

30 Month Check Up



**Cedar Park Pediatric
& Family Medicine**
Complete Medical Care for your Family
www.cedarparkdoctors.com

HEIGHT _____ WEIGHT _____ HEAD _____

RECOMMENDATIONS FOR TODAY

Immunizations

The following vaccinations will be provided today as long as your child is up-to-date on their vaccines:

Influenza (during flu season)

It is common for children to experience some discomfort from today's vaccines.

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 the first 24 hours and give Tylenol or Motrin (please see dosage table located towards the back of this packet)

Should your child experience:

Streaking at the site of injection, difficulty breathing, hoarseness, wheezing, swelling of the throat, weakness, fast heartbeat, dizziness, or hives **CONTACT THIS OFFICE IMMEDIATELY 512-336-2777.**

Other Recommendations

- Fluoride dental varnish
- PEDS Questionnaire

NUTRITION

Between 1 to 5 years of age, most children gain about 4 pounds a year. Children in this age group will often go 3 to 4 months without any weight gain. Since they are not growing as fast, they need fewer calories per pound of body weight than previously, & may seem to have a poor appetite. Most children will eat as much as they need for growth & energy. Do not force your child to eat more. Forced feeding interferes with your child's natural pleasure of eating & may create true feeding problems. As a parent, you are responsible for offering your child nutritious foods, but it is your child who will decide how much he eats. Keep mealtime pleasant; allow your child to be in charge of how much he eats & do not worry if your child skips a meal on occasion.

Parents are the most important role models in shaping their children's eating & lifestyle habits. Many Americans have diets that are too high in sugar, fat, cholesterol, & salt. These diets are one cause of America's increasing rates of

obesity and heart disease. Nutrition experts agree that the best time to start cutting back on fat & cholesterol is when a child reaches two. The best diets are rich in whole grains, vegetables, fruit, beans, & modest portions of animal foods like low fat (skim or 1%) milk, yogurt, fish, lean meats, and poultry.

Healthy Snacks

If your child is hungry between meals, offer small portions of fresh fruit, dry unsweetened cereals (or with low fat milk), graham crackers, animal crackers, low-fat yogurt, pretzels, string cheese or turkey slices. Higher calorie snacks of poor nutritional quality such as French fries, ice cream, donuts, pastries, cake, cookies, & chips should be offered infrequently and only in small portions, not as a part of your child's every day diet.

Milk

At age 2 years, you should switch your child to low fat milk (skim or 1%). Two percent milk is NOT considered low fat. Sixteen ounces a day of milk or milk-equivalent foods (cheese, yogurt, etc.) will give your child an adequate supply of calcium that is needed for healthy bones. Limit the amount of milk your child drinks – higher levels of intake can cause iron deficiency anemia.

Supplemental vitamins

The AAP recommends that all children have 400 IU per day of Vitamin D. This can be found in liquid drops such as D-Vi-Sol, or chewable form. Multivitamins are not necessary as most kids get the vitamins and minerals their bodies need from their foods, even if picky. However, if your 2 ½ year old is refusing fruits & vegetables you may give a daily chewable multivitamin. Just remember, this will NOT provide fiber and the true nutrition of fruits and vegetables. Keep offering your child fruits and vegetables.

Dietary Guidelines



The USDA 2015-2020 Dietary Guidelines recommend a shift to a healthy diet that includes:

1. Nutrient dense foods such as a variety of fruits, vegetables, whole grains, & fat-free or low-fat milk and milk products.
2. Lean meats, poultry, fish, beans, and eggs.

3. Decreased intake of saturated fat, trans fats, cholesterol, salt & added sugar.
4. Half of grains offered should be whole grains.
5. Drink water instead of sweetened drinks or juice, and switch to fat free (skim) or 1% milk.

The U.S Department of Agriculture publishes dietary guidelines of foods important for a healthy, balanced daily diet. The following is a modification of the 2015-2020 USDA dietary guidelines for children aged 1-3 years.

Food Group	Daily Recommendation	Tips
Grains (at least half should be whole-grain)	3-5 ounces	One serving is considered: <ol style="list-style-type: none"> 1. 1 slice of bread OR 2. 1 cup of dry cereal OR 3. ½ cup of cooked rice, pasta, or cereal
Vegetables (eat more dark green veggies, orange vegetables, and dry beans and peas)	1-1.5 cups (vary your veggies)	One serving is considered: <ol style="list-style-type: none"> 1. 1 cup of cooked vegetables OR 2. 1 cup of vegetable juice OR 3. 2 cups of green leafy vegetables OR 4. 1 cup of cooked dry beans or peas
Fruits (eat a variety of fruits, NOT more than 8 oz. of juice a day)	1-1.5 cups	One serving is considered: <ol style="list-style-type: none"> 1. 1 cup of fruit (fresh, frozen or canned) OR 2. ½ cup of dried fruit OR 3. 8 oz of 100% fruit juice
Milk and Milk Products (preferably low-fat)	2 cups	One serving is considered: <ol style="list-style-type: none"> 1. 8 oz of milk or yogurt OR 2. 1 ½ oz of natural cheese OR 3. 2 oz of processed cheese
Meat and Beans	2-4 ounces (2 ounces is about 1/2 the size of a deck of cards)	One serving is considered: <ol style="list-style-type: none"> 1. 1 ounce of meat, poultry or fish OR 2. ¼ cup of cooked dry beans OR 3. 1 egg OR 4. 1 tablespoon of peanut butter

Please refer to our website, www.cedarparkdoctors.com, for more information and links to the USDA and FDA information, guidelines, recipes, meal plans, and suggestions.

Is my child overweight/obese?

With the prevalence of childhood obesity increasing at alarming rates in the United States, this is an important question for you & your provider to discuss at your child’s well visit. Obesity is associated not only with significant health problems during childhood, but it is also a risk factor for medical problems in your child’s adult life. Medical problems that can be seen in obese children include high cholesterol, high blood pressure, diabetes, obstructive sleep apnea, depression, & low self esteem. Obesity also increases the incidence of cancer in adults. Body mass index (BMI) is widely used to help define overweight & obese children. It is the most effective tool to assess overweight children because it correlates with body fat. It is a ratio of weight to the square of height and varies for age and gender. A BMI

between the 85th and 95th percentile for age & sex is considered overweight, and a BMI above the 95th percentile is considered obese. BMI will be calculated at your child's well visit. Please discuss any concerns with your doctor.

DEVELOPMENT

Social

Your child is entering the preschool years. Her physical & motor development will slow down, but tremendous intellectual, social, and emotional changes will occur. She will try to increase her independence from you & other family members, and will discover & challenge the rules that her family and society have set for her. The "terrible twos" can be a challenge for her and the entire family. She will flip-flop in her needs and demands. At times she will cling to you and at other times, she will run in the opposite direction and defy you. Acknowledge & accept these changes. She will learn to feel comfortable, capable, and special largely through your responses to her, the encouragement and respect you show her, your appreciation for her accomplishments, and the warmth and security you offer her.

Behavior Management Tips

- Recognize that children at this age are selfish & self centered. Expecting a 2 year-old to share is not realistic; however, you will need to intervene if she snatches toys from her playmates or is aggressive.
- It will not be until about 3 years of age that most children will understand the concept of "mine" & "his/hers". When you finally notice sharing, reward your child. "I'm so happy when you share your doll with Kayla."
- When you see your child starting to get angry or "worked up", try to turn his attention to a new activity that is more acceptable.
- Concentrate your discipline efforts on major problems. A top priority should be safety issues, such as not running into the street & behaviors that can harm others, such as biting & hitting. Of next importance are behaviors that can damage property.
- Ignore harmless misbehavior such as whining and tantrums. Pick your battles.
- If a tantrum involves harmful behavior, such as hitting or biting, then calmly place her in time-out. Time-out is the most effective discipline technique available to parents of young children. It is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, chair, corner of a room, or bedroom. Time-out should last about a minute for each year of age.
- Change your child's surroundings to eliminate access to objects or situations that could cause problems. Take fragile or dangerous objects out of reach, block stairways & other off limit areas with gates, and fence in the yard, etc.
- Be clear about what the unacceptable behavior is & restate the preferred behavior. "We don't hurt the dog, we pet the dog."
- Do not use physical punishment (spanking). If you do, you are teaching your child that it is acceptable to hit or hurt another person to solve problems.
- If you are in a public place & her behavior is out of control, simply remove her without discussion or fuss.
- After discipline, make your child welcome back into the family circle. Do not comment upon the previous misbehavior or ask for an apology.
- Reward desired behaviors. Do not take good behavior for granted. Watch for behavior you like & then praise your child. At these times, move close to your child, look at her, & express affection. A parent's attention is

your child's favorite reward. You can also utilize sticker charts, high fives, hugs, and extra attention. Do not use food as a reward. Praise your child for good behavior way more than you punish undesirable behavior.

- Monitor television & video viewing. Preschool children who watch a lot of television are more aggressive. Even cartoons can be violent. Restrict total TV and video time to less than 1 hour/day.
- Make sure that your child is getting enough sleep. Most 2 year-olds need a total of 12 to 13 hours of sleep a day. The average overnight sleeping period for a 2 year-old is 11 hours & the afternoon nap is generally 1 - 2 hours in length.
- Have regular routines throughout the day, especially at meals and bedtime. Young children need predictability and it helps to ease transition times and separation at bedtime when they know what to expect.

Language

By 2 years of age, your child should have a vocabulary of at least 50 words & should be able to put together sentences of at least 2-3 words. Around 2 ½ years old, your child should start using 3-4 word sentences. In regards to articulation or pronunciation, a stranger should be able to understand at least half of what your 2 ½ year old says. If your 2 ½ year old has not mastered these skills, discuss your concerns with his provider. Also note the section in this handout on ECI programs.

Over this next year, language development will explode. By 3 years of age, your child will have a vocabulary of several hundred words, will be able to use sentences with 4 to 6 words, and a stranger should be able to understand 90% of what she says. Reading to your youngster as a part of your daily routine will help enrich his vocabulary and language skills. To keep his attention, choose activity-oriented books that encourage him to point, touch, name objects, or repeat certain phrases. As he gets closer to 3 years of age and his language skills improve, he will have fun with poems, puns, or jokes that play with language by repeating funny sounds or using nonsense phrases.

Read to your child at least once a day. They may want you to read the same book over and over. Engage them with pointing out interesting things in the book and finding objects and using descriptive words like colors, shapes, and other characteristics. The public libraries also have story time for children which are free and open to the public.

Normal Developmental Nonfluency

Children between ages 2 and 5 often have periods of "nonfluency." Nonfluency refers to difficulty in speaking that involves repeating syllables, (li-li-like this), words, or using fillers such as "uh-uh-uh." Nonfluent speech tends to last 1-2 months & then may come and go. Try not to correct your child's nonfluencies; they will fade in time. If the syllable repetition is severe (li-li-li-li-like this), your child's facial muscles look tense, or your child experiences a "block" (no voice or airflow for several seconds), then she may be having a significant problem with stuttering. Truly significant stuttering is not common at this age, but can occur. Discuss your concerns & observations with your child's provider.

Cognitive/Learning

Your child will gradually gain the ability to mentally engage in objects, people, & activities that are not visibly present. This is the beginning of "abstract thought." You will notice abstract thought developing as your child's play changes from being purely imitation to a more advanced play called imaginary play. An 18 month old will follow you around with a rag; wiping the car; imitating you as you wash your car. A year later, a 2 ½ year old may dip a t-shirt from the clothes

rack into the dog water bowl & clean his tricycle. He is no longer imitating his parents. He is inventing a cloth, a water bucket, a car, & is imagining himself as a grown-up. He is entering the wonderful and magical world of imaginary play.

Your 2 ½ year old is starting to understand the relationship between objects & is starting to figure out cause and effect. He will be able to match objects of similar shapes, start to recognize the purpose of numbers in counting objects, & become more interested in winding up toys and turning lights/appliances on and off.

Over the next year, you will notice that his play is growing more complex. At times he'll string together activities that follow a logical sequence rather than drifting from one toy to another. For example, he may feed his stuffed toys and then put them in bed one by one.

Your toddler has an insatiable love of learning and exploring. Encourage and foster this by taking trips to parks, museums, zoos, and other educational and child-friendly places.

Learning Milestones Between 2 and 3 Years of age

- Makes mechanical toys work
- Matches an object in his hand or room to a picture in a book.
- Plays make believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with 3 or 4 pieces
- Understands concept of "two;" can count 2 objects
- Points to 6 body parts
- Knows animal sounds

Gross Motor (Movement) Skills

2 ½ year-olds have a tremendous amount of energy and seem to be continually on the go. Coordination & muscle skills are developing rapidly at this age. Running, jumping, kicking, and climbing activities will consume much of your child's day. During active play, his attention span may seem even shorter than before. Be patient, the constant activity is needed to develop coordination and strength. At this age, your child may be able to walk on tiptoe and also to jump in place with both feet. She is also more able to get dressed with help, wash and dry hands with help, and brush her teeth with help. Fine motor skills are also greatly improving at this age. You may notice a trend towards drawing circles rather than scribbling, and trying to imitate what you draw.

Try to set aside times that your child can go outside to run, play, and explore. Join in the fun. Children this age love piggyback rides, rolling, going down small slides, and climbing.

Potty Training

Many parents have started or will start potty training at this time. If your child seems ready (communicates and notices when wet or dirty, is able to get himself to the potty and pull down clothes, and seems to have the desire), you can start potty training. Allow him to become familiar with the potty, potty seat, or toddler potty in a non-threatening manner. Never make your child fearful of the potty. Put him on the potty every 1-2 hours. Be patient. Reward both sitting on the potty and success, and as time goes on and success increases, reward successes on the potty. Develop a routine.

Create a relaxed environment by reading or singing on the potty. Do not force potty training or make the potty time stressful. He will become resistant and will withhold. Never chastise your child for potty training. If tension arises, back off for a while. Most children will urinate on the potty 6 months before they have a BM on the potty. It is normal to also have a good few months then have a setback for a while then recover. Most children this age also want to be big. Encourage them to use the potty like big kids do, and they will get to wear big kid underwear as well. This will help most children, but if it seems to backfire, back off and stick to rewarding successes. Sticker charts for successes can also be a great resource and motivator. The reward for a full sticker chart should not be food, and can even be something related to potty training like a pack of big boy/big girl underwear. He will be thrilled! Our website, www.cedarparkdoctors.com has a section on behavior and development – be sure to visit for more tips and developmental milestones as well as helpful information.

Early Childhood Intervention Programs (ECI)

The state of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to families & their children, birth to age 3, with developmental delays. The cost 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.

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.

SAFETY

Falls are the leading cause of death in children less than 4 years of age. This is because of all the new motor skills and the natural desire to explore. This stage is a dangerous time in your child's life. It is YOUR responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring. Please review www.safekids.org for general safety tips.

Car accidents are also a leading cause of death. Children should be restrained in approved car seats appropriate for their age, weight, and height and installed correctly and used correctly **every time** you ride in the car. Remember to be a good example and buckle up too! For more information go to www.safercar.gov.

Remember that your child will continue to explore their world by putting things in their mouths, even if it does not taste good. Your child can now open doors & drawers, take things apart, and open bottles easily. You must use safety caps on medicines & household objects. Consider using non-toxic substitute household products. Keep all household cleaners completely out of reach and in their original containers. Never store lye cleaners in the house.

Prevent Fires and Burns

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

Pedestrian Safety

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

Prevent Drowning

- Never leave an infant or toddler in a bathtub alone—NEVER
- Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down, never leave water in an unattended bucket, and store buckets upside down.
- **Note: children can drown in less than 2 inches of water.**

Avoid Falls

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

Poisons

- Keep all medicines, vitamins, cleaning fluids, etc. locked away.
- Put the poison center number on all phones.
- Purchase all medicines in containers with safety caps.
- Do not store poisons in drink bottles, glasses, or jars
- **Poison Control: 1-800-222-1222**

Please see www.cedarparkdoctors.com for more tips on safety and prevention. Also see our facebook page as well as twitter feed for what is going around, information on illnesses and prevention, and other helpful forms and advice.

Your Child's Next Well Check is at 3 years of age.
Please bring your child's immunization record to each visit.
Visit our website at www.cedarparkdoctors.com

Car Safety Recommendations

We highly recommend following the recommendations provided by the American Academy of Pediatrics:

Infants and toddlers: keep in a **rear-facing car safety seat** until they reach the highest weight or height allowed by the car safety seat manufacturer. It is important to keep your child rear-facing for as long as possible. This is a change from the previous recommendation and your child will be rear facing until at least age two.

Preschool and early school-age: children who have **outgrown the rear-facing weight or height limit** for their car seat should **switch to a forward-facing car safety seat** with a harness. They should remain in this seat for as long as possible and until they reach the highest weight or height allowed by their car safety seat manufacturer.

School-age: children who have outgrown the forward-facing car safety seat should use a **belt-positioning booster seat** until the lap and shoulder seat belt fits properly. The seat belt typically fits properly when they have reached 4 ft 9 inches in height and are between the ages of 8 and 12 years.

Older school-age: when the seat belt alone fits properly, they should always use lap and shoulder seat belts for optimal protection.

All children less than 13 years: must remain in the rear seats of vehicles no matter what. An airbag deployed in the front seat can seriously injure or kill children under the age of 13 years.

Winter season: Do **not** restrain your child while he or she is wearing a thick winter jacket.

Important: Have your child buckle up for **every** trip, no matter the length of time.

Dosing for Infants and Children



From Your Healthcare Professional

DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.

If possible, use weight to dose; otherwise use age.

mL = milliliter
tsp = teaspoon



Infants' TYLENOL® Oral Suspension

Active Ingredient:
Acetaminophen 160 mg
(in each 5 mL)

Available in:



Use only as directed.



Children's TYLENOL® Oral Suspension

Active Ingredient:
Acetaminophen 160 mg
(in each 5 mL or 1 tsp)

Available in:



Use only as directed.

WEIGHT	AGE	Infants' TYLENOL®	Children's TYLENOL®
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) 
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 

IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: _____

This dosing recommendation from your doctor will expire in 14 DAYS.

- 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.
- Use only the dosing device that comes with a specific product.
- **All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL).**

Dosing for Infants and Children

From Your Healthcare Professional

Concentrated
MOTRIN
Infants' Drops

Children's
MOTRIN

DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.

If possible, use weight to dose; otherwise use age.

mL = milliliter
tsp = teaspoon



Infants' MOTRIN® Concentrated Drops

Active Ingredient:
ibuprofen 50 mg (NSAID)[†]
(in each 1.25 mL)

[†]Nonsteroidal anti-inflammatory drug
Use only as directed.

Available in:
Dye-Free
Berry










Children's MOTRIN® Oral Suspension

Active Ingredient:
ibuprofen 100 mg (NSAID)[†]
(in each 5 mL or 1 tsp)

[†]Nonsteroidal anti-inflammatory drug
Use only as directed.

Available in:
Original
Berry
Dye-Free
Berry

WEIGHT	AGE	Infants' MOTRIN® Concentrated Drops	Children's MOTRIN® Oral Suspension
6-11 lbs	0-5 mos	Do not use	—
12-17 lbs	6-11 mos	1.25 mL 	—
18-23 lbs	12-23 mos	1.875 mL 	—
24-35 lbs	2-3 yrs	—	5 mL (1 tsp) 
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 

IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: _____

This dosing recommendation from your doctor will expire in 14 DAYS.

- Read and follow the label on all MOTRIN® products.
- Take every 6-8 hours as needed. Do NOT exceed more than 4 doses in 24 hours.
- Do NOT administer longer than 10 days, unless directed by a doctor.
- Ask a doctor or pharmacist before use if the child is taking any other drug containing an NSAID[†] (prescription or non-prescription).
— MOTRIN® contains ibuprofen
- Use only the dosing device that comes with a specific product.

[†]Nonsteroidal anti-inflammatory drug