

# 18 Month Check Up



**Cedar Park Pediatric  
& Family Medicine**

Complete Medical Care for your Family

[www.cedarparkdoctors.com](http://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

- Fluoride dental varnish
- MCHAT Questionnaire

## NUTRITION

Your toddler's appetite will vary from day-to-day & week-to-week. Remember that most children have an excellent internal system to tell them how much food they need for the energy that they spend. Continue to offer a variety of nutritious foods. Children learn to like what is made available to them. It may take up to 10 tries before a child accepts a new food. Remember that it is your job as the parent to decide what he eats, but he decides how much he eats.

### Liquids:

We recommend 12-16 ounces of whole or 2% milk a day for the best source of calcium & Vitamin D. Greater than 24 ounces a day of milk can lead to anemia and a decrease in appetite. Dietary fat is important for brain growth; your child is too young for low-fat milk. Offer milk at every meal. If your child will not drink milk, offer dairy products such as cheese & yogurt.

Soft drinks, fruit drinks & sport drinks are NOT appropriate. Offer water between meals.

Your child should be completely off the bottle at this age. Prolonged bottle use is associated with tooth decay. Sippy-cups can also cause cavities if you allow your child to use them all day long. Save them for snacks & mealtimes only.

### **Solid Foods:**

Most children are completely on basic table foods & can feed themselves with a spoon. Your child may be cautious with new foods at this age. The key to getting your child to accept new & nutritious foods is repeated exposure. You may need to serve a food more than 10 times before your child learns to accept & even enjoy a new food.

Resist the temptation to become a short-order cook to please a picky-eater. Offer foods that you know your child enjoys, but also give a variety of new foods. Do not be discouraged if it takes a while for the new foods to be accepted by your child. Avoid bribery & pleading. Simply offer the food at mealtime with minimal fanfare. Do not turn mealtime into battle time.

You need to provide nutritious foods at every meal & every snack. Aim for at least 2-3 servings each of fruits & vegetables a day. Eliminate high calorie, poor quality snacks such as sodas, chips, cookies, & French fries. Milk should be served at each meal. Healthy eating habits will decrease the risks of chronic diseases such as obesity, heart disease, diabetes, cancer, and stroke. Start early with healthy eating.

**Fruits & Vegetables:** Try the 5-a-day rule—Offer 5 servings of fruits &/or vegetables to your toddler every day. While amounts of foods eaten on any given day can vary tremendously, a reasonable goal for total fruits & vegetables a day is 1 cup to 1 ½ cups a day. A cup would equal 4 servings & 1 ½ cups would equal 6 servings a day.

**Grains:** Make sure that at least half of your child's grains are whole grains.

### **Iron-Containing Foods & Anemia:**

Iron stores during the 1<sup>st</sup> year of life are generally very good. Breast-milk, iron-containing formulas, & iron-fortified infant cereals all help to ensure adequate iron intake during the 1<sup>st</sup> year.

Now that your toddler is entering her 2<sup>nd</sup> year, she will need to depend on different foods for her iron. Red meats, poultry, & fish all provide iron that is easy to absorb. Vitamin C helps iron absorption, so offering citrus fruits & citrus juices at meals or snacks can help.

Excessive milk at this age can cause anemia. Limit milk to less than 24 ounces a day; 12-16 ounces is all that is needed to supply the calcium that your toddler needs.

If your child is not a meat-eater or you have concerns about your child's iron-intake, do not hesitate to give a daily supplemental vitamin with iron such as Poly Vi Sol with Iron. However, note that supplemental iron can cause tooth discoloration so brush teeth after dose. One to 2 serving a day of infant cereal is another way to provide iron supplementation to your toddler. The infant cereals are more iron-rich than regular cereals.

### **Mealtime tips:**

Family meals are important for your child. Let her eat with you because this helps her learn. Organize your child's routine around 3 meals & 3 snacks a day.

Toddlers enjoy feeding themselves, even though this can be very messy. Do not expect much from your toddler's table manners. It is best at this age to be patient & to realize that your child will become more proficient at mealtimes as he approaches 2 years of age. Here are some tips:

- Use highchairs with spill-proof trays or booster chairs for larger children

- Use large bibs & have a sponge or paper towel ready for spills
- Pour small amounts (1-2 oz) into the child's cup to prevent large spills
- Do not punish a child for a misdeed during mealtime. Take the food away.
- Try to make positive statements such as "green beans go in your mouth" when the child throws food on the floor

## DEVELOPMENT

Children at this age should be learning many new words. You can help your child's vocabulary grow by showing & naming many objects. At this age, your child may use 5-10 words.

Children have many different feelings & behaviors such as pleasure, anger, joy, curiosity, and assertiveness. It is important at this age to praise your child for doing things that you like.

Your toddler should be walking & climbing up and down one stair. He may run. At this age, he likes pull toys, enjoy being read to, and makes marks with crayons on paper or a table. He should be able to partially feed himself.

Toddlers often seem out of control or overly stubborn or demanding. They often say "no" or refuse to do what you want them to do. Here are some good methods for helping children learn about rules & for keeping them safe:

1. Child-proof the home. Go through every room in your house & remove anything that is valuable, dangerous, or messy. Preventive child-proofing will stop many possible discipline problems. Do not expect a child not to get into things just because you say no.
2. Divert and substitute. If a child is playing with something you do not want him to have; replace it with another toy that he enjoys. This approach avoids a fight & does not place children in a situation where they'll say "no."
3. Teach and lead. Have as few rules as necessary and enforce them. These rules should be rules important for the child's safety. If a rule is broken, after a short, clear, and gentle explanation, immediately find a place for your child to sit alone for 1 minute. It is very important that a "time-out" comes immediately after a rule is broken.
4. Make consequences as logical as possible. For example, if you don't stay in your car seat, the car doesn't go. If you throw your food, you don't get any more and may be hungry."
5. Be consistent with discipline. Do not make threats that you cannot carry out. If you say you're going to do it, do it.
6. Provide choices. For example, "do you want to wear the red shirt or the blue shirt". This avoids "no".

## 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.

## **Toilet Training:**

At 18 months, most toddlers are not yet showing signs that they are ready for toilet training. When toddlers report to parents that they have wet or soiled their diaper, they are beginning to be aware that they prefer dryness. This is a good sign & you should praise your child. Toddlers are naturally curious about the use of the bathroom by other people. Let them watch your or other family members use the toilet. It is important to not place too many demands on a child or shame the child during toilet training.

Most children can be ready for toilet training by 2 years of age. By age 3, most children have trained themselves. Staying dry at night usually does not happen until 3-5 years of age & some children experience occasional bedwetting up to the age of 6.

Start reading your child some of the basic toilet training books to let her know what is expected. This will help with teaching the vocabulary: “pee, poop, potty”. Watch your child for signs that her bladder is full or that she needs to have a bowel movement (pulling at her pants, holding the genital area, squatting) and teach her at these times that her “body wants to make some pee-pee or poop”.

Select a potty for your child that will allow her feet to rest on the floor. Let her decorate it and make it her own special chair. Let her become familiar with it by sitting on it fully clothed or using it as a chair for reading books for a few days or a week prior to the start of training.

## **Start training:**

1. Encourage practice runs to the potty. When you see signals that your child needs to empty his bladder or bowels, say in a positive way “your body wants to make some pee, let’s use the potty”. Other good times are after naps & 20 minutes after a meal. The key in the beginning is seizing the opportunity. Never force your child to sit on the potty & do NOT prolong a session for more than 5 minutes.
2. Praise your child for cooperation &/or any success. Use rewards such as stickers or stars on a calendar.
3. Respond sympathetically to accidents. Never use physical punishment or scolding for toilet training accidents. Toilet training is a long process and there are many variables that can cause your child to have an accident. Be patient. Offer encouragement.

## **SAFETY**

### **Avoid Choking and Suffocation**

- Keep plastic bags, balloons, and small hard objects out of reach
- Store toys in a chest without a dropping lid.
- Cut foods into small pieces.

### **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.

## **Avoid Falls**

- Check the stability of drawers, furniture, and lamps. Avoid placing furniture (on which children may climb) 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

## **Immunizations**

At the 18-month visit, your child may receive shots. Your child may run a fever & be irritable for about 1 day and may have soreness, redness, and swelling in the area where the shots were given. You may give acetaminophen drops every 4-6 hours to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed to provide comfort.

Call your child's physician if

- Your child has a rash or any reaction to the shots other than fever and mild irritability
- Your child has a fever that lasts more than 36 hours.

We would like to see your child back in 6 months for their 24 month well-child check. Please bring your immunization record with you. Thank you!

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.

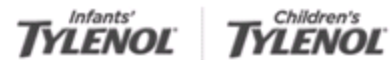
**Older school-age:** when the seat belt alone fits properly, they should always use lap and shoulder seat belts for optimal protection.

**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</b> (1 tsp) 
36-47 lbs	4-5 yrs	—	<b>7.5 mL</b> (1½ tsp) 
48-59 lbs	6-8 yrs	—	<b>10 mL</b> (2 tsp) 
60-71 lbs	9-10 yrs	—	<b>12.5 mL</b> (2½ tsp) 
72-95 lbs	11 yrs	—	<b>15 mL</b> (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<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