

Eighteen Month Well Check



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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

Your toddler's appetite will vary from day-to-day & week-to-week. Remember that most children have an excellent internal system to tell them how much food they need for the energy that they spend. Continue to offer a variety of nutritious foods. Children learn to like what is made available to them. It may take up to 10 tries before a child accepts a new food. Remember that it is your job as the parent to decide what he eats, but he decides how much he eats.

Liquids:

We recommend 12-16 ounces of whole or 2% milk a day for the best source of calcium & Vitamin D. Greater than 24 ounces a day of milk can lead to anemia and a decrease in appetite. Dietary fat is important for brain growth; your child is too young for low-fat milk. Offer milk at every meal. If your child will not drink milk, offer dairy products such as cheese & yogurt.

Soft drinks, Fruit drinks & sport drinks are NOT appropriate. Offer water between meals.

Your child should be completely off the bottle at this age. Prolonged bottle use is associated with tooth decay. Sippy-cups can also cause cavities if you allow your child to use them all day long. Save them for snacks & mealtimes only.

Solid Foods:

Most children are completely on basic table foods & can feed themselves with a spoon. Your child may be cautious with new foods at this age. The key to getting your child to accept new & nutritious foods is repeated exposure. You may need to serve a food more than 10 times before your child learns to accept & even enjoy a new food.

Resist the temptation to become a short-order cook to please a picky-eater. Offer foods that you know your child enjoys, but also give a variety of new foods. Do not be discouraged if it takes a while for the new foods to be accepted by your child. Avoid bribery & pleading. Simply offer the food at mealtime with minimal fanfare. Do not turn mealtime into battle time.

You need to provide nutritious foods at every meal & every snack. Aim for at least 2-3 servings each of fruits & vegetables a day. Eliminate high calorie, poor quality snacks such as sodas, chips, cookies, & French fries. 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. Start early with healthy eating.

Fruits & Vegetables: Try the 5-a-day rule—Offer 5 servings of fruits &/or vegetables to your toddler every day. While amounts of foods eaten on any given day can vary tremendously, a reasonable goal for total fruits & vegetables a day is 1 cup to 1 ½ cups a day. A cup would equal 4 servings & 1 ½ cups would equal 6 servings a day.

Grains: Make sure that at least half of your child's grains are whole grains.

Iron-Containing Foods & Anemia:

Iron stores during the 1st year of life are generally very good. Breast-milk, iron-containing formulas, & iron-fortified infant cereals all help to ensure adequate iron intake during the 1st year.

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 iron that is easy to absorb. Vitamin C helps iron absorption, so offering citrus fruits & citrus juices at meals or snacks can help.

Excessive milk at this age can cause anemia. Limit milk to less than 24 ounces a day; 12-16 ounces is all that is needed to supply the calcium that your toddler needs.

If your child is not a meat-eater or you have concerns about your child's iron-intake, do not hesitate to give a daily supplemental vitamin with iron such as Polyvisol with Iron. However, note that supplemental iron can cause tooth discoloration so brush teeth after dose. One to 2 serving 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.

Mealtime tips:

Family meals are important for your child. Let her eat with you because this helps her learn. Organize your child's routine around 3 meals & 3 snacks a day.

Toddlers enjoy feeding themselves, even though this can be very messy. Do not expect much from your toddler's table manners. It is best at this age to be patient & to realize that your child will become more proficient at mealtimes as he approaches 2 years of age. Here are some tips:

- Use highchairs with spill-proof trays or booster chairs for larger children
- Use large bibs & have a sponge or paper towel ready for spills
- Pour small amounts (1-2 oz) into the child's cup to prevent large spills
- Do not punish a child for a misdeed during mealtime. Take the food away.
- Try to make positive statements such as "green beans go in your mouth" when the child throws food on the floor

Development

Children at this age should be learning many new words. You can help your child's vocabulary grow by showing & naming many objects. At this age, your child may use 5-10 words.

Children have many different feelings & behaviors such as pleasure, anger, joy, curiosity, and assertiveness. It is important at this age to praise your child for doing things that you like.

Your toddler should be walking & climbing up and down one stair. He may run. At this age, he likes pull toys, enjoy being read to, and makes marks with crayons on paper or a table. He should be able to partially feed himself.

Toddlers often seem out of control or overly stubborn or demanding. They often say "no" or refuse to do what you want them to do. Here are some good methods for helping children learn about rules & for keeping them safe:

1. Child-proof the home. Go through every room in your house & remove anything that is valuable, dangerous, or messy. Preventive child-proofing will stop many possible discipline problems. Do not expect a child not to get into things just because you say no.
2. Divert and substitute. If a child is playing with something you do not want him to have; replace it with another toy that he enjoys. This approach avoids a fight & does not place children in a situation where they'll say "no."
3. Teach and lead. Have as few rules as necessary and enforce them. These rules should be rules important for the child's safety. If a rule is broken, after a short, clear, and gentle explanation, immediately find a place for your child to sit alone for 1 minute. It is very important that a "time-out" comes immediately after a rule is broken.
4. Make consequences as logical as possible. For example, if you don't stay in your car seat, the car doesn't go. If you throw your food, you don't get any more and may be hungry."
5. Be consistent with discipline. Do not make threats that you cannot carry out. If you say you're going to do it, do it.
6. Provide choices. For example, "do you want to wear the red shirt or the blue shirt". This avoids "no".

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.

Toilet Training:

At 18 months, most toddlers are not yet showing signs that they are ready for toilet training. When toddlers report to parents that they have wet or soiled their diaper, they are beginning to be aware that they prefer dryness. This is a good sign & you should praise your child. Toddlers are naturally curious about the use of the bathroom by other people. Let them watch your or other family members use the toilet. It is important to not place too many demands on a child or shame the child during toilet training.

Most children can be ready for toilet training by 2 years of age. By age 3, most children have trained themselves. Staying dry at night usually does not happen until 3-5 years of age & some children experience occasional bedwetting up to the age of 6.

Start reading your child some of the basic toilet training books to let her know what is expected. This will help with teaching the vocabulary: “pee, poop, potty”. Watch your child for signs that her bladder is full or that she needs to have a bowel movement (pulling at her pants, holding the genital area, squatting) and teach her at these times that her “body wants to make some pee-pee or poop”.

Select a potty for your child that will allow her feet to rest of the floor. Let her decorate it and make it her own special chair. Let her become familiar with it by sitting on it fully clothed or using it as a chair for reading books for a few days or a week prior to the start of training.

Start training:

1. Encourage practice runs to the potty. When you see signals that your child needs to empty his bladder or bowels, say in a positive way “your body wants to make some pee, let’s use the potty”. Other good times are after naps & 20 minutes after a meal. The key in the beginning is seizing the opportunity. Never force your child to sit on the potty & do NOT prolong a session for more than 5 minutes.
2. Praise your child for cooperation &/or any success. Use rewards such as sticker or stars on a calendar.
3. Respond sympathetically to accidents. Never use physical punishment or scolding for toilet training accidents. Toilet training is a long process and there are many variables that can cause your child to have an accident. Be patient. Offer encouragement.

Safety Tips

Avoid Choking and Suffocation

- Keep plastic bags, balloons, and small hard objects out of reach
- Store toys in a chest without a dropping lid.
- Cut foods into small pieces.

Prevent Fires and Burns

- Keep lighters and matches out of reach
- Keep hot appliances and cords out of reach
- Keep hot foods and liquids out of reach
- Turn the water heater down to 120 degrees F.
- Do not cook with your child at your feet.

Pedestrian Safety

- Hold onto your child when you are around traffic
- Supervise outside play areas

Prevent Drowning

- Never leave an infant or toddler in a bathtub alone—NEVER
- Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down, never leave water in an unattended bucket, and store buckets upside down.

Avoid Falls

- Check the stability of drawers, furniture, and lamps. Avoid placing furniture (on which children may climb) near windows or on balconies.
- Install window guards on windows above the first floor.
- Make sure windows are closed or have screens that cannot be pushed out.
- Don't underestimate your child's ability to climb.

Poisons

- Keep all medicines, vitamins, cleaning fluids, etc. locked away.
- Put the poison center number on all phones.
- Purchase all medicines in containers with safety caps.
- Do not store poisons in drink bottles, glasses, or jars

Immunizations

At the 18-month visit, your child may receive shots. Your child may run a fever & be irritable for about 1 day and may have soreness, redness, and swelling in the area where the shots were given. You may give acetaminophen drops (1 and ½ dropperfuls, or 1.2 ml, every 4-6 hours) to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed to provide comfort.

Call your child's physician if:

- Your child has a rash or any reaction to the shots other than fever and mild irritability
- Your child has a fever that lasts more than 36 hours.

We would like to see your child back in 6 months for their 24 month well-child check. Please bring your immunization record with you.
Thank you!





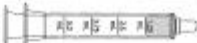
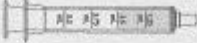
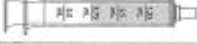
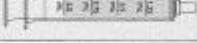











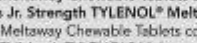

Visit our website at www.cedarparkdoctors.com

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.

		 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)
Weight (lbs)	Age				
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

	Patient Dosing				
	Weight	Age	Infants' Advil® Concentrated Drops	Children's Advil® Suspension	Advil® Tablets or Liqui-Gels®
	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.

Name: _____ Date: _____

DOB : _____

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- | | |
|--|--------|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes No |
| 2. Does your child take an interest in other children? | Yes No |
| 3. Does your child like climbing on things, such as up stairs? | Yes No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes No |
| 6. Does your child ever use his/her index finger to point, to ask for something? | Yes No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes No |
| 10. Does your child look you in the eye for more than a second or two? | Yes No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes No |
| 12. Does your child smile in response to your face or your smile? | Yes No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes No |
| 14. Does your child respond to his/her name when you call? | Yes No |
| 15. If you point at a toy across the room, does your child look at it? | Yes No |
| 16. Does your child walk? | Yes No |
| 17. Does your child look at things you are looking at? | Yes No |
| 18. Does your child make unusual finger movements near his/her face? | Yes No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes No |
| 20. Have you ever wondered if your child is deaf? | Yes No |
| 21. Does your child understand what people say? | Yes No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes No |

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