, & can lead a child to believe that the world is a "meaner and scarier" place than it really is.
2. **Sexual Content:** American media, both in programming and advertising, is highly sexualized in content. The average young television viewer is exposed to more than 14,000 sexual references a year. Most of these references do not portray responsible sexual behavior nor do they mention the risks of pregnancy & sexually transmitted disease.
3. **Tobacco and Alcohol:** Advertising and popular movies normalize and glamorize the use of tobacco, alcohol, and illicit drugs.
4. **Obesity and School Performance:** Excessive television viewing has been documented to be a significant factor leading to obesity and may lead to decreased school achievement as well. There is concern that over stimulation from high levels of media use might lead to problems with attention or hyperactivity.

Screen Time Recommendations:

Helping children develop healthy media use habits early on is important. The American Academy of Pediatrics recommends the following guidelines:

- For children younger than 18 months of age, use of screen media other than video-chatting, should be discouraged.
- Children ages 18-24 months may be introduced to high quality programming/apps if parents use them together with their children. Children learn best when interacting with parents/caregivers.
- For children older than 2 years, limit screen use to no more than 1 hour per day of high quality programming. Co-viewing with your child is recommended.
- All children and teens need adequate sleep, physical activity, and time away from media. Designate media-free times to be together as a family and media-free zones. Children should not sleep with electronic devices in their bedrooms, including TVs, computers, ipads and smartphones.
- Parents are encouraged to develop personalized media use plans for their children taking into account each child's age, health, personality and developmental age. Plans should be communicated with caregivers and grandparents so that media rules are followed consistently.

EARLY CHILDHOOD INTERVENTION (ECI) PROGRAMS

The State of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to Texas families and their children, birth to age 3, with developmental delays. The cost of services provided is based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions that are often associated with developmental delays (such as Down's Syndrome, prematurity, vision, or hearing impairments). Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-250-2246 or visit the ECI website at www.eci.state.tx.us for the ECI program closest to you.

Sleep

Most 12 month olds sleep around 11 hours overnight and take 2 naps a day (morning and afternoon) of 1 to 2 hours each for a total of 13 to 14 hours of sleep in a 24 hour day. Often the morning nap is discontinued by 15 to 18 months of age. When the morning nap is dropped, the afternoon nap may stretch out another half hour or so.

Often children this age are anxious and have problems with separation at bed-time. It is a good idea to help your child by blending a transitional object into his bedtime ritual. A transitional object, usually a cuddly blanket or toy, is an object that your toddler becomes attached to and helps him make the emotional transition from dependence on parents to independence. The presence of this comforting object helps your child feel at home in a strange place, reassures him when he's away from you, calms him when he's upset, and helps him relax into sleep. During this separation-anxiety phase, your baby may become fearful of the dark. A night-light in his bedroom may help with this fear.

Have a soothing predictable bedtime routine such as bath, bedtime story, and saying goodnight to family and favorite objects. A snack or drink should not be part of this routine. Include his transitional object in this routine. Make sure "Mister Bear" is included in story time. Place your child in his crib while he is awake but drowsy. If he stirs and seems to awaken during the night, do not rush in. If you wait for 5-10 minutes he may settle back to sleep. If he calls out for you, sometimes calling back and letting him know that you are nearby will be enough. If these simple measures do not work, you will need to go into his room and briefly reassure him. Make night-time contacts brief and boring.

If you want to read more about sleep problems, we recommend **Solve Your Child's Sleep Problem** by Richard Ferber.

SAFETY

Injuries are the leading cause of death in children less than 4 years of age. Because of all the new motor skills and the natural desire to explore, this stage is a very dangerous time in you child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Poisoning

Children continue to explore their world by putting everything in their mouths, even if it does not taste good. Your child is now able to get into and on top of everything. She can now open doors and drawers, take things apart, and open bottles easily. You must use safety caps on all medicines and toxic household products. Consider using a non-toxic substitute household products. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your house. Keep all products in their original containers.

Reach Out and Read

Reading to your child is the best way to help your child love books and learning.

Reading milestones between 12-18 months:

Your child should:

- sit without support
- may carry a book
- holds book with help
- turn board pages
- no longer mouth book right away
- point with one finger
- May make same sound for certain pictures
- Point when asked "where's the ___?"
- Turn book right side up
- Give book to adult to read

The parent should:

- Respond to child's prompting to read
- Let the child control the book
- Be comfortable with toddler's attention span
- Ask "where's the ___?" and let the child point

Favorite titles for this age group:

- Clifford the Big Red Dog board books
- Goodnight Moon
- Buenas Noches Luna
- the Zoo Book
- Feliz Cumpleanos
- Hagamos de Cuenta
- Hermanas/Hermanos
- Read to Your Bunny
- Who uses this?
- The Bug Book
- Mi Libro del ABC

If your child puts something poisonous into his mouth, call the Poison Help Line immediately. Have the Poison Help Line number (1-800-222-1222) on or near your phone. Do not make your child vomit. The American Academy of Pediatrics no longer recommends that syrup of Ipecac (medication that induces vomiting) be kept at home as a home treatment strategy.

If your child should ingest a
poison, call the Universal
Poison Control Number,
1-800-222-1222
Put this number near your phone.

High Blood Lead

Children can be exposed to lead by living in older homes that have lead-based paints or by a family member's occupation or hobby. This lead exposure can be harmful. There is a questionnaire in the immunization folder that you can look at to help decide if your child is at risk. In our part of the country, the incidence of significant lead exposure is quite low, but it does occur. If you answer "yes" to any questions on the questionnaire, a blood test for lead may be needed.

Falls

To prevent serious falls, lock the doors to any dangerous area. Use gates on stairways & install operable window guards. Remove sharp-edged furniture from the room that your child plays & sleeps in. Children this age can climb. A chair left next to a kitchen counter is an invitation to climb & explore. Remember, your child does not understand what is dangerous.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. Hand guns are especially dangerous. If you choose to keep a gun, keep it unloaded and in a locked place separate from the ammunition. Ask if the homes where your child visits or is cared for have guns and how they are stored.

Drowning

At this age children love to play in water. Never leave your child alone in or near a bath tub, pail of water, wadding or swimming pool, or any other water, even for a moment. Empty all buckets after each use. Keep bathroom doors shut. Your child can drown in less than 2 inches of water. Stay within an arm's length of your child around water. If you have a swimming pool, fence it at 4 sides at least 4 feet high, and be sure that the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from their house.

Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, & hot foods spilled on your child can cause serious burns. A safe place for your child while you are cooking, eating, or unable to give him your full attention is the play pen, high chair, or crib. Never carry your child and hot liquids or food at the same time. Children will grab anything as they toddle about, including oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched or place a barrier around them.

If your child does get burned, immediately place cold water on the burned area. Then cover the burn with a bandage or clean cloth. Call your doctor for all burns. To protect your child from hot water burns reduce the temperature of your hot water heater to 120 F.

Children are at greatest risk in house fires. Test the batteries on your smoke alarm once a month. Change the batteries at least twice a year on dates that you'll remember such as Daylight Saving and Standard Time.

Sun Exposure

Avoid the sun during the hours of 10am to 4 pm. If outside, stay in the shade, use a hat to protect your child's face, and use sunscreen. Sun exposure during childhood can cause skin cancer and premature aging of the skin later in life.

Car Safety

Car accidents are a great danger to your child's life and health. The crushing forces to your child's brain and body in an accident or sudden stop, even at low speeds, can cause severe injuries or death. To prevent these injuries use a car safety seat every time your child rides in a car.

Infants should ride rear-facing until age two or until they reach the highest weight or height allowed by the car seat's manufacturer. When children reach the highest weight or length allowed by the manufacturer of the infant-only seat, they should continue to ride rear-facing in a convertible seat. We no longer advise facing forward at twelve months of age and twenty pounds, as was the previous recommendation. It is best for **toddlers/preschoolers** to ride rear-facing as long as possible to the highest weight and height allowed by the manufacturer of their convertible seat, preferably until age two. When they have outgrown the seat rear-facing, they should use a forward-facing seat with a full harness as long as they fit.

The harness straps should now be at or above the shoulders. Be sure that the safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owner's manual of your car. The safest place for all infants and children to ride is in the back seat.

For more information about car safety seats and for information about having your seat checked for proper installment call 1-800-252-8255 (safe riders program) or www.safercar.gov.

Do not leave your child alone in the car. Death from excess heat may occur very quickly in warm water in a closed car. Keep vehicles and their trunks locked. Before backing up, always walk behind your car to be sure that your child is not there. You may not see your child if you rely only on the rear view mirror.

Your child's next visit should be at age 15 months.

**Please bring your child's immunization record with you
to all visits.**

**For more health resources, visit our website at
www.cedarparkdoctors.com**

Car Safety Seats: Information for Families

Motor vehicle crashes remain the leading cause of death for children ages four and older. New research into the effectiveness and safety of car seats found that children are safer in rear-facing car seats. Because of this, the American Academy of Pediatrics has recently updated their recommendations regarding car seat use. They now advise that children should ride rear-facing until age two and that older children use a booster seat until at least age eight.

The American Academy of Pediatrics also recommends the following overall guidelines regarding car safety use:

Infants should ride rear-facing until age two or until they reach the highest weight or height allowed by the car seat's manufacturer. When children reach the highest weight or length allowed by the manufacturer of the infant-only seat, they should continue to ride rear-facing in a convertible seat. We no longer advise facing forward at twelve months of age and twenty pounds, as was the previous recommendation.

It is best for **toddlers/preschoolers** to ride rear-facing as long as possible to the highest weight and height allowed by the manufacturer of their convertible seat, preferably until age two. When they have outgrown the seat rear-facing, they should use a forward-facing seat with a full harness as long as they fit.

Booster seats are for older, **school-aged children** who have outgrown their forward-facing car safety seats. Booster seats help position the lap and shoulder belt properly. Children should stay in a booster seat until adult belts fit correctly. Most children will need a booster seat until they are 4 feet 9 inches tall and are between the ages of eight and twelve.

Older children who have outgrown their booster seats should ride with a lap and shoulder seat belt in the back seat until thirteen years of age. The shoulder belt should lie across the middle of the shoulder and chest and should not be against the neck. The lap belt should fit low and snug over the child's hips and upper thighs, not across the abdomen.

Not only are the above guidelines for your child's safety, it's **TEXAS LAW!**

Under the "Child Passenger Safety Seat Systems" Law, it is an offense if an adult transports a child who is shorter than 4'9" tall and does not keep the child secured in a safety seat system. In addition, it is also an offense if a child who is greater than 4'9" tall is not restrained with a seat belt. A violation of this law can lead to a hefty fine.

It is absolutely essential that **ALL CHILDREN YOUNGER THAN 13 YEARS OF AGE RIDE IN THE BACK SEAT!** An air bag deployed in the front seat can seriously injure or kill children younger than 13 years of age. Remember, even a low velocity "fender-bender" can deploy a front airbag and seriously injure a child in the passenger seat.

Children should ride restrained for EVERY trip, no matter how short. Remember, it's your child's life you could be saving so **buckle up!**





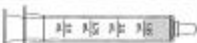
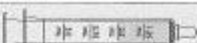
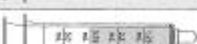














Infants', Children's and Jr. TYLENOL®

Dosing Information for Healthcare Professionals

Use this chart to determine the proper dose of TYLENOL® for your patient. If possible, use weight to dose; otherwise use age.

DOSE — Give your patient the dose indicated below every 4 hours as needed. Do not give more than 5 doses in 24 hours.

mL = milliliter
tsp = teaspoonful

Weight (lbs)	Age	 Infants' TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) Use only as directed.	 Children's TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) Use only as directed.	 Children's TYLENOL® Meltaway Chewable Tablets Use only as directed. Active Ingredient: Acetaminophen 80mg (in each tablet)	 Jr. TYLENOL® Meltaway Chewable Tablets Use only as directed. Active Ingredient: Acetaminophen 160mg (in each tablet)
6-11 lbs	0-3 mos	1.25 mL 	—	—	—
12-17 lbs	4-11 mos	2.5 mL 	—	—	—
18-23 lbs	12-23 mos	3.75 mL 	—	—	—
24-35 lbs	2-3 yrs	5 mL 	5 mL (1 tsp) 	2 tablets 	—
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 	3 tablets 	—
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 	4 tablets 	2 tablets 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 	5 tablets 	2½ tablets 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 	6 tablets 	3 tablets 

Remind parents and caregivers to:

- Read and follow the label on all TYLENOL® products
- Take every 4 hours as needed
- Do NOT exceed more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Keep all medicines out of the reach of children
- Do NOT administer adult medicines to children
- Use only the dosing device that comes with a specific product:
 - Infants' TYLENOL® Oral Suspension — enclosed SimpleMeasure™ syringe
 - Children's TYLENOL® Oral Suspension — enclosed measuring cup

- Children's TYLENOL® Meltaway Chewable Tablets are not the same concentration as Jr. Strength TYLENOL® Meltaway Chewable Tablets. Jr. TYLENOL® Meltaway Chewable Tablets contain 160mg of acetaminophen, while Children's TYLENOL® Meltaway Chewable Tablets contain 80mg of acetaminophen
- All Infants' and Children's TYLENOL® Oral Suspension products in stores have the same acetaminophen concentration (160mg/5mL)



Advil®

Relief you can trust

Measure dosing only with the device that comes with the product.



Available in three flavors!
• Fruit • Grape • Blue Raspberry



	Infants' Advil® Concentrated Drops for ages 6-23 months	Children's Advil® Suspension for ages 2-11 years	Advil® Tablets Advil® Liqui-Gels® for ages 12 and up
Active ingredients	Ibuprofen 50 mg (NSAID)* in each 1.25 mL	Ibuprofen 100 mg (NSAID)* in each 5 mL	Ibuprofen 200 mg (NSAID)* in each tablet
Indications	Fever reducer, relieves minor aches and pains due to cold, flu, headaches, and toothaches	Fever reducer, relieves minor aches and pains due to cold, flu, sore throat, headaches, and toothaches	Fever reducer, relieves minor aches and pains due to headache, toothache, backache, menstrual cramps, cold, muscular aches, minor pain of arthritis

	Weight		Age				
Patient Dosing	under 6 months				do not use	do not use	do not use
	12-17 pounds	6-11 months			1.25 mL[†] every 6-8 hrs not to exceed 4 doses/24 hrs	Use Infants' Advil® Concentrated Drops	Use Infants' Advil® Concentrated Drops
	18-23 pounds	12-23 months			1.875 mL[†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓	↓
	24-35 pounds	2-3 years			Use Children's Advil® Suspension	1 tsp[†] every 6-8 hrs not to exceed 4 doses/24 hrs	Use Children's Advil® Suspension
	36-47 pounds	4-5 years			↓	1½ tsp[†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
	48-59 pounds	6-8 years			↓	2 tsp[†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
	60-71 pounds	9-10 years			↓	2½ tsp[†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
	72-95 pounds	11 years			↓	3 tsp[†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
		12+ years			Use Advil® Tablets or Liqui-Gels®	Use Advil® Tablets or Liqui-Gels®	1 or 2 tablets[†] every 4-6 hrs not to exceed 6 tablets/24 hrs

*Nonsteroidal anti-inflammatory drug.
[†]Measure dosing only with the device provided.
^{††}If pain or fever does not respond to 1 tablet, 2 tablets may be used.

Please refer to drug facts on the product label for complete warnings.

Important Instructions for Proper Use

- Read and keep the cartons for complete warnings and information on Advil® products
- Remind patients that if they are taking other drugs containing prescription or nonprescription NSAIDs (aspirin, ibuprofen, naproxen, or others), they should consult with you before taking any Advil® products
- Measure dosing only with the device provided
- Adult strength medicines should not be administered to children
- Products contain other ingredients. Please see full ingredient list on each package

Visit advil.com for drug facts, product updates, and additional information.



Risk Assessment for Lead Exposure: Parent Questionnaire

Form Pb - 110

Patient's Name:	DOB:	Medicaid #:
Provider's Name:	Administered by:	Date:

Parent Questionnaire		Yes	Don't know	No	
1	Does your child live in or visit a home, daycare or other building built before 1978?				
2	Does your child live in or visit a home, daycare or other building with ongoing repairs or remodeling?				
3	Does your child eat or chew on non-food things like paint chips or dirt?				
4	Does your child have a family member or friend who has or did have an elevated blood lead level?				
5	Is your child a newly arrived refugee or foreign adoptee?				
6	Is your child exposed to any of the following (if YES, check all that apply):				
Contamination from a parent, relative, or friend with jobs or hobbies like these?		If "Yes" or "Don't Know" Perform a Blood Lead Test			
<input type="checkbox"/>	Radiator repair	<input type="checkbox"/>	House construction or repair	<input type="checkbox"/>	Chemical preparation
<input type="checkbox"/>	Pottery making	<input type="checkbox"/>	Battery manufacture or repair	<input type="checkbox"/>	Valve and pipe fittings
<input type="checkbox"/>	Lead smelting	<input type="checkbox"/>	Burning lead-painted wood	<input type="checkbox"/>	Brass/copper foundry
<input type="checkbox"/>	Welding	<input type="checkbox"/>	Automotive repair shop or junkyard	<input type="checkbox"/>	Refinishing furniture
<input type="checkbox"/>	Making fishing weights	<input type="checkbox"/>	Going to a firing range or reloading bullets	<input type="checkbox"/>	Other:
Sources of lead in food and remedies?					
<input type="checkbox"/>	Imported or glazed pottery such as a Mexican bean pot	<input type="checkbox"/>	Foods canned or packaged outside the U.S.		
<input type="checkbox"/>	Imported candy, (like Chaca Chaca) especially from Mexico	<input type="checkbox"/>	Remedies such as greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda		
<input type="checkbox"/>	Nutritional pills other than vitamins				
<input type="checkbox"/>	Other:				

Cuestionario de Padre		Sí	No lo se	No	
1	¿Vive su hijo(a) o visita una casa, centro de guardería u otro edificio construida antes de 1978?				
2	¿Vive su hijo(a) o visita una casa, centro de guardería u otro edificio que está siendo pintada, remodelada, o en la que están pelando o lijando la pintura?				
3	¿Su hijo(a) come o mastica cosas que no son comida, como pedazos de pintura o tierra?				
4	¿Tienen parientes o compañeros de su hijo(a) que tienen o tuvieron altos niveles de plomo en la sangre?				
5	¿Es su hijo recién refugiado o adoptado del extranjero?				
6	¿Ha sido expuesto su hijo(a) a cualquier de los siguientes? (si Sí, marque todos que apliquen):				
Contaminación de un padre, pariente, o amigo con trabajos o pasatiempos como estas?		Si "sí" o "no lo se" Le haga al niño una prueba de plomo en el sangre			
<input type="checkbox"/>	Reparación de radiadores	<input type="checkbox"/>	Construcción o reparación de casas	<input type="checkbox"/>	Preparación de químicos
<input type="checkbox"/>	Fabricación de cerámica	<input type="checkbox"/>	Fabricación o reparación de baterías	<input type="checkbox"/>	Partes sueltas para tubos de cañerías y válvulas
<input type="checkbox"/>	Industria del plomo	<input type="checkbox"/>	Quema de madera pintada con plomo	<input type="checkbox"/>	Fundición de latón/cobre
<input type="checkbox"/>	Soldadura	<input type="checkbox"/>	Taller mecánico para autos o lote de chatarra	<input type="checkbox"/>	Terminado de muebles
<input type="checkbox"/>	Fabricación de pesas para pescar	<input type="checkbox"/>	Ir a un campo de tiro o recargar balas	<input type="checkbox"/>	Otros:
Fuentes de plomo en comidas y remedios?					
<input type="checkbox"/>	Productos de cerámica importada o con recubrimiento de barniz, como una olla para frijoles de México				
<input type="checkbox"/>	Productos enlatados o empacados fuera de los Estados Unidos				
<input type="checkbox"/>	Dulces importados, (como Chaca Chaca) especialmente de México				
<input type="checkbox"/>	Remedios tradicionales como greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda				
<input type="checkbox"/>	Píldoras alimenticias con excepción de las vitaminas				
<input type="checkbox"/>	Otros:				

Fax completed form to 512-458-7699, or mail to the address below.

Texas Childhood Lead Poisoning Prevention Program
 PO BOX 149347 • Austin, TX 78714-9347 • 1-800-588-1248 • www.dshs.state.tx.us/lead

TB Questionnaire

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes ___ (if yes, specify date ___/___/___) No ___
 Has your child ever had a positive TB skin test? Yes ___ (if yes, specify date ___/___/___) No ___

For school/healthcare provider use only

PPD administered Yes ___ No ___

If yes,
Date administered ___/___/___ Date read ___/___/___ Result of PPD test _____ mm response

Type of service provider (i.e. school, Health Steps, other clinics) _____

PPD provider _____
signature printed name

Provider phone number _____

City _____ County _____

If positive, referral to healthcare provider Yes ___ No ___

If yes, name of provider _____

