

Six Month Check Up

www.cedarparkdoctors.com



345 Cypress Creek Rd. Suite 104
Cedar Park, TX 78613
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 B Influenza Prevnar Polio Rotateq 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-feeding: As your baby's solid food intake increases, the number and duration of breast-feedings will decrease. Once solid feedings are well established, 4 or 5 breast-feedings a day is typical.

Formula-feeding: Depending on the amount of solids eaten, most infants take 26 to 32 ounces of formula a day. By 9 months, the average amount of formula a day is 24 ounces. Four bottles a day should be sufficient at this age.

Cup Training: Cup training should be started by 6 months of age. A common way to start is with water. Discontinue bottle use by 12 months or soon after. Prolonged bottle use can cause tooth decay.

Solids

- **Age:** Solid foods can be started at 6 months if they have not been introduced already. Studies have indicated that to delay the start of solid foods beyond 6 months of age may actually increase your child's chances for developing allergies.
- **Meals:** Around 6 months, depending on when solids were started, most infants eat 3 meals a day. Four ounces (1/2 cup) per meal is a reasonable average, but there is variation among babies. Let your baby guide you.
- **Snacks:** Once your baby is eating 3 meals a day, small snacks between meals may be necessary. The midmorning and mid-afternoon snacks should be nutritious, non-milk food. If your baby is thirsty between meals give him extra water.

- **Types of Solids:** If your baby is eating a variety of cereals, fruits, & vegetables, then meats may be added. Between 8 and 10 months of age, you may begin with mashed table food or junior foods. Table food should be nutritious and not spicy or greasy
- **Home Prepared Foods:** Warning: Do not home prepare beets, turnips, carrots, spinach, or collard greens for babies. In some parts of the country, these vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young infants. Baby food companies are aware of this problem and screen the produce they buy for nitrates. They also avoid buying these vegetable in parts of the country where nitrates have been found. Because you cannot test for this chemical yourself, it is safer to use commercially prepared forms of these foods, especially while your child is an infant. If you choose to prepare them at home anyway, serve them fresh and do not store them. Storage of these foods may actually increase the amount of nitrates in them.
- **Finger foods:** Small bite-sized foods that can be self-fed are enjoyed by most babies. These can be started once your baby sits well unassisted & has a good pincer grasp, usually around 8-10 months of age. Good finger foods include dry, unsweetened cereals (Cheerios, Rice Krispies), slices of cheese, & soft small bites of canned or fresh fruits, crackers, and bread crusts. Always supervise eating to prevent choking.

Iron Intake: Since iron stores from pregnancy are depleted by this age and your baby is in a period of rapid growth, the risk of iron deficiency anemia is high over the next 18 months. Giving 2 servings a day of infant cereal helps prevent iron deficiency anemia. At this age, a serving is 4 tablespoons (1/4 cup, 2 oz) of dry cereal. The American Academy recommends 2 servings of cereal a day up until 1 year of age, but one can continue to give infant cereal during the second year if iron intake is a concern.

Introducing Highly Allergenic Foods

New studies now recommend that it is not necessary nor recommended to wait to introduce highly allergenic foods to your baby. Foods such as cheese, yogurt, eggs, soy, wheat, fish, shellfish, peanuts/tree nuts (in the form of a thin paste) can become part of your child's regular diet at age 4-6 months to reduce his/her chance of developing allergies. These highly allergenic foods can be introduced as soon as your baby has tried and tolerated other solids foods such as oatmeal cereal, bananas, carrots, applesauce, sweet potatoes, etc. Nuts can be prepared by crushing them into a thin paste to prevent choking. Each new food should be given for 3-7 days before another new food is tried. These first time trials are best started at home rather than at day care or a restaurant. Honey and milk should not be given before a year of age due to other nutritional reasons.

Contact your baby's medical provider before starting highly allergenic foods if your infant has had an allergic reaction to food, has had a positive food allergy test, atopic dermatitis (eczema) or a sibling has a peanut allergy.

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.

FLORIDE INFORMATION

Proper fluoride supplementation decreases cavities by 60%. The ideal concentration of fluoride in drinking water is 1.0 ppm (parts per million). For most patients in Austin, fluoride supplementation is accomplished by the added fluoride in our city water. However, if you have a reverse osmosis water system in your home or live in an outlying community, your child may need to have fluoride prescribed by your child's physician. The

following is a recommended schedule of fluoride supplementation recommended by the American Academy of Pediatric Dentistry for children beginning at 6 months.

Fluoride Concentration in Community Drinking Water			
Age of Patient	<0.3 ppm*	0.3-0.6 ppm	>0.6 ppm
0 to 6 months	None	None	None
6 months to 3 years	0.25 mg/day	None	None
3 to 6 years	0.5 mg/day	0.25 mg/day	None
6 to 16 years	1.0 mg/day	0.5 mg/day	None

*1.0 parts per million (ppm) of fluoride = 1mg/Liter of fluoride

DEVELOPMENT

Gross Motor (Movement) Skill:

Most babies can roll both front to back and back to front by 6 months of age. Many babies can sit by 6 months, but often it takes another month or two to be able to sit without support. Over the next 2-3 months, your baby will probably start to crawl and start pulling herself to stand.

Provide plenty of opportunities to help your baby develop gross motor skills. Frequently change your child's position: from tummy to back to sitting and back to tummy; from crib to floor, pull to sitting and pull to standing holding on to fingers. Your baby may enjoy standing in your lap and bouncing.

Fine Motor (Finger and hand) Skills:

Most 6 month olds rake at small objects with their fingers, but by 9 months, most have an effective pincer grasp and can pick up small objects. Over the next few months, your baby will learn how to transfer blocks or other small objects from one hand to another.

Give your baby many opportunities to use his hands. He is dependent on you to bring the world to him. He should have his own toys such as activity boards, blocks, soft dolls, and stuffed animals. Give him a spoon at mealtime, a wash cloth at bath time, & let him play with cups and mixing spoons as you are cooking. Show him how to toss a small soft ball.

Language:

At 6 months, most babies are vocalizing with increasing frequency and variety. Babbling (repetitive consonant sounds such as ma-ma, da-da) is the next step in language development. By 9 months, he should be babbling. Lots of talking is the best way to help your baby's language development. Talk directly to your baby & use many gestures and expressions. Use key labeling words when you talk. "Where are your socks? Let's find your socks." Rather than "Oh, where are they?" Talk to your baby about things that are physically present. "Look at the dog chasing the ball. Look at brother riding his trike." Over the next few months you baby will begin to understand NO by the tone of your voice.

Some parents teach their baby basic sign language at this age. Signs are easier for baby to learn than true speech. Signing may reduce frustration, improve communication, and is not detrimental to speech development.

Social:

Your baby prefers people to inanimate objects. He will be entertained by your games with him. Play with your baby. Play peek-a-boo, wave “bye-bye”, bang objects together, & play patty-cake.

By 8 months, many babies become clearly attached to mother and fear separation. By the end of the year, this separation anxiety often increases & your baby may also begin to fear strangers. Separation anxiety can be stressful to the mother. Try to accept this phase and be proud of your importance to your baby. He is practicing loving for life. The more he can love now and feel love back, the more secure and loving he will be the rest of his life. Use of a playpen at his age is a good idea. He can watch mother, feel safe, and allow mother to do her work. When you leave him, a warning phrase such as “bye-bye for now” may help him not feel abandoned. Another phrase such as “here I am again” can mark the definite end to a separation when you return.

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.

DENTAL TIPS

Use a small dab of fluoridated toothpaste (size of a grain of rice) and a soft infant toothbrush to gently brush baby teeth and gums. Try to brush your baby’s teeth twice a day; the best times are before breakfast and before bedtime. For more information visit the American Academy of Pediatric Dentistry’s website at www.aapd.org.

CARE OF YOUR CHILD



Sleep

By 6 months, most babies have settled into a schedule of 2 naps a day, morning and afternoon, 1 to 2 hours each. At night, the average 6 month-old sleeps 10 or 11 hours without waking to feed. Soon after 6 months, many babies start to have separation anxiety when mother is not in sight. This can trigger sleep problems.

Tips to Prevent Sleep Problems

- Have a soothing bedtime routine such as bath, bedtime story, and saying goodnight to family and favorite objects. A late evening breast-feeding or bottle should not be the last event in the bedtime routine.
- Your baby should be able to fall asleep on his own. Place him in his crib awake but drowsy.
- A small soft friendly toy tucked into the corner of the crib may help with separation anxiety.
- Respond to your child's separation fears by holding him and reassuring him during the day.
- Make middle of the night contacts brief and boring. Your baby should not need a middle of the night feeding at this age.

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.

SAFETY

Thousands of children, ages 6-12 months, have serious accidental injuries every year--most of which are preventable. Most injuries occur because parents are not aware of what their child can do. Motor development is rapid in this age group. Constant supervision is needed. This is a good age to use a playpen.

Poisoning:

Children are very curious, which can lead them to getting a hold of dangerous household detergents and other poisonous materials. If your child should ingest a poison, call the Universal Poison Control Number, 1-800-222-1222. **Post this number near your phone.** In the case of convulsions, cessation of breathing, or unconsciousness, call 911. The following information will be important:

1. The name of the poison

2. The amount of ingested
3. The time it was ingested,
4. Any symptoms
5. The age and weight of your child

The American Academy of Pediatrics no longer recommends that Syrup of Ipecac (a medication that induces vomiting) be kept at home as a possible home treatment strategy. Recent research has failed to show the benefit for children who were treated with Ipecac.

Things to Remember

- Read labels and warnings on all containers
- Store potentially harmful products and medicines out of reach of children.
- Throw away unused portions and empty containers.
- Do not put potentially harmful substances in food or drink containers.
- Teach children to stay away from storage areas and medicine cabinets.
- Use child-protective safety latches and guards on doors, drawers, cabinets, etc.
- Avoid calling any medicines “candy.”

High Blood Lead

Children can be exposed to lead by living in older homes that have lead-based paints and /or by a family member’s occupation or hobby. This lead exposure can be harmful. In our part of the country, the incidence of lead exposure is quite low.

Home Safety

Now that you child is mobile, it is important to childproof her environment. Remove crib gyms & other hanging toys at 6 months. Keep all medicines & cleaning supplies well out of reach and equip all cabinets with safety latches. Everything you child finds will end up in her mouth, so be careful with what is left lying around.

Falls

As your child’s strength and curiosity grows, it is important to place gates on stairways and other potentially dangerous areas. Remove or cushion any sharp edged furniture just in case your child falls against it. Coffee tables and fireplaces seem to cause the most injuries. Make sure that your baby is strapped in properly at all times when in a stroller, high chair, car safety seat, or infant 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. **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.

For questions about car safety seats you may also call the Safe Riders program @ 1-800-252-8255 or www.safercar.gov.

Burns

There are a number of ways that your child could be burned.

- At this age, children grab at everything. Never leave hot drinks on tables or counter edges. Never carry hot liquids or food near your child or while holding your child. Do not let your child crawl or walk around stoves, wall or floor heaters, or other hot appliances. Turn pot handles away from the stove's edge so they are not reachable. A safe place for your child while you're cooking, eating, or unable to provide full attention is a playpen, high chair, or crib.
- Because children are just learning to grab at things, water can be a source of burns. Turn your water heater to 120 degrees. At this temperature, it takes 5 minutes to scald severely compared to 5 seconds at the usual water temperature of 150 degrees.
- Children are at greatest risk in house fires. Test the batteries on your smoke alarm. Change the batteries at least twice a year on dates that you'll remember, such as Daylight Saving and Standard Time.

If your child does get burned, put cold water on the burned area immediately. Then cover the burn with a bandage or clean cloth.

Call your doctor for all burns.

Sun Exposure

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

Walkers

The AAP does not recommend using walkers. Walkers allow children to get to places where they can pull heavy objects or hot foods onto themselves. Also, many children in baby walkers have had injuries from falling down stairs, walking out of doors, and running into furniture.

EARLY CHILDHOOD INTERVENTION (ECI) PROGRAMS:

The State of Texas has a network of local community programs that provide services to Texas families and their children, birth to age 3, with developmental delays. The costs of services provided are based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down Syndrome, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. 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.

Reading aloud to your child is the best way to help your children love books and learning. Early "reading" milestones between 6-12 months:

Your child should:

- Reach for book
- Lift book to mouth
- Sit in lap, head steady
- Turn pages with adult help



- Look at pictures
- Vocalize, pat pictures
- Prefers pictures of faces

The parent should:

- Gaze face-to-face with child
- Follow baby's cues for "more" and "stop"
- Point and name pictures

Favorite titles for this age group:

- Smile (Sonrie, Spanish version)
- Peek-a-Boo (Cucer, Spanish version)
- Fingers, Nose, Toes
- My Five Senses
- Let's Play (vamos a Jugar, Spanish version)
- What Color? (Que Color, Spanish version)
- Let's Eat (Vamos a Comer, Spanish version)
- Baby's Animal Friends
- What-a-Baby book series
- Clifford, The Small Red Puppy board book series

CHOKING IN AN INFANT UNDER 12 MONTHS

Make sure food is always cut into small pieces and that small objects, such as coins, beads & small toys are kept out of child's reach. Do not feed your child hard pieces of food such as raw carrots. Grapes, peanuts, and popcorn are also foods to be avoided.

Choking in an infant under 12 months

1. Check infant's mouth by opening the mouth with the thumb over the tongue and the fingers wrapped around the lower jaw. If the object is seen, it may be removed with a finger sweep.
2. If the infant is still choking, place the infant facedown over your arm with head lower than the trunk. The infant's face should be in the support arm's hand and infant's legs should straddle the arm with one leg on each side of the elbow. Five blows are delivered with the heel of the hand between the infant's shoulder blades.
3. If back blows were not successful, turn the infant over and give rapid chest compressions (two fingertips on chest just below nipple line) as in CPR. This is to expel the object from the windpipe.
4. If breathing is not reinitiated after five back blows and five chest compressions, check infant's mouth again by opening the mouth with the thumb over the tongue and the fingers wrapped around the lower jaw. If the object is seen, it may be removed with a finger sweep.
5. If the object is not removed and infant is still choking, start the sequence again with the back blows.



Check out our website at

www.cedarparkdoctors.com

For more helpful tips and information regarding your child's health.

Your baby's next appointment is at **9 months** of age.

Please bring your baby's immunization record with you to 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!**

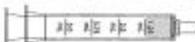
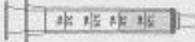
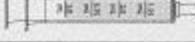
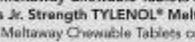
Infants', Children's and Jr. **TYLENOL**[®]

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

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 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.
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.



Baby Food Guide

Infant feeding recommendations have changed dramatically in the last few years. The American Academy of Pediatrics (AAP), based on studies looking at the development of allergy to foods in infants and children, determined that infants can be introduced to a wide variety of foods as early as 6 months of age. Cedar Park Pediatric & Family Medicine (CPPFM) offers some guidelines in starting solids:

1. Infants should be fed solely by breast and/or with formula only until 4 to 6 months of age. (Solids may be started as early as 4 months in some infants, but first discuss with your pediatrician.)
2. First foods should be high in iron content, such as iron fortified whole grain infant cereals, meats, fish, eggs, and non-animal proteins.
3. All foods, other than honey (which can contain botulism spores), can be given to an infant if there is not a strong family history of food allergies. Foods should be chosen based on **nutritional value** and **texture**. Start with purees, and proceed to coarse puree, chunky, then solid dice over 6-9 months of age.
4. New foods can be introduced fairly quickly - no need to feed an individual food multiple times to determine tolerance.
5. Higher allergenic foods (peanut, tree nut, sesame, soy, dairy, egg and fish) should be introduced on their own as a new food (not in a mixture of other new items); so that if an adverse reaction occurs, you know that food is the culprit. If your infant develops a rash, excessive gas or fussiness, vomiting or diarrhea, discontinue that food until meeting with your doctor. Some infants do develop a mild, red irritative rash on their chin/cheeks as a reaction to saliva and food on their skin - this alone **does not** represent food intolerance.
6. A young infant can eat eggs, fish, berries and citrus as long as they are in a manageable texture. We now believe early exposure to these foods (after 6 months of age) can actually reduce the likelihood of allergies.*

**This does not mean your child won't be allergic - so be sure to have Benadryl in the house to use if your child develops hives after eating one of these foods. Signs of more severe allergy (persistent vomiting, swelling of the mouth/lips, difficulty breathing) need immediate treatment with an epipen- please call 911. If your child has hives or a more severe reaction to a food, please discontinue it and schedule a visit for us to discuss possible testing and treatment.*



Baby Food Guide (cont'd)

Where to start?

Traditionally, single-grain cereals are usually introduced first. However, there is no medical evidence that introducing solid foods in any particular order has an advantage for your baby. Historically it has been recommended to start vegetables before fruits; however there is no evidence that your baby will develop a dislike for vegetables if fruit is given first. Babies are born with a preference for sweets, and the order of introducing foods does not change this.

If your baby has been mostly breastfed, he or she may benefit from baby food made with meat, which contains more easily absorbed sources of iron and zinc that are needed by 6 months of age. Once your infant starts solids, you can expect his stools to change dramatically. They may become more or less frequent, more pasty/firm, and quite colorful! Sometimes foods may appear to pass thru undigested - **this is normal**. If your infant has hard, pellet like stools or is straining excessively, avoid constipating foods such as rice, apple, banana and soy. A daily serving of stone fruits; such as prunes, apricots and peaches will help get things moving.

Cereals:

Baby cereals, found as powdered flakes in the supermarket, are iron fortified, which is important for your fast-growing infant, and are easy to prepare.

- Start with **whole grain oatmeal** cereal.
- **Brown rice cereal** is fine in limited amounts, but recent FDA precautions advise limited intake due to very small amounts of arsenic found in rice and rice products.
- **Mixed grain cereals** containing barley and wheat are also fine after 6 months of age.

Once your infant has mastered the art of eating cereal, we recommend introducing meats and other proteins as dietary mainstays.



Baby Food Guide (cont'd)

Your infant's first meal can be at any time of the day, just be sure to pick a time when he or she is alert, happy, and not starving - 30 minutes before a scheduled feeding works well. Your infant should be on your lap, in a bouncy seat, or a high chair (provided the torso and head can be held steady.) Use a bib, or strip your baby down to the diaper – feeding can be a messy job!

DAY 1: Mix 1 teaspoon of cereal with enough formula or breast milk to make a very thin paste. Tickle the chin or cheek to get the baby to open wide, then place a small baby-spoonful of cereal in the middle of the tongue. Wipe, then repeat. Follow with a bottle or nursing.

DAY 2: Increase to 1 tablespoon of cereal, mixed to a paste.

DAY 3: Increase to 2-5 tablespoons of cereal, again mixed to a slightly thicker paste. Your infant may not finish a full bottle feeding after this, which is OK.

Many infants prior to 6 months of age will still have a "tongue thrust" whereby they push the food out, rather than in. Some infants may have no interest in food yet, and get upset with feedings. If this persists, wait a week and try again.

Proteins:

Meats and non-meat proteins are a valuable source of iron and zinc. Infants generally outgrow the supply of iron they are born with by 6 months of age, making this category of solids the most important for young infants to start with.

Easy proteins to prepare include eggs, poached fish or chicken, lentils, beans and chickpeas. Meats are best prepared baked, as the food will retain the most nutrients. Once cooked, chill before pureeing for best results, and add a bit of water to the puree to create the right consistency.

You can also boil, poach or stew meats (try a slow cooker.) You may lose very small amounts of nutrients in the water, so use the cooking liquid when pureeing the food. Add vegetables and grains such as barley, quinoa, or brown rice when cooking the meat to create a meal all at once.

Not enough time to cook your own purees? Prepared baby foods can be both easy and nutritious - look for brands that avoid fillers and additives such as *Earths Best* and *Happy Baby* which. You can also often adapt parts of your own meals into baby purees (throw the leftover baked salmon and sweet potato into a blender, puree and freeze in ice cube trays. Small amounts of spice and seasonings are fine.)

If you plan on bringing up your child vegetarian, we do recommend a daily multivitamin (such as Polyvisol with iron) for both iron and B vitamin supplementation.



Baby Food Guide (cont'd)

Dairy:

You can introduce yogurt and cheeses at 6 months of age as part of a balanced meal. Start with plain, tart yogurt (whole or reduced fat is fine) as infants usually enjoy the taste, and it is far healthier than sweetened versions. Add pureed fruit if you wish. Large amounts of whole milk is not advised, as it is not a whole food like breast milk or formula and can cause anemia in infants less than 12 months. However, milk in small amounts for baking or pureeing is safe. Goat milk is low in folate and can cause severe anemia, it is not recommended as a sole food or formula.

Fruits and vegetables:

Use **STAGE 1** (smooth puree form.) Many fruits can easily be made at home by pureeing with water to the correct texture (banana, pear, peach, prune, apricot) Vegetables and some fruits (apple) will need to be cooked before pureeing to improve texture and digestibility. Do not add sweeteners or salt.

*NOTE: If you make your own baby food, be aware that home-prepared spinach, beets, green beans, squash, and carrots are not good choices during early infancy. They may contain large amounts of nitrates. Nitrates are chemicals that can cause an unusual type of **anemia** (low blood count) in young babies. Commercially prepared vegetables are safer because the manufacturers test for nitrates. Peas, corn, and sweet potatoes are better choices for home-prepared baby foods. Once your infant is eating table foods, these vegetables are fine to prepare at home (once not pureed and given in concentrated form.)*

Cereal or meat and fruits/vegetables can and should be given at the same feeding as Vitamin C increases iron absorption. It doesn't matter if you mix the two or give them separately.

A good ratio is about 3:1 protein: fruit/vegetable (i.e. 6 tablespoons of cereal or meat plus 2 tablespoons of fruit/vegetable.) Don't worry about exact measurements, and if your infant has finished their meal and seems eager for more you can certainly offer more fruit or vegetable (a good habit to carry on through childhood.)

Once your infant is happily eating a variety of foods, you may advance to 2 meals a day, consisting of a protein and fruit/vegetable. An average feeding is **4 ounces**, but your child may eat a little more or less depending on the time of day and infant preference. By 9 months of age, you can advance to 3 meals, at which point you may decrease breast feedings to as little as 3 times a day, or bottle feedings to a minimum of 16 ounces a day.



Baby Food Guide (cont'd)

Finger foods:

Once your baby is tolerating chunky purees (try mashing an avocado, banana or baked sweet potato) you can start giving finger foods to encourage self-feeding. To avoid choking, we recommend not giving hot dogs, whole grapes, raisins, whole nuts, popcorn, raw vegetables or apple, chunks of peanut butter, or other firm pieces of food not cut into small dice.

Good starters include small pieces of banana or ripe melon, wafer style crackers, scrambled egg, well cooked whole grain pasta or noodles, soft bits of meat from stews/soups, mashed beans or peas, chunks of sweet potato/squash, cut up whole grain pancakes and waffles, and soft cheeses.

Water:

Until your infant is weaned from breast milk or formula at 12 months of age, the majority of their fluids should be from those sources. However, at 6 months we encourage you to start offering a sippy cup or straw cup with a few ounces of water at each meal. If the cup has a valve, initially remove it to help reduce the suction needed to get water out. Soft straw cups that can be squeezed to push water up the straw are ideal- as sucking hard on a sippy cup while tilting the head back can push secretions up into the middle ear.

Introducing Whole Milk:

You can try introducing whole milk into your child's diet at 12 months of age (11.5 months is fine if you need to wean early, or want to try prior to your 1 year appointment.) Many children will accept a cup of milk straight up. Fussier infants may require gradual dilution of breastmilk or formula with milk over a few days. Whole milk should be limited to 16 ounces a day, less if they are constipated with the change. If your infant drinks as little as 8 ounces a day, but eats other sources of calcium (yogurt, cheeses, dark green veggies) the rest of their liquid can be water. No amount of juice is recommended, as most varieties are straight sugar with minimal nutritional value.

Resources:

Child of Mine: Feeding with Love and Good Sense by Ellen Satter – a terrific book to take you from first purees thru childhood, how to encourage healthy and conflict free eating habits in your children.

Food Fights: Winning the Nutritional Challenges of Parenthood Armed with a Bottle of Ketchup by Laura Jana MD and Jennifer Shu, MD – tons of practical advice on how to handle routine introduction to feeding thru to picky eating, behavioral issues with feeding and more.

Nutrition: What Every Parent Needs to Know, American Academy of Pediatrics – a comprehensive guide to pediatric nutrition.



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):																		
<p>Contamination from a parent, relative, or friend with jobs or hobbies like these?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Radiator repair</td> <td style="width:33%;"><input type="checkbox"/> House construction or repair</td> <td style="width:33%;"><input type="checkbox"/> Chemical preparation</td> </tr> <tr> <td><input type="checkbox"/> Pottery making</td> <td><input type="checkbox"/> Battery manufacture or repair</td> <td><input type="checkbox"/> Valve and pipe fittings</td> </tr> <tr> <td><input type="checkbox"/> Lead smelting</td> <td><input type="checkbox"/> Burning lead-painted wood</td> <td><input type="checkbox"/> Brass/copper foundry</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Automotive repair shop or junkyard</td> <td><input type="checkbox"/> Refinishing furniture</td> </tr> <tr> <td><input type="checkbox"/> Making fishing weights</td> <td><input type="checkbox"/> Going to a firing range or reloading bullets</td> <td><input type="checkbox"/> Other:</td> </tr> </table>				<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:
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If "Yes" or "Don't Know" Perform a Blood Lead Test

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):																		
<p>Contaminación de un padre, pariente, o amigo con trabajos o pasatiempos como estas?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Reparación de radiadores</td> <td style="width:33%;"><input type="checkbox"/> Construcción o reparación de casas</td> <td style="width:33%;"><input type="checkbox"/> Preparación de químicos</td> </tr> <tr> <td><input type="checkbox"/> Fabricación de cerámica</td> <td><input type="checkbox"/> Fabricación o reparación de baterías</td> <td><input type="checkbox"/> Partes sueltas para tubos de cañerías y válvulas</td> </tr> <tr> <td><input type="checkbox"/> Industria del plomo</td> <td><input type="checkbox"/> Quema de madera pintada con plomo</td> <td><input type="checkbox"/> Fundición de latón/cobre</td> </tr> <tr> <td><input type="checkbox"/> Soldadura</td> <td><input type="checkbox"/> Taller mecánico para autos o lote de chatarra</td> <td><input type="checkbox"/> Terminado de muebles</td> </tr> <tr> <td><input type="checkbox"/> Fabricación de pesas para pescar</td> <td><input type="checkbox"/> Ir a un campo de tiro o recargar balas</td> <td><input type="checkbox"/> Otros:</td> </tr> </table>				<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:
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Si "sí" o "no lo se" Le haga al niño una prueba de plomo en el sangre

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