

# 6-10 Year Check Up



**Cedar Park Pediatric  
& Family Medicine**  
Complete Medical Care for your Family  
[www.cedarparkdoctors.com](http://www.cedarparkdoctors.com)

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

## 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

- TB screening
- Lead screening (6 year only)
- Hearing and vision screen

## NUTRITION

Nutrition is extremely important to your child's health. Healthy eating habits improve the way a person feels, looks, & performs, and helps protect against illness. The basic eating habits your child develops will likely stay with him for the rest of his life. Your child will follow your example in choosing what & how much to eat. In America, the incidence of childhood obesity is continuing to be high. Increases in adult obesity & heart-related disease are thought to be directly related to our poor diet. Excessively high-fat and high-sugar foods need to be limited. Children should eat foods rich in complex carbohydrates and fiber, such as whole grain bread, cereals, fruits and vegetables. At least 1/2 of your child's grains should be wholegrain. Your child should have a total of at least 5 servings of fruits and vegetables each day. This easy-to-remember rule should be used to plan your family's meals and snacks. Add fruits and vegetables at every opportunity. All meals should contain one or both of these food types. Fruits make excellent snacks and desserts.

## **Liquid Intake**

Unhealthy liquid intake can contribute to childhood obesity just as much as unhealthy foods.

1. **Water:** Children should be encouraged to consume plenty of water and it should be the main source of liquid in the diet.
2. **Milk:** Children ages 5-8 years-old need 2.5 cups (20 oz.) a day of milk or a milk equivalent to provide calcium and protein. Children 9 to 10 years of age need 3 cups (24 oz.)
3. **Juice:** 100% fruit juices are excellent vitamin sources and count as a fruit serving in the five-a-day rule. However, juice intake should be limited to about 4-6 oz. a day. Too much juice is associated with obesity. “Juice drinks” are NOT nutritious and are empty calories like soda.
4. **Soft Drinks (liquid candy):** Soft drinks & sport drinks are “empty calories.” The best way to limit these drinks is to not keep them in your home.

## **Fiber Intake**

Fiber comes from plants such as fruits, vegetables, and grains. Fiber is important in lowering cholesterol, reducing heart disease, and even preventing some cancers. A good rule for fiber intake is “Age Plus Five.” Your child’s age plus five equals the number of grams of dietary fiber he should eat daily. For example, a 6 year-old would need 11 grams of fiber a day; 25-30 grams of fiber a day are recommended for adults. Most fruits and vegetables have 2-4 grams of fiber per serving. Dried beans will have twice as much fiber. A slice of whole wheat bread has 2 grams of fiber, but a slice of white bread has only 0.5 grams. Reading labels will help you find out how much fiber is in your child’s food.

## **Breakfast**

A nutritious breakfast is an important start to your child’s day. A balanced breakfast should include carbohydrates (fruits and / or cereals), protein (dairy products, meat, or eggs) and calcium (dairy products or calcium-fortified orange juice). Read labels & look for cereals with at least 2 grams of fiber per serving. Instead of sugar-sweetened cereals (which may have as much sugar as candy), try unsweetened cereal with fruit slices or raisins.

## **Lunch and Snacks**

Check your school’s lunch program to see if it is low in fat & cholesterol. You may need to send a lunch to ensure that your child is eating healthy. Use low-fat cheese, turkey, roast beef, low-fat spread, peanut butter, and low-fat lunch meat (with less than 3 grams of fat per ounce) for sandwiches. Include a fruit in your child’s lunch. You may include lettuce, tomato, cucumber, etc. in a sandwich, or even send a salad.

For Healthy Snacks:

1. Fresh fruit and vegetables (adding a healthy dip can keep your child interested such as hummus or nut butters)
2. Dried fruits (raisins, apples, apricots, figs, dates, prunes)
3. Nuts or trail mix (low sodium and low sugar)
4. Low fat cottage cheese, cheese stick, or yogurt
5. Popcorn (no butter)
6. Pretzels, whole grain crackers, whole grain cereal

## Dinner

Plan meals to include a variety of fruits, vegetables, whole grains, rice, beans, & servings of lean meat.



### 1. **Protein:**

- a. Chicken: Trim fat & remove the skin from chicken before cooking.
  - b. Fish: Grill, poach or bake fish. Try to increase fish intake to once or twice weekly.
  - c. Beef: Drain fat from ground beef after cooking. Lean cuts of red meat include round, sirloin, chuck, loin and tenderloin.
  - d. Pork: Remove fat and then grill, poach or bake. Limit processed meats such as sausage, hotdogs, ham, or bacon.
  - e. Non-meat protein alternatives: eggs, beans, lentils, nuts, seeds, or tofu.
2. **Grains:** Use whole grain pastas, whole grain breads, brown rice, wheat tortillas, and oatmeal instead of the more refined grains (white bread/pasta/rice).
  3. **Fruits and Vegetables:** At every meal, balance the plate so that half of the food is fruits or veggies.
  4. **Dairy:** Provide low-fat cheeses, yogurt (unsweetened), and skim or 1% milk.
  5. **Sauces:** Use tomato sauce instead of heavy cream sauces. Condensed skim milk may be used for a creamy sauce. If your child has a hard time eating veggies, sauces can be an easy way to add veggies to your child's diet without them knowing.
  6. **Soup:** Use broth-based soups or cream soups made with skim or 1% milk. Add a variety of vegetables, beans, lentils, and grains to soups.
  7. **Fried:** Broil, boil, roast, or grill foods rather than frying.

## 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.

This report also emphasizes the need for **daily exercise**. All children and adolescents should spend at least an hour a day in moderately vigorous exercise.

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 a child aged 6-10 years.

<b>Food Group</b>	<b>Daily Recommendation</b>	<b>Tips</b>
Grains (at least 1/2 should be whole-grain)	5 to 6 ounces	One ounce is considered: <ol style="list-style-type: none"> <li>1. a slice of bread OR</li> <li>2. a cup of dry cereal OR</li> <li>3. half a cup of cooked rice, pasta, or cereal</li> </ol>
Vegetables (eat more dark green & orange veggies, dry beans and peas)	2-3 cups (vary your veggies)	One cup is considered: <ol style="list-style-type: none"> <li>1. a cup of cooked or raw vegetables OR</li> <li>2. a cup of vegetable juice OR</li> <li>3. 2 cups of green leafy vegetables OR</li> <li>4. 1 cup of cooked dry beans or peas.</li> </ol>
Fruits (eat a variety of fruits, not more than 8 oz. of fruit juice a day)	1 ½-2 cups	One cup is considered: <ol style="list-style-type: none"> <li>1. a cup of fruit (fresh, frozen or canned)</li> <li>2. ½ cup dried fruit</li> <li>3. a cup of 100% fruit juice</li> </ol>
Milk and Milk Products (preferably low-fat, either skim or 1%)	2.5-3 cups (6-8 year old) 3 cups (9-10 year old)	One cup is considered: <ol style="list-style-type: none"> <li>1. a cup of milk or yogurt OR</li> <li>2. 1 ½ ounces of natural cheese OR</li> <li>3. 2 ounces of processed cheese</li> </ol>
Meat and Beans	3-5 oz (6-8 year old) 4-6 oz (8-10 year old)  4 oz. is about the size of a deck of cards	One ounce is considered: <ol style="list-style-type: none"> <li>1. an ounce of meat, poultry or fish OR</li> <li>2. ¼ cup of cooked dry beans OR</li> <li>3. one egg OR</li> <li>4. a tablespoon of peanut butter</li> <li>5. a tablespoon of nuts or seeds</li> </ol>

### **Is my child overweight/obese?**

With the prevalence of childhood obesity increasing at alarming rates in the US, 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 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, and low self-esteem.

Body mass index (BMI) is widely used to help define overweight & obese children. It is the most effective tool to assess overweight & obese children because it correlates with body fat. It is a ratio of weight to the square of height and varies for age & gender. A BMI between the 85<sup>th</sup> and 95<sup>th</sup> percentile for age & sex is considered overweight, and a BMI above the 95<sup>th</sup> percentile is considered obese. BMI will be calculated at your child's well visit. Please discuss any concerns with your provider.

## **DEVELOPMENT**

Your 6-10 year-old is in a period of great social & intellectual growth. He is learning how to use logic & reasoning as well as developing problem-solving skills. Your child must “find himself” and become more independent while developing relationships with friends & family members. The habits and behavior patterns that your child develops now will influence his health, well-being, and success in school, work, and close relationships for the rest of his life.

1. You are your child’s most important role model. Whether you are responding to people less fortunate than yourself or choosing food, your child will be watching & imitating. Live the values you want your child to have.
2. Communicate with your child. Find opportunities to listen to his thoughts and fears. The better you know your child, the better you’ll be able to meet challenges and help solve problems as they arise. Respect and even admire your child’s unique character and personal skills.
3. Support your child in his ideas and be an advocate for him. Involve yourself in his activities by guiding and encouraging him.

### **Physical Development**

Your child will be growing steadily in these years. Most children this age grow about 2 inches a year. They may appear slim & their legs long in proportion to their bodies. Do not worry if people tell you that your child is too skinny unless your provider is concerned.

Your child’s motor skills, strength, & coordination will improve. By 10 years, their skills (but not their strength) are almost equal to an adult. A 10 year-old may be able to catch a fly-ball, build a model, or learn to sew, but these would be very difficult for a 6-7 year-old. Try to notice your child’s skills, but do not pressure your child to have unrealistic expectations.

### **Language/Speech**

During these years, language becomes very adult-like. By age 6, all vowel & most consonant sounds should be pronounced well: f, l, sh, th, v are often just now becoming clear. By age 7, all consonants & all vowels should be pronounced well: ch, soft g as in “George”, r, s, wh, & z are often the final sounds to become clear. If articulation problems persist, your child should be evaluated by a speech therapist.

Continue to read at least a ½ an hour a day to your 6, 7, & 8 year old. By 9 or 10 years of age, your child may prefer to read on his own.

### **Puberty Signs**

Toward the end of this age period, puberty may begin. Girls may have breast bud development as early as 8 years-old, but 10 years is the average. Boys may have enlargement of the testes & thinning of the scrotum around age 11, but this may occur as early as 9 years of age. Soon after these early signs of puberty, pubic hair begins to appear. If your child is showing signs of puberty before these ages, please discuss with your provider.

### **Exercise and Sports**

Encourage your child to exercise & to be active daily. Tell your child to “go outside and play.” As your child’s role model, get outside & play with your child. Sports programs can help your child develop motor skills & become

physically fit. Before your child enters a program, evaluate your child's goals as well as your own. Good reasons to be in organized sports are to learn teamwork, to learn to deal with success & failure, and to learn that exercise is fun & can be a life-long pleasure. It is the life lessons that are important, not winning or losing. Work with your child to find what sport or physical activity best suits his or her personality.

**Sleep:** Children in this age group need about 10 - 11 hours of sleep a night.

### **Screen Time Recommendations:**

Helping children develop healthy media use habits is important. The American Academy of Pediatrics recommends the following guidelines:

- For children 2 years and older, 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.

### **School**

Make the effort to be involved in your child's education by meeting with your child's teacher at the beginning of each school year. Find out the teacher's expectations for your child's work & classroom behaviors. Sometimes the easiest way to keep in touch with your child's teacher is by sending a note whenever you have concerns, questions, or wish to set up a time to discuss your child's education.

1. **Learning problems:** If your child is having difficulties in school, you may consider the possibility of a learning disorder. Learning problems, especially if not evaluated & treated, may cause other emotional, behavioral and family problems. 10-20% of children have a type of learning problem. Three types of learning disorders include:
  - a. Problems with academic skills (reading, writing, math, or spelling)
  - b. Problems with language & speech
  - c. Problems with coordination, balance, and writing.

If you think your child may have a learning disability, ask the teacher (or school counselor or principle) to have your child tested for eligibility for special education services. Even if your child attends private school, the public school district in your area is still required to test your child & provide the needed services.

2. **Attention Deficit Hyperactivity Disorder:** ADHD is a developmental disorder that affects behavior, attention, & learning. Children with ADHD may have increased distractibility, impulsiveness, problems concentrating, easy, & dramatic mood swings. If you think your child may have ADHD, he should have a complete checkup & consultation with his provider. Your provider may refer you to other professionals to help diagnose or rule out ADHD. If your child has ADHD, he is eligible for special education services in the school district even if there is no additional learning disability.

## **SAFETY**

Accidents are the greatest threat to the life & health of your child. More children die from injuries than all other diseases combined. Most injuries are preventable. As your child becomes more independent, it is especially important to teach safety rules.

### **Street Safety**

Never allow your child to play in or near the street. Teach your child to stop at the curb and look both ways before crossing. Children under 8 years-old should not cross the street without adult supervision.

### **Bicycle Safety**

A bicycle is your child's 1<sup>st</sup> vehicle & is a symbol of freedom. Unfortunately, each year many children are seriously injured & killed on bicycles when they fail to follow basic bike safety rules. Teach your child the "rules of the road:"

- Always wear a helmet, every time. Parents must wear helmets also when bike-riding. Set a good example. Helmets should also be worn when inline skating & skateboarding.
- Always ride on the right side of the street, with traffic. Children under 8 should not ride on the street without parental supervision.
- Never ride after dark (older teens & adults may ride with appropriate lights & reflectors).
- Oversized bikes are dangerous. Your child should be able to sit on the seat with hands on the handlebars; and place his feet on the ground. Foot brakes are better than hand brakes at this age.

### **Car Safety**

Most children this age need to use a booster seat. In the past few years, safety experts have realized that children are switching to seat belts too early. Children 40 to 80 lbs. and up to 4'9" need to be in a restraining booster seat, ideally with 5 point restraint as long as possible. The safest place for all children, even through school age, is in the backseat of the car. Set a good example. Make sure that you and other adults buckle up.

**Children can move out of the booster seat when the lap belt can be worn low and flat on the hips and the shoulder belt can be worn across the shoulder, rather than across the face or neck (usually at about 80 pounds and 4 feet 9 inches tall.**

### **Water Safety**

Swimming & playing in the water is fun and good exercise. Teach your child water safety to prevent drowning.

1. Teach your child to swim as soon as she is ready (about 5 years-old).
2. Only let your child swim while supervised by an adult who knows CPR.
3. If you own a pool, be sure it is enclosed in a fence with a self-closing, self-locking gate. Keep a life preserver & shepherds hook available.
4. Use a life vest when boating

## **Sun Exposure**

Use broad spectrum SPF 30 or greater when your child is outside for more than a few minutes during the day. Apply sunscreen 15-30 minutes before sun exposure and reapply every hour. Avoid the sun from 10:00 am to 4:00 pm. Sun exposure during childhood increases your child's chance of having skin cancer later in life.

## **Fire Safety**

Teach and practice an escape plan for your house in case of fire. Do not smoke or allow smoking in your home. Remind your child how dangerous smoking is. Test the batteries on your smoke alarm every month to be sure that they work. Change batteries twice a year on dates that you will remember, such as daylight savings and standard time change dates.

## **Firearm Safety**

Do not keep a gun in your home. If you must keep a gun, store it unloaded in a locked place, separate from the ammunition. Children in a home where guns are present are more likely to be shot by themselves, their friends or family members, than by an intruder. Handguns are especially dangerous. Ask if homes where your child visits have a gun and how it is stored.

**During middle childhood the American Academy of Pediatrics recommends well check appointments yearly.**

**Please bring your child's immunization record to each Well Child Visit.**

**Please visit our website at [www.cedarparkdoctors.com](http://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:  
Grape  
Cherry

Use only as directed.



## Children's TYLENOL® Oral Suspension

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

Available in:  
Grape  
Cherry

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)<sup>†</sup>  
(in each 1.25 mL)

<sup>†</sup>Nonsteroidal anti-inflammatory drug  
Use only as directed.

Available in:  
Dye-Free Berry










## Children's MOTRIN® Oral Suspension

**Active Ingredient:**  
ibuprofen 100 mg (NSAID)<sup>†</sup>  
(in each 5 mL or 1 tsp)

<sup>†</sup>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	<b>Do not use</b>	—
12-17 lbs	6-11 mos	<b>1.25 mL</b> 	—
18-23 lbs	12-23 mos	<b>1.875 mL</b> 	—
24-35 lbs	2-3 yrs	—	<b>5 mL (1 tsp)</b> 
36-47 lbs	4-5 yrs	—	<b>7.5 mL (1½ tsp)</b> 
48-59 lbs	6-8 yrs	—	<b>10 mL (2 tsp)</b> 
60-71 lbs	9-10 yrs	—	<b>12.5 mL (2½ tsp)</b> 
72-95 lbs	11 yrs	—	<b>15 mL (3 tsp)</b> 

## 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<sup>†</sup> (prescription or non-prescription).  
— MOTRIN® contains ibuprofen
- Use only the dosing device that comes with a specific product.

<sup>†</sup>Nonsteroidal anti-inflammatory drug