

Nine 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:

Dtap Hib Hepatitis A Hepatitis B Influenza 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

Your child's diet should be expanding at this age. This is the perfect time to teach your child to enjoy eating healthy foods. There are very few inborn taste preferences; almost all young children can be taught to accept & like a variety of healthy foods. At his age, the most important factor in food acceptance is repeated exposure. Babies instinctively prefer familiar foods. Parents must appreciate that the initial rejection of a new food is normal. Studies indicate that vegetable intake in toddlers was doubled after 10 exposures to each vegetable. Ignore the faces your baby makes upon trying a new food. Try again later. Keep trying because it may take up to 10 tries before you child will accept the food.

Liquid Intake

Continue to feed your baby breast milk or an iron-fortified formula until at least 12 months of age. Wait until 12 months of age to introduce cow's milk.

1. **Breast-feeding:** Breast-fed infants usually nurse 3 to 5 times a day. Try to substitute an activity such as a bed-time story for you baby's good night routine, rather than nursing to sleep. Now that your child is getting teeth, frequent nursing during the night can lead to cavities during the toddler and preschool years. Continue to breast-feed your baby until 1 year of age if possible.
2. **Formula-feeding:** The average amount of formula taken per day at this age is 24 ounces. By 12 months, 16 ounces a day is sufficient. Do not let your child go to sleep with a bottle because this can cause tooth decay. Read a story or look at a book at bedtime instead.
3. **Cup Training:** Offer formula or water in a spout top cup at mealtimes. Work towards a goal of discontinuing the bottle by 12 months, or very soon after.

Solids

1. **Meals:** Your baby should have 3 well-balanced meals a day at this age. In addition to breast milk or formula, your baby's daily diet should include the following foods each day: cereal, vegetables, fruit, and meat. At this age, your baby should eat junior foods and mashed table food. Table food should be nutritious, not spicy or greasy. Most babies at this age will take 6-8 ounces (3/4 to 1 cup) of solids per meal, but there is a tremendous amount of normal variation among babies.
2. **Snacks:** Two or three small snacks a day may be necessary for your little one. These snacks should be nutritious, non-milk food. If your baby is thirsty between meals give him extra water.
3. **Cereal:** Continue with 2 servings a day of an iron-fortified infant cereal until 12 months of age. A serving is considered 4 tablespoons (2 ounces, 1/4cup) of dry cereal. Infant cereals are an important source of iron for your baby during this period of rapid growth and a changing diet.
4. **Fruits and Vegetables:** Make sure that your baby receives at least 2 to 3 servings of both fruits and vegetables a day. A serving is 2 ounces (1/4 cup) of the jar baby food or 1/4 cup of cooked vegetables or fruit. Although you may feed your baby mashed bananas or other soft fruits, most fruits and vegetables should be cooked until they are soft.

This is a good time to start the "Five a Day" rule. The "Five a Day" recommendation refers to a basic recommendation by nutrition experts that the entire population should eat a total of at least five servings of fruits and vegetables a day. This rule translates into five 1/4 cup servings of fruit and vegetables or 2 1/2 jars (4 ounce size) of baby fruit and vegetables a day.

5. **Meat and Eggs:** Your baby should have 1-2 servings of meat or eggs a day. A serving is 1 ounce of meat or 1/2 an egg. Jarred baby-food meats are fine. Other forms of meat need to be minced into tiny pieces before being given to your baby. Hot dogs and meat sticks should be cut length-wise and then into smaller pieces before feeding them to your baby. Eggs are an excellent source of protein,
6. **Finger Foods:** Now that your baby has a good pincer-grasp and can pick up small bits of food, she will enjoy feeding herself. Finger foods for babies include: crunchy toast, dry unsweetened cereals (cheerios, rice krispies), small bits of chicken, well-cooked pasta, scrambled eggs, small slices of cheese, small pieces of banana or other soft fruits, and crackers. Always supervise eating. Since children often swallow without chewing and can choke easily, avoid the following foods for children younger than 4 years of age: chunks of peanut butter, nuts and seeds, popcorn, raw vegetables, hard or gooey candy, raisins, and chewing gum. Other firm foods like grapes, cooked carrots, hot dogs, meat sticks, & chunks of cheese or meat should always be cut into very small pieces.
7. **Spoon-feeding:** Give your baby his own spoon and let him play with it at mealtimes. Dip his spoon into his food and let him try to feed himself. Do not expect much success in the beginning. You will still need to spoon-feed your child for quite a while. He may not truly be able to use a spoon on his own until after his 1st birthday.
8. **Home-Prepared Foods:** Warning: Do not home prepare beets, turnips, carrots, spinach, or collard greens to your baby. 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 & screen the produce they buy for nitrates. They avoid buying these vegetables in parts of the country where nitrates are prominent. Because you can not test for this chemical yourself, it is safer to use commercially prepared forms of these foods. 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.
9. **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 as early as 4 months of age to reduce his/her chance of developing allergies. 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.

Healthy Eating Habits for the Entire Family

As your child gradually transitions from an all-milk (breast or formula) diet of a small infant to the more varied toddler diet of mainly table food and cow's milk during the second year of life, it is important that you evaluate your own diet. You will be your toddler's role model. What food you eat and what food you serve will be critical in helping your child develop healthy eating habits.

A recent large survey of the eating habits of children 4 -24 months-old showed disturbing trends. One major problem is that as infants & toddler progress to table foods, they are less likely to eat fruits and vegetables. Another disturbing trend is that children between 9 months and 2 years or age are eating high-calorie, low-nutrient foods, such as french-fries, sodas, chips, and candy with great regularity.

On the day that the children were studied, 25% of children under 2 did not eat a fruit and 33% did not eat a vegetable. Even more disappointing was that 10% of the infants 9 to 11 months old ate French fries on the day of the survey, as did 20% of the 19-24 month olds.

We need to do better. Parents must make sure the entire family is provided with nutritious foods at every meal. Aim for 5 servings of fruits and vegetables a day. Eliminate the high calorie, poor quality snacks such as sodas, chips, and cookies. Make sure milk is served at every meal. Set an example for you child. Eating habits formed during this critical phase may set the stage for food choices well into adulthood. Healthy eating habits decrease the risk of chronic diseases such as obesity, heart disease, diabetes, cancer, & stroke.

DEVELOPMENT

Gross Motor (Movement) Skills:

Sitting: By 9 months, most babies can get themselves into a sitting position without help and can sit well-balanced for extended periods. You may still need to arrange cushions or other padding around your baby as he sits. Your baby may still topple over as he reaches for items or gestures wildly. Do not leave your baby unsupervised, even for a moment. Little arms can get caught in odd positions, thus preventing your baby from rolling normally. Babies this age can still smother themselves accidentally.

Crawling: Most, but not all, 9 month-olds are starting to crawl. Some babies never do crawl, but rather they scoot on their bottoms or slither on their stomachs. As long as your baby is learning to coordinate each side of her body & is using each arm and leg equally, there is no cause for concern. If you feel that your baby is not learning to move normally please discuss your concerns with your baby's provider.

Pulling to Stand and "Cruising": After crawling is mastered, your baby will learn to pull himself up to a standing position using the bars of a crib, furniture, you, or whoever is handy. The next few weeks are then spent learning how to lower himself back down to sitting. Within a month after your baby masters pulling to

stand, he will walk about the room holding onto objects such as furniture. Consider the furnishings and potential dangers for your baby as he becomes mobile. Remove tall flimsy objects, dangling cords, and hazardous pieces with sharp edges. Do not buy your baby a walker. Walkers can slow the development of your baby's upper thighs & hips, and they can be dangerous. Again, your baby needs constant supervision.

Walking: The average baby walks without assistance around 12 months of age, although it can be normal to take as long as 15-18 months to master this skill.

Fine Motor (Hand and Finger) Skills: By 9 months, most babies have mastered the pincer grasp (picking up small objects with thumb & index finger). The next task for those little hands to learn is how to let go of the object that they grasp. At first, she will press the object against a flat surface and uncurl her fingers. Then by 10 or 11 months, most babies will learn to uncurl their fingers in mid-air and drop objects. Now the fun begins. She will practice this new skill constantly & those around her will be picking up toys, food, and whatever else she can get her hands on. Towards the end of the first year, this constant, intentional dropping will give way to deliberate throwing and to an equally deliberate placing of small objects. You will need to supply her with a small soft ball to throw and objects to place, such as blocks & stacking rings. She will enjoy filling and emptying all sorts of containers.

Language: Your baby probably does not speak a true word yet, but he is learning language. Babies learn language long before they can speak. Early sound making is a playful & enjoyable activity. They learn language from those people who care for them & play with them. Talk directly to your baby in uninterrupted one-to-one "conversations" to stimulate language development. They learn the meaning of words by hearing them over & over again in different sentences and with varying tones of voice, facial expressions, and body language from the speaker.

By 6 months most babies are vocalizing single-syllable sounds such as "maaa" and "booo". By 9 months vocal control improves & repetitive 2 syllable sounds, such as "baba" and "mama", are heard. This is babbling. Your baby may even learn to shout for attention or sing three or four notes scaled at times. Over the next few months, your baby's babbling will become more elaborate. You will hear long strings of varied syllables with variable inflections. As you listen, you will hear questions, exclamations, and even jokes. This meaningful-sounding nonsense language is often referred to as jargon.

Most babies say their first real word by 10 to 12 months of age, but do not be too obsessed by when this first word occurs. Expressive, varied jargon, especially if accompanied by gestures such as pointing, is good evidence that language is developing. Forming spoken words is not easy & occurs after much language development has occurred. In fact, in household where sign language is used instead of or in addition to spoken words, babies learn their 1st recognizable signs about 3 months earlier than most babies in speaking households produce their first spoken words. Control over hands & fingers are easier than controlling their vocal apparatus.

Lots of talking is the best way to help your baby's language development. Talk directly to your baby. Overact by using lots of gestures & expressions. Use key labeling words when you talk. "Let's find the ball. Where is the ball?" Talk about things that are physically present. "Look at brother riding his trike." If you talk about something not present make sure that it is something that will interest your baby. "Let's tell mommy about the fire truck we saw." Try to understand your baby's words or invented words. "Read" your child picture books with big clear illustrations of babies & adults doing familiar things. "Look, the daddy is washing the car." Sing those word-and-gesture songs & games that involve their bodies, such as "This little piggy went to the market" and "itsy-bitsy spider."

Learning: Your 9 month-old is very curious & her new-found mobility will aid her curiosity immensely. She's a body in motion. She will explore every part of the house that she can get to such as drawers, wastebaskets, cabinets, etc.. She'll never tire of dropping, rolling, throwing, or waving objects to see how they behave. This is your baby's way of finding out how the world works.

She now understands that objects continue to exist even when not in sight. She will look for hidden objects. She will enjoy every possible variation of "peek-a-boo".

As she gets closer to 1 year of age, she will start associating functions to certain objects. She will place a play phone to her ear rather than chew it. You can encourage important developmental activities by offering her props, such as a hair brush, cup, or spoon; and by being an enthusiastic audience for her performances.

Toys for a 9 to 12 month old: Stacking toys, cups, pails, other unbreakable containers, unbreakable mirrors, bath toys that float or hold water, large building blocks, squeeze toys, large dolls, cars, trucks, (vehicle toys should be made of flexible plastic without sharp edges or removable parts), ball (must be too large to fit into mouth), cardboard books with large pictures, music boxes, musical toys, push-pull toys, toy telephones.



Social/Emotional Development: Your baby will be open, affectionate, and outgoing with you, but anxious, clinging, and easily frightened around unfamiliar people or objects. This is called separation anxiety or stranger anxiety, and is a normal emotional phase. Some people may say that child is fearful because you are spoiling him. Do not believe it. Separation anxiety is a sign of a healthy relationship with you.

Separation anxiety usually peaks between 10 and 18 months and then fades as your child approaches 2 years of age. This is usually both a tender & a painful phase for parents, especially mothers. You feel flattered to be so loved, but may also feel suffocated by his clinging or may also feel guilty when you must leave. Fortunately for all, this phase will not last forever.

Suggestions that may help:

- Your baby is more susceptible to separation anxiety when he's tired, hungry, or sick. Try to schedule your departure after your baby has napped and eaten. Try to stay with him when he is sick.
- Don't make a fuss when you are leaving. Have the caretaker create a distraction, such as a toy. Then say good-bye and leave quickly. Remember that his tears will subside quickly after you leave.
- When you drop your child off at the sitter's or a child-care center, spend a few minutes playing with her in this new environment. When you leave, reassure him that you'll be back.

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: Most 9 month-olds sleep around 11 hours overnight and have 2 naps (morning & afternoon) of 1 to 2 hours each for a total of 13-14 hours of sleep in a 24-hour day. Even babies who were sleeping through the night may wake up at this age. This is normal and considered part of separation anxiety.

Tips to Prevent Sleep Problems:

- Have a soothing bedtime routine such as bath, bedtime story, and saying goodnight to family & favorite objects. The late evening breast-feeding or bottle should not be right at bedtime.
- 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.
- Responding to your child's separation fears by holding him & reassuring him during the day will help.
- Make middle of the night contacts brief & 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.
- 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.

DENTAL TIPS



If your baby has less than 7 teeth, you can use a dab of fluoridated toothpaste (the size of a grain of rice) & a soft toothbrush to gently brush baby teeth and gums. Try to brush your baby's teeth twice a day; the best times are before breakfast & before bedtime. Once your baby has 7 teeth, you should use a soft child-sized toothbrush. For more information visit the American Academy of Pediatric Dentistry's website at www.aapd.org.

REACH OUT AND READ

Reading out loud to your child is the best way to help them love books & 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



EARLY CHILDHOOD INTERVENTION (ECI) PROGRAMS:

The State of Texas has a network of local community programs that provide services to Texas families & 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.

SAFETY

Thousands of children age 6- 12 months have serious accidental injuries every year and most 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 & 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 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. On our website, www.cedarparkdoctors.com, there is a questionnaire that you can look at to help decide whether or not your child is at risk. In our part of the country, the incidence of significant lead exposure is quite low, but it does occur. If you answer “yes” to any questions on the questionnaire, a blood test for lead may be needed.

Home Safety

Now that your 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 your child finds will probably end up in her mouth, so be careful with what is lying around.

Falls

As your child's strength and curiosity grows, it is important to place gates on stairways and other potentially dangerous areas. Also, 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 you baby is strapped in properly at all times when in a stroller, high chair, car safety seat, or infant carrier

Car Safety

Most injuries and deaths caused by car crashes can be prevented by the use of safety seats every time your child is in the 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.

A rear-facing car seat should never be placed in front of a passenger-side air bag. The safest place for all children is in the back seat.



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

Do not leave your child alone in a care, even for a "few seconds." Death and injuries from excessive heat or fumes can occur.

Burns

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

- At this age children grab at everything. Never leave cups of 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 will remember such as on Daylight Saving and Standard Time.

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, and use a sunscreen that is approved for children. Sun exposure during childhood can cause skin cancer and premature aging of the skin.



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.

**Please Visit Our Website at
www.CedarParkDoctors.Com
Your Baby's next appointment is at 12 months of age.
Please bring your baby's immunization record to each
Well Child Visit. Thank you**

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.





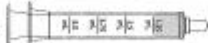
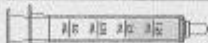















Children should ride restrained for EVERY trip, no matter how short. Remember, it's your child's life you could be saving so **buckle up!**

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.

		 Infants' TYLENOL® Oral Suspension <small>Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp)</small> <small>Use only as directed.</small>	 Children's TYLENOL® Oral Suspension <small>Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp)</small> <small>Use only as directed.</small>	 Children's TYLENOL® Meltaway Chewable Tablets <small>Active Ingredient: Acetaminophen 80mg (in each tablet)</small> <small>Use only as directed.</small>	 Jr. TYLENOL® Meltaway Chewable Tablets <small>Active Ingredient: Acetaminophen 160mg (in each tablet)</small> <small>Use only as directed.</small>
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)



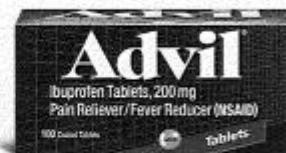
Advil®

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 Advil® 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.