

Two Month Check Up

www.cedarparkdoctors.com



**Cedar Park Pediatric
& Family Medicine**
Complete Medical Care for your Family

**345 Cypress Creek Rd. Suite 104
Cedar Park, TX 78613
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:

Dtap Hib Hepatitis B Rotateq Prevnar Polio 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

Breast-Fed Infants

1. **Feeding Patterns** – By 2 months of age, most babies will drop a night feeding and nurse 6 to 7 times in a 24 hour period. Remember, infant's needs differ individually & rigid feeding schedules are not recommended for breast-fed infants. Most infants will need at least 6 breast-feedings in a 24 hour day until they begin solids.
2. **Solid Foods** – Solids are introduced between 4 and 6 months of age. Exclusive breast-feeding supplies adequate nutrition for the first 6 months of life.
3. **Vitamin D Supplementation** – Starting soon after birth, the American Academy of Pediatrics recommends that 400 IU of Vitamin D supplementation be given to all infants. You can purchase solely Vitamin D drops or Poly-Vi-Sol, which is a multivitamin at grocery or pharmacy stores. If your baby is

exclusively formula fed and takes more than 27 oz in a day, you do not need Vitamin D supplementation.

Because of the low Vitamin D content of breast milk and lack of sun exposure, breast-fed infants are at an increased risk of Vitamin D deficiency.

Good choices for infants include: Tri-Vi-Sol Drops, Poly-Vi-Sol Drops, Vi-Daylin ADC Drops, Vi-Daylin Multivitamin Drops. Your breast-fed infant will need 1 dropper (400 IU Vitamin D) a day.

Honey may cause deadly infant botulism, a nerve and muscle disease. NO HONEY FOR YOUR BABY UNTIL AGE ONE.

Your Diet During Pregnancy and Lactation

It was once recommended for mothers to refrain from consuming highly allergenic foods during pregnancy and lactation. However, recent evidence suggests that it is not necessary to avoid these foods. There is no significant allergy prevention benefit to your baby by avoiding highly allergenic foods during this time.

Formula-Fed Infants

1. **Feeding patterns** – As time goes on, your baby’s feeding will increase in amount per feeding and decrease in frequency. In general most bottle-fed infants need 5-6 feedings at this age.
2. **Solid Food** – There is no rush to start solids. Most infants begin solids between 4 and 6 months of age and once they start to exceed 32-36 ounces of formula a day.

BABY’S FIRST COLD

A “cold” or upper respiratory infection is a viral infection of the nose and throat. Most healthy children get at least 6 colds a year. Children in daycare may get up to 12 colds per year. There are no medicines that can cure a cold. We can only treat the symptoms.

- To help drainage: use a humidifier at night, elevate the head of the baby’s bed, and use saline nose drops and a bulb syringe to clean the nose.
- Over-the-counter medications are rarely recommended under 6 months of age. Cold & cough syrups are NOT recommended.
- Make sure your baby has extra liquids, such as water.
- Have your baby seen by her provider if she seems extremely fussy or sicker than one would expect with a minor cold.
- Fever, especially the first 2 to 3 days of a cold, is common. Usually fever with a cold is not high. However, infants 3 months or younger with a temperature of 100.4 or greater need to be seen by a provider. Young infants with fever need a medical evaluation.

CARE OF YOUR CHILD

Immunizations

Most medical experts agree that the developments of effective vaccines are among the most important medical advancements of the 20th century. Before vaccines, parents in the US could expect that every year.

- Polio would paralyze 10,000 children
- Rubella (German measles) would cause birth defects and mental retardation in as many as 20,000 newborns.
- Measles would infect about 4 million children, killing 3,000
- Diphtheria would be one of the most common causes of death in school aged children
- A bacterium called Haemophilus influenza type b (Hib) would cause meningitis in 15,000 children, leaving many with brain damage.
- Pertussis (whooping cough) would kill 8,000 children, most of who were under the age of two.

Today, thanks to the development of vaccines and their widespread use, the frequency of such diseases has been reduced significantly and in the case of a few diseases, virtually eliminated in this country.

DEVELOPMENT

Hearing

Your baby may cry at sudden loud noises. Their eyes will search for a sound, but not always in the direction of the sound. The baby is aware of your voice. Talk to your baby, play classical music- it may improve math and science learning.

Language:

Coos, laughs, and different cries show pleasure or distress.

Learning

Your baby should visually follow short distances and watch objects. When your baby is close to 4 months old, he will take a swing at the object, grasp and hold objects, watch and play with his hands, and control his head and shoulders. Look at books with simple pictures and bright colors.

Playing

Keep baby in a sitting position as much as possible. Play and clap together with your baby's hands. Keep your baby on their stomach at least 30 minutes a day. Imitate baby's cooing and babbling sound because such imitation appears to encourage infants to make these sounds. Games such as "Peek-a-boo", "Pat-a-Cake", and "this little piggy went to market" encourage imitation and listening skills.

Toys

- Images or books with high-contrast patterns
- Play varied music from music boxes or tapes
- Unbreakable mirror attached to inside of crib
- Rattles
- Bright, varied mobiles
- Sing to your baby

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.

SLEEP

Prevention of Sleep Problems

At about 6 weeks of age, most infants begin to establish better day/night patterns. They sleep more at night and remain alert for longer periods in the day. By 2 months, most babies sleep about 8 to 9 hours overnight. However, about half of all 2 month olds will wake for 1 brief feeding during this 8 to 9 hour stretch. "Sleeping through the night" at this age means sleeping for a 5 to 6 hour stretch. During the day, most 2 month olds take 3 one to two hour naps, for a total of 15 hours of sleep in a 24 hour day.

The following measures can help make your baby sleep better:

- Teach your baby to fall asleep on his own. Place him down to sleep while drowsy, but not quite asleep. If you always rock your child to sleep or allow your child to fall asleep while feeding, the he will be trained to expect the same ritual every time he awakens. Over the next few months, he should learn to "self-sooth."
- Establish a predictable & soothing bedtime routine: bath, spend a few minutes "reading" a picture book, sing a song, say goodnight to family members.
- Encourage play and active time in the daytime. In contrast, nighttime feeding should be calm, quite, and brief. For example, change the diaper if necessary then feed, burp, and return your baby, in a comfortable, sleepy state, to his crib while still awake.
- Try to delay middle of the night feedings. By now, your baby should be down to one feeding during the night. Before feeding, try to briefly pat or hold your baby to see if that will satisfy him. If you are breast feeding, try to decrease the time of feeding. If you are bottle feeding, try to reduce this feeding by 1 to 2 ounces.

SAFETY

Falls

Babies wiggle and move and push against things with their feet as soon as they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over (sometimes as early as 2 to 3

months), he may fall off of things unless protected. Do not leave your baby alone on changing tables, sofas, or chairs. Put your baby in a safe place, such as a crib or playpen, when you cannot hold him. Do not use a baby walker. Your baby may tip the walker over, fall out or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot foods on themselves.

Always buckle your baby in place while in any infant seat, infant carrier or stroller. Many infants have had serious falls when left for “just a minute” or when the parent forgets and picks up the child in an unsecured carrier.

Car injuries

Most injuries can be prevented by the use of a car safety seat. Make certain that your baby’s car seat is installed correctly. Read and follow the instructions that come with the car seat and the sections in the owner’s manual of your car on using a car safety seat correctly. Use the car safety seat every time your child is in a car. Your infant should ride in the back seat in a rear-facing car seat. For questions about car safety seats you may also call the Safe Riders Program @ 1-800-252-8255 or www.safercar.gov.

Burns

Babies will wave their fists and grab at things. Never carry your baby and hot liquids, such as coffee or foods at the same time. To protect your family from tap water scalds, reduce the maximum temperature of your hot water heater to 120 F. If your baby gets burned, immediately place the burned area in cold water. Keep the burned area in cold water until she quits crying, then cover the burn with a bandage or clean cloth and call your baby’s provider.

To protect your baby from house fires, be sure that you have a working smoke alarm in your home. Test the batteries in your alarm every month. Change the batteries at least twice a year on dates that you’ll remember, such as Daylight Saving and Standard Time.

Sun exposure can also burn your child. Avoid direct sun exposure, especially from 10am to 4pm. Use a wide brim hat to shield the face and cover arms and legs with lightweight clothing.

Sleep Safety Guidelines

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), the American Academy of Pediatrics has come out with the following recommendations:

- Until their first birthday, babies should sleep on their backs during naps and nighttime. If your baby falls asleep in a car seat, move him or her to a firm sleep surface on his/her back as soon as possible. If your baby is comfortable rolling both ways (back to tummy, tummy to back) and you find that he/she has rolled onto their tummy, you do not have to return the baby to his/her back.
- Use a firm sleep surface. A crib, bassinet, portable crib or play yard that meets the current safety standards is recommended along with a tight-fitting mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. Keep soft, loose bedding out of your baby’s bed.
- Room sharing in which baby sleeps in his/her crib in the same room where you sleep is encouraged for the first 6 months of age.

- Co-sleeping/bed sharing is NOT recommended. Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch or armchair.
- It is fine to swaddle your baby. Stop swaddling when your baby looks like he or she is trying to roll over.
- Try giving a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If the pacifier falls out after the baby is asleep, you don't have to put it back in. If you are breastfeeding, wait until breastfeeding is going well for approximately 2-3 weeks before introducing the pacifier.
- In-bed sleepers and bedside sleepers that attach to your bed have not been fully researched as to their effects on SIDS so the American Academy of Pediatrics has not made recommendations for or against these products.

To prevent the development of a “flat head” or other positional skull deformities, it is advisable to alternate the infants head position so that he/she is facing the opposite way each time you lay the child in the crib. This will prevent pressure from consistently being in one region of the skull and also help to maintain long healthy neck muscles. It is not recommended to use a boppy or infant pillow to position your infant's head.

Smoking

If you or another family member is a smoker, one of the best ways to protect your family's health is to quit smoking. Smoking increases your baby's risk of respiratory illnesses, cancers, and SIDS.

Check out our website at www.cedarparkdoctors.com for more helpful tips and information regarding your child's health.

Your baby's next well-child check is at 4 months of age.

Please bring your child's immunization record with you at each Well Child Visit.

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.







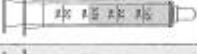
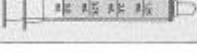













Children should ride restrained for EVERY trip, no matter how short. Remember, it's your child's life you could be saving so **buckle up!**

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 | |  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 Active Ingredient: Acetaminophen 80mg (in each tablet) Use only as directed. |  Jr. TYLENOL® Meltaway Chewable Tablets Active Ingredient: Acetaminophen 160mg (in each tablet) Use only as directed. |
|--------------------------------------|-----------|--|--|--|---|
| 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)



Baby's Name:
Name:
Date:
Address:
Baby's Age:

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
Yes, all the time
Yes, most of the time
No, not very often
No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

- | | |
|---|--|
| 1. I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all | *6. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, have been coping as well as ever |
| 2. I have looked forward with enjoyment to things As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all | *7. I have been so unhappy that I have had difficulty sleeping Yes, most of the time Yes, sometimes Not very often No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never | *8. I have felt sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all |
| 4. I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often | *9. I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never |
| *5. I have felt scared or panicky for no very good reason Yes, quite a lot Yes, sometimes No, not much No, not at all | *10. The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never |