



What to Expect at your Child's Well Visit

A yearly physical exam by your pediatrician is an important part of your child's health care. This annual appointment allows the pediatrician to give your child a thorough physical examination, perform routine screenings (e.g., vision and hearing tests), make sure vaccinations are up-to-date and obtain any recommended laboratory testing. It's also a good opportunity to address important questions relating to nutrition, sleep habits, safety, and development.

During the check-up, we can often address other problems so you don't have to make another trip to the office. Please note, however, that we will have to bill your insurance for an additional office visit when we address these issues. Depending on the terms of your insurance plan, you may be subject to an additional copay and/or deductible amount for the additional services.

Please let us know if you have any questions.

Cockerell & McIntosh Pediatrics

Things You Should Know: Your Toddler 18 months to 2 years

DIET

We encourage you to have regular family meals at the kitchen table. A decrease in appetite is common. Your child should not be forced to eat any food, but should be encouraged to try a variety of new foods. Avoid arguments with your child about the amount of food he or she eats. Children are often picky eaters at this age. It is best to offer 3 meals and 2 snacks per day.

- Offer finger foods to encourage your child to feed him or herself.
- Avoid giving the following foods to children under 3-4 years of age to prevent choking: grapes, nuts, apples, raw vegetables, popcorn and hard candy. Hot dogs, if you give them, need to be cut into thin circles, then each circle into fourths.
- Your child should be sitting down while eating. Your child can choke on anything.
- **Whole milk should be given until age 2 because fat and cholesterol are needed for brain growth. At age 2 years, switch to 1% or skim milk to reduce the risk of heart disease.** Milk should be offered at meal times. Your child should not drink more than 32 ounces or 1 quart of milk per day and should be drinking from a cup. The bottle should be gone.
- **We recommend a daily multivitamin such as Poly-Vi-Sol or Tri-Vi-Sol.**
- If your child is not a big milk drinker, then cheese, yogurt and cottage cheese can be good sources of calcium. However, remember that milk has the highest concentration of calcium per serving.
- **Do not give your child soda.** It takes calcium from the bones and causes tooth decay.
- **Avoid juice.** It has limited nutritional value and too much sugar. It is better to offer fruit than juice.
- We recommend using an open cup as much as possible. Sippy cups and bottles promote obesity and tooth decay.
- Limit the amount of candy and sweets.
- If the child's food is warmed in a microwave, the food must be stirred well to avoid "hot spots."
- Children should not have too much fat, salt or sugar in their diet.

SLEEP

- Most children continue to take one nap per day. Even if they sometimes do not sleep, it is wise for parents to insist on a quiet period of rest at a regular time each day.
- A regular bedtime routine will help your child move from active play to quiet time and rest. Bedtime book reading promotes language development and is often an effective part of a quiet bedtime routine. An object such as a favorite toy or blanket may be helpful. Having plenty of time for bath and bedtime stories will make bedtime less of a struggle. **The child should be expected to fall asleep in his or her own bed and to sleep through the night.**
- It is important to remember that parents need quiet time without kids, too. Getting your kids to bed early will leave part of the evening for you to relax and have quality time.
- Common sleep problems include resistance to falling asleep, nighttime awakening and night fears. If these problems disrupt family routines or cause daytime fatigue or irritability in the child or parent, they need to be addressed.
- Dreams may start around this age, so do not be alarmed if your child wakes up crying in the night for no apparent reason. Most of the time they can't remember why they woke up or what they were dreaming about. You might want to comfort your child in his or her own bed and give reassurance that all is well. You may rest with your child for a few minutes, but don't fall into the habit of having your presence required for him or her to fall asleep.

TEETH

- **Do not let your child carry a cup of milk or sweet drink around during the day because this can cause cavities. Milk should only be offered at meal times. Also, do not put your child to bed with a sippy cup.**
- **Brush your child's teeth twice a day with a dab of fluoride toothpaste on a soft brush.**
- **Your child should see a dentist every 6 months.**

POTTY TRAINING

The average age of potty training is 2 to 3 years old. The child will let you know when he or she is ready. Some of the signs of readiness are:

- Interest in imitating others using the toilet.
- Being unhappy about a soiled diaper.
- The ability to hold urine for 2 hours (for example, diaper is dry after a nap).
- Child has a word to signal the need to use the toilet.
- The ability to raise or lower pants or underwear.
- The desire to do it (frequently occurs later in boys).

It is important for parents to encourage or offer rewards for success. Do not push the behavior or punish for accidents.

LANGUAGE SKILLS

- **Read to your child every day.**
- Start pointing out objects to them and encourage them to say the word. By 18 months of age most children have about 18-20 words and by 2 years they have 50-100, with half being understandable.
- Receptive language skills (meaning they can understand you) come faster than expressive skills (speech).
- **Watching television does not help your baby learn to talk. Children under 3 years of age should not watch television.**

SAFETY

This is a time when your child is exploring, climbing and getting into everything. Parents need to be even more watchful for injuries.

- **ALWAYS use a car seat. Your child must remain rear-facing in the car seat until the age of 2 years.** Make sure your child fits the weight and height limits of the seat. See the attached car seat guidelines for more details.
- Use security gates or lock the doors at stairwells or entrances to potentially dangerous areas such as the kitchen or basement. Window guards should be installed.
- Do not underestimate your child's ability to climb. Chairs should be positioned so that the child is unable to use them to climb to a dangerously high place.
- Guns in the home are a danger to the family. If a gun is kept in the home, the gun and the ammunition should be locked and stored in separate locations.
- Small children should not be allowed to play with plastic bags or balloons.
- Children should always be closely supervised in or near the water (swimming pool, bathtub, uncovered toilet seat, bucket of water).
- Keep your child away from hot stoves, space heaters, wall heaters, irons, curling irons and fireplaces. Pot handles should be turned toward the back of the stove. Hot liquids on tablecloths or on top of the stove should be closely monitored so they can't be pulled down.
- No one should hold or carry the child while drinking hot liquids or smoking.
- The hot water heater temperature should not be set above 120 °F.
- Plug outlets with plastic guards.

- **Children should wear hats and protective clothing and use sunscreen when going outside. Use a sunscreen that is “broad spectrum” with at least an SPF of 15. Apply the sunscreen 15-30 minutes before going outside.**
- Do not allow your child to play on or around cars, tractors or lawn mowers.
- Attach heavy furniture, such as bookshelves or dressers to the wall. These items could crush a child if they tip over. Kits to secure these items are available or “L” brackets can be installed.
- Keep all medicine, cleaning supplies and any potentially harmful substances up and out of reach in a locked cabinet. Remember there may be many of these items in your purse or grandma’s purse, too. Many medications are brightly colored and may look like candy to your child.
- Keep the Poison Control Center number near your phone. **1-800-366-8888**
- Keep all outside gates and fences closed. Check to see if they are in good condition with no holes or sharp edges where the child could get caught.
- Have working smoke detectors and a simple fire safety plan, like where your family will meet outside.
- Carbon monoxide detectors are recommended.
- Never leave your child unattended in the car or at home.
- Your child should be closely supervised when outside.
- **Exposure to cigarette smoke causes many medical problems for your child. These include an increased number of upper respiratory infections (colds), asthma and ear infections.**

DISCIPLINE

This is a good time for your child to gain confidence and independence. Discipline and positive reinforcement are very important. **Starting to enforce your rules and setting limits is very important at this age. Children like structure. Setting limits and having rules are part of that structure.** Having structure makes children feel loved and teaches them that there are expectations for each member of the family.

- Try not to only respond to negative behaviors, but **praise your child’s good behavior.** Tell them what they did right. This will help build self-esteem.
- **Be consistent because your child will test your limits daily. Say “no” only when you have to. Try re-directing your child instead of saying no.** Be sure to move the object the child has been asked not to touch, or remove the child from the dangerous or forbidden situation.
- “Time outs” are usually an effective form of discipline and should be one minute for each year of life. Occasionally it may be necessary to hold the child during time out. Ask the child if he or she understands why the behavior is unacceptable, but then drop it after time out is over.
- **Temper tantrums are common. Ignore them.** Do not give in to the demands of the tantrum.

PARENTING TIPS

- “Catch ‘em being good.” Praise your child when he or she plays well with a friend. In contrast, negative consequences should follow unacceptable behavior. For example, your child cannot go out to play if he or she hits a playmate.
- Encourage curiosity; it is normal for your baby to “get into things.”
- **Read a book to your child every day.**
- Arrange time for each parent to have one-on-one time with each of their children.
- Pick up, hold and cuddle your baby.
- Establish family rules for mealtimes, bedtime and getting dressed.

- **Encourage your child's independence.** Many conflicts between parent and child may be avoided by giving children two or three options. For example, "Do you want to wear your sweater or your jacket?" "Do you want milk or water?"

IMMUNIZATIONS AND WELL CHILD VISITS

- We would like to see your child at 2 years, 2 ½ years (30 months) and 3 years for well child visits.
- At the 18 month appointment your child will receive the Hepatitis A vaccine. There are no routine scheduled vaccines at age 2 or 3 years.
- At the 2 and 3 year check-ups your child will be tested for lead and anemia.

Please do not hesitate to call the office with any questions or concerns

Healthy Minds: Nurturing Your Child's Development from **18 to 24 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



► **Key findings** from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Darryl is excited about taking his 21-month-old daughter, Alicia, to story hour at the local library. He is planning to meet a friend there, who is taking his own daughter. As they enter the room, Alicia spots the noisy crowd, buries her head in her dad's legs, and pulls him toward the door, whining, "Go home!" Darryl is disappointed and tries to get her to take a seat in the circle of children that's forming. But the more he pushes, the more distressed she becomes. Dad is ready to give up and go home. As they are leaving, he sees Alicia look at a book. He stops and asks if she'd like to read it and she nods yes. They sit in the back of the room and read quietly together. The group begins, and Alicia starts to look up more and more frequently to watch and listen to the storyteller. The next week, when Darryl asks if she'd like to go to story time, Alicia smiles and says, "Yes!"

This shows how all areas of Alicia's development are linked and how her father's response encourages her healthy development. Because of Alicia's **social and emotional connection** to her father, he is the one she goes to for safety and comfort when she is feeling anxious. She knows that she can count on her father for support. Her **intellectual ability** enables her to communicate her feelings by using her **language skills** – gestures, facial expressions and words. She uses her **motor ability** to pull on Dad to get him to take her home. Darryl's response helps Alicia master a challenging situation. He is able to put aside his own interest in staying at the group and "listens" to what Alicia is trying to tell him. This allows him to help her feel more comfortable entering a new situation, now and in the future.

Relationships are the foundation of healthy development.



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Charting Your Child's Healthy Development: 18 to 24 months

The following chart describes many of the things your toddler is learning between 18 and 24 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Toddlers' vocabularies are growing by leaps and bounds. They are learning and saying many new words, and stringing words together, such as "Dolly fall." Toddlers are very independent and eager to be in control. Among their favorite words are "Me" and "Mine!"</p>	<ul style="list-style-type: none"> ● Expand on what your child says. When she says, "Dolly fall!" you can say, "Yes, Dolly tumbled down to the floor!" This helps you expand your child's language skills. ● Give your toddler ways to feel in control by giving choices among options that are all acceptable. Let her choose between the red or blue cup and the pink or green shirt. Avoid asking her opinions when only one option is okay; for example, do not ask, "Are you ready to go?" unless she can stay longer. Use language to help her predict what will happen. "In five minutes it will be time to go." 	<ul style="list-style-type: none"> ● What are your child's strengths in communicating? Where does she need help? ● How does your child express her thoughts and feelings? Is she more likely to use her words or actions? How do you respond?
<p>Toddlers are developing self-control, but they still cannot stop themselves from doing something unacceptable, even after many reminders. They also don't yet understand the consequences of their actions.</p>	<ul style="list-style-type: none"> ● Help prevent tantrums or loss of control by heading them off at the pass. If you see your child getting frustrated, try to calm her down and suggest another activity before she starts hurling puzzle pieces. Help your obviously angry toddler avoid a fight with her friend by inviting them to pause for a snack. ● Use consequences that are directly connected to the behavior of your child. If she is pouring water on her high chair after being told not to, take her out of her high chair. Then offer other acceptable options such as water play in the bathtub or outside. 	<ul style="list-style-type: none"> ● What behaviors do you find most difficult to handle? Why? ● How were you disciplined as a child? How do you think that influences how you discipline your child?
<p>Toddlers are able to play and explore in more complex ways. They like toys that they can play with in many different ways such as blocks, cars and stuffed animals that lend themselves to imaginative play.</p> <p>Toddlers love to move. In just a matter of months, children go from crawling to walking to practically running! Practicing their new moves strengthens the brain connections that help with coordination. Children learn a lot from active play. For example, they learn about gravity and up and down when they swing and go down the slide.</p>	<ul style="list-style-type: none"> ● Provide your child with objects and toys that lend themselves to imaginative play and join in with them. You will learn a lot about her thoughts and feelings and can help her expand her thinking. Sand, water, play dough and drawing materials are all good choices for children this age. They help develop your child's creativity and strengthen muscles that your toddler will use later in handwriting. ● Turn a walk into a learning opportunity. Point out big and small dogs in the park. Talk about the colors of the cars on the street. This kind of learning makes new ideas and concepts stick. 	<ul style="list-style-type: none"> ● What are some of the ways your child uses pretend play? What does this tell you about her? ● What do you most/least enjoy about playing with your toddler?
<p><i>*The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2 1/2-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.</i></p>		

With thanks to

The Gerber Foundation
Enhancing the quality of life of infants and young children



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For more information go to:
www.zerotothree.org
www.aap.org

Patient's Name: _____ Date of Birth: _____

Completed by: _____ Relationship: _____

Date Completed: _____



Modified Checklist for Autism in Toddlers (M-CHAT-R™) 2 YR

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question.

- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee) | Yes | No |



Preventive Care Schedule

Age	Procedures
4-5 Day	Physical Exam Immunizations Hep B (if not given at birth) Labs: None
2 Weeks	Physical Exam
1 Month	Physical Exam Immunizations: Hep B
2 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
4 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
6 Months	Physical Exam Immunizations: DTaP, Hib, PCV Rotavirus, Hep B
9 Months	Physical Exam Immunizations: IPV
12 Months	Physical Exam Immunizations: MMR, Varivax, Hep A Labs: Lead, Hematocrit
15 Months	Physical Exam Immunizations: DTaP, Hib, PCV
18 Months	Physical Exam Immunizations: Hep A
2 Years	Physical Exam Immunizations: May need catch-up dose of Hep A Labs: Lead, Hematocrit
30 Months	Physical Exam
3 Years	Physical Exam Labs: Lead Hematocrit
4-5 Years	Physical Exam Immunizations: Immunizations: DTaP, IPV, MMR, Varivax Labs: Lead, Hematocrit, Urinalysis
6-8 Years	Yearly Physical Exam
9-10 Years	Yearly Physical Exam Immunizations: HPV Labs: Cholesterol
11-15 Years	Yearly Physical Exam Immunizations: Tdap, Meningococcal, may need catch-up does of HPV Labs: Hematocrit, Urine, Cholesterol at 11 years if not obtained at 9-10 years
16-18 Years	Yearly Physical Exam Meningococcal Labs: Hematocrit (females only), Cholesterol screening at 17-18 years if not previously performed

Immunization/Lab Key
Cholesterol: blood test to screen for high cholesterol
DTaP: Diphtheria, Tetanus and acellular Pertussis vaccine
Hematocrit: test for anemia
Hep A: Hepatitis A vaccine
Hep B: Hepatitis B vaccine
Hib: Haemophilus Influenzae type B vaccine, an anti-meningitis vaccine
HPV: Human Papillomavirus vaccine for preventing genital warts, cervical cancer and anal cancer
IPV: Inactivated Polio vaccine
Lead: test for lead poisoning
Meningococcal: Meningococcal vaccine, an anti-meningitis vaccine
MMR: Measles, Mumps and Rubella vaccine
PCV: Pneumococcal vaccine, an anti-pneumonia and anti-meningitis vaccine
Rotavirus: Rotavirus vaccine for preventing Rotavirus stomach flu
Tdap: Tetanus, Diphtheria and acellular Pertussis vaccine
Urinalysis: urine test
Varivax: Chickenpox vaccine

CAR SEAT GUIDELINES

- Car seats should be installed tightly using the vehicle seat belt or LATCH system. There should be no more than one inch of movement side to side or front to back.
- Do not place rear-facing car seats in the front seat of vehicles with air bags.
- All children under 2 years old should ride rear-facing. You may switch from an infant seat to a convertible car seat before age 2 years as long as your child remains rear-facing and fits the height and weight requirements of the seat.
- All children younger than 13 years should ride in the back seat.
- A car seat must be replaced if it has been in a moderate or severe crash. Consider replacing seats that have been in a minor crash.
- Always read the car seat manufacturer's instruction manual and your vehicle owner's manual for specific installation instructions.
- For complete guidelines from the American Academy of Pediatrics visit www.healthychildren.org and search for "Car Seats".

Infants/Toddlers (Birth to 2 years)

Weight/Height Requirements: Make sure your child fits within the weight and height limits of the car seat.

Types of Seats: Rear-facing only seat, Convertible seat

Seat Position: Rear-facing

Installation Tips: Harness straps should slide through the slots that are at or below shoulder level. Straps should fit snugly against your child. Make sure the seat is at the correct angle so your child's head does not flop forward.

Toddlers/Preschoolers (2 and 3 year olds)

Weight/Height Requirements: Make sure your child fits within the weight and height limits of the car seat.

Types of Seats: Convertible seat, Forward-facing only seat, Combination seat with harness.

Seat Position: Forward-facing.

Installation Tips: Harness straps should slide through the slots that are at or above shoulder level. Some seats require using the top harness slot for the forward-facing position. Also, you may have to adjust the angle of the seat.

Young Children (4 to 12 year olds)

Weight/Height Requirements: Children should remain in a booster seat until the seat belt fits properly, typically when they are 4 feet 9 inches tall and between 8 and 12 years of age. They should be able to use just the seat belt when they can ride with their knees bent at the seat edge without slouching and with their seat belt low across their upper thighs and snug across their shoulder and middle chest.

Types of Seats: High back booster seat, Backless booster seat

Seat Position: Forward-facing

Installation Tips: Belt-positioning booster seats must be used with both lap and shoulder belts. Make sure the lap belt fits low and snug across your child's upper thighs. The shoulder strap should cross the mid-chest and shoulder.