

9 Month Check Up



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

LENGTH _____ WEIGHT _____ HEAD _____

RECOMMENDATIONS FOR TODAY

Immunizations

The following vaccination 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

- Lead Risk Assessment
- PEDS Questionnaire

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 new foods. Try again later. Keep trying because it may take up to 10 tries before your 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:** Continue to breastfeed your baby until 1 year of age if possible. Try to substitute an activity such as a bedtime story for your baby's good night routine, rather than nursing to sleep.
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. If your child does not enjoy cereal, talk to your doctor about starting Poly Vi Sol with iron in order to ensure adequate iron intake.
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 5 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 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 lengthwise 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. Start finger foods by giving your baby puffs as these will dissolve very quickly and have a lower risk of choking. Puffs are a great way to practice and transition your baby to finger foods, but they are not nutrient-dense and should not be continued past this stage. 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 for 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. Introduce smooth peanut butter as soon as possible and continue to offer this at least weekly. 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 your 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 the 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 households 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.”

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

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), a 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 a 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.

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 "<http://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.

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 breastfeeding 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

SAFETY

Thousands of children aged 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 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.

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.

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 your baby is strapped in properly at all times when in a stroller, high chair, car safety seat, or infant carrier

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. 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.

**Please Visit Our Website at
www.CedarParkDoctors.Com
Your Baby's next appointment is at 12 months of
age.**

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)[†]
(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