

PEDIATRIC ASSOCIATES OF ORLANDO, P.A.

TWO YEAR CHECK UP

DATE _____

WEIGHT _____ % HEIGHT _____ % HEAD CIRC _____ %

WELL VISIT IMMUNIZATION SCHEDULE

| 2 Month | 4 Month | 6 Month | 9 Month | 12 Month | 15 Month | 18 – 24 Months | 5 Year | 11+ Years |
|----------------------------|----------------|----------------|---------|----------------------|----------|----------------|----------------------|----------------------|
| DTaP | DTaP | DTaP | | | DTaP | Vaccine Review | DTaP | Tdap (tetanus) |
| IPV | IPV | | IPV | | | | IPV | |
| Prevnar | Prevnar | Prevnar | | | Prevnar | | | |
| Comvax (Hepatitis B & Hib) | Hib | Hib | | | Hib | | | Gardasil (for girls) |
| | | Hepatitis B | | Hepatitis B | MMR | | MMR | Menactra |
| RotaTeq (oral) | RotaTeq (oral) | RotaTeq (oral) | | Chickenpox (Varivax) | | | Chickenpox (Varivax) | |
| | | | | Hepatitis A | | Hepatitis A | | |
| | | Flu (Seasonal) | | | | | | Catch Up Vaccines |

** Please verify your vaccinations with your physician at the time of your visit **

These preventative immunizations can cause your baby to have a fever >100.4, decreased appetite, act fussy or change in normal sleep pattern. The injection site may be red or slightly swollen, or form a knot. If this occurs gently put a cool cloth over the injection site. Please see accompanying vaccine information sheets. Give your baby Infant's Acetaminophen Suspension (80mg/0.8 ml) or Children's Motrin (50mg/1.25 ml) the following dosage.

| | |
|-----------|------------------|
| Weight | Dose |
| 12-17 lbs | (1 dropperful) |
| 18-24 lbs | (1 ½ dropperful) |

You may repeat this dose every four (4) hours for Tylenol, and every 6-8 hours for Motrin for fever/fussiness. Notify your physician if your baby has any adverse side effects such as fever greater than 104, seizure activity, or hives.

NUTRITION

You may now switch to skim, 1%, or 2% milk. Your child no longer requires the extra fat content. Do not put your child to bed with a bottle or sippy cup. This may cause milk bottle caries (Dental Cavities).

Wean your toddler off a bottle to a cup if not already done. Give only milk to 18-24 ounces/day. Avoid nuts, popcorn, raisins, whole grapes, hard candy, or hotdogs. Continue meals of solids (one fruit, two vegetables, and one meat per day), as well as one 4-6 oz bottle of juice. Try to eat healthy meals together as a family and provide healthy food choices.

Avoid hard foods such as raw vegetables, apples, which can be a choking hazard at this age. Continue to offer your child small servings of food. Large servings tend to discourage a child. Introduce a new food along with a food the child likes. Limit snacks, and do not offer close to mealtime. Your child may not eat well if snacks are served close to mealtime. Do not put your child to bed with a bottle of milk, juice or other sweet liquids. This may lead to tooth decay and ear infections. Avoid sweets, soft drinks, candy and sugar coated cereals. If your child does not like certain foods, keep offering them occasionally. A child's taste for food changes frequently. Check with your water company to see if fluoride is added in your tap water. If you have well water or bottled water you may need a fluoride supplement.

ANTICIPATORY GUIDANCE

We will examine your child every year from now on. At the three-year visit your child will again receive a complete physical exam, including height and weight measurements, and time to discuss concerns with your pediatrician. Be sure to wash your hands and your toddler's frequently, especially after diapering and before meals, for meals and snacks. Read together, play and show affection toward your toddler. Discourage hitting biting or aggressive behavior. Give toddler individual attention. Create opportunities for safe exploration and physical activity. Continue to set limits, use discipline (redirection, time-out), and ignore tantrums. Keep time out and other discipline brief; reassure your toddler once negative behavior has stopped. Praise your toddler for good behavior and accomplishments. Do things together as a family, arrange play dates but keep outings short and simple. Think about your childcare arrangements and how they meet your family's needs.

SAFETY

- A. Look for hazards at your toddler's level. Keep Syrup of Ipecac, and use only if directed by Poison Control Center at (407) 841-5222. Be sure to childproof your home with safety latches, and use stair gates, cabinet locks, and window guards. Keep cords and mini-blinds out of reach. Place all medicines and chemicals safely out of reach.
- B. Never leave small toys or objects out that your child can choke on. Learn how to save the life of a choking child by taking a CPR course. Keep plastic wrappers, plastic bags, and balloons, out of reach.
- C. Do not leave your child unattended, your child's growing mobility and climbing allows them to get into danger. Never leave your child unattended in bathtub. Take your child with you if you must answer the telephone or door. Never leave alone near a bathtub, pail of water, swimming pool or any other water, even for a moment. Knowing how to swim doesn't make your baby water safe at this age.
- D. Continue to use forward-facing car seat during every ride. To assure proper car seat installation and use call SAFE KIDS of Greater Orlando at (407) 649-6849 or Orange County Sheriff's Occupant Protection Program at (407) 836-4600.
- E. While cooking, keep child at a safe distance away from the stove in a high chair or play pen. To avoid burns never carry hot liquids or food near your baby while you are holding them.
- F. Develop an escape plan from the house in the event of a fire. Have working fire extinguishers and smoke detectors in your home.

DEVELOPMENT

- Look for your toddler to: kick a ball, imitate horizontal and circular strokes while scribbling, go up and down stairs one at a time, follow two step commands, and begin saying two word phrases which you should be able understand 50% of your toddler speech. Try to ignore temper tantrums and use time out for discipline. Read, sing, play games with your toddler. Talk with your toddler about what you are seeing and doing. Help your toddler express joy, anger, sadness, and fear. Help your toddler express joy, anger, sadness, and fear.

TIME OUT

Time out reaches a peaceful way of problem solving. Place child in a safe setting for a specified period of time. (No more than one minute/year of life). This interrupts the undesired behavior. Place child away from all attention and interesting activities. This allows the child to become aware of unwanted behavior, and avoid behavior to avoid being put there in the near future. Time outs can be given in a set location at home, as well as anywhere in public places. Try to give your child one warning prior to placing them in time out. Be consistent and follow through with warning. Children need to learn that their parents are in control and will resort to placing them in a boring, safe situation when they lose self-control or become overly demanding. Time out leaves a child feeling guilty, which is needed for formation of a conscience. When given correctly, you are teaching your child to stop and think.

POTTY TRAINING

Begin toilet training when your child is ready. This generally occurs when your child is able to wake up from naptime, and in the morning with a dry diaper. Expect normal curiosity about body part and use correct terms. Never force potty training, your toddler will do this at their own individual pace. When they are interested, allow them to set on the toilet with a step stool, or buy a small potty chair. Allow your child to be successful by limiting the time spent in underwear, and praise them for keeping them dry and when they tell you they need to go to the bathroom.

WHEN TO CALL YOUR PEDIATRIAN

Auxiliary temperature greater than 102 degrees (unless your child received immunizations within the last 2 days and is acting OK otherwise). Projectile vomiting, green (bilious) vomiting, seizure, excessive irritability or lethargy. Our telephone nurse is available during office hours for common pediatric questions. Life threatening emergencies, such as difficulty breathing, seizure, and bleeding, should be directed to the emergency room or 911.

Resources: www.aap.org or www.brightfutures.org