



BRIGHT FUTURES HANDOUT ► PARENT

12 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.



FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.



ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.



FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan

Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

12 MONTH VISIT—PARENT

SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

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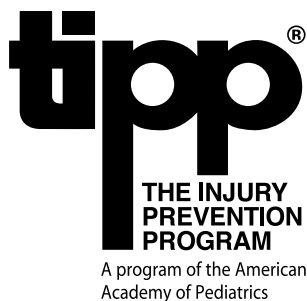
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1 to 2 years



1 TO 2 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump, and explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. **Handguns are especially dangerous.** If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.



Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart, and open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact Poison Help for more information.



Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers. Use medicines exactly as directed and dispose of unused medicine safely as soon as you are finished with it.

If your child does put something poisonous into his or her mouth, call Poison Help immediately. Add the Poison Help line (1-800-222-1222) to your phone contacts list. Do not make your child vomit.

Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.



If your child has a serious fall or does not act normally after a fall, call your doctor.

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Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A **safer place for your child** while you are cooking, eating, or unable to give him or her your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair**. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched, or put a barrier around them. If you have a gas fireplace, keep children away while it is in use and for at least an hour after turning it off. The glass doors get extremely hot and can cause severe burns.

Your child will *reach* for your hot food or cup of coffee, so don't leave it within your child's reach.

NEVER carry your child and hot liquids at the same time. You can't handle both.

If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



Drowning

At this age your child loves to play in water. **NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.** Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. If possible, lock doors that could lead to the pool area. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.



And Remember Car Safety

Car crashes are a great danger to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. **To prevent these injuries USE a car safety seat EVERY TIME** your child rides in the car. All infants and toddlers should ride in a rear-facing car safety seat until they reach the highest weight or height allowed by their car safety seat's manufacturer. Be sure that the safety seat is installed and used correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. **The safest place for all infants and children to ride is in the back seat.**

Do not leave your child alone in or around the car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes. They can be strangled by power windows or knock the vehicle into gear.

Always **walk behind your car** to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

Remember, the biggest threat to your child's life and health is an injury.



From Your Doctor

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Feeding Guidelines

<i>Age</i>	<i>Food Group</i>	<i>Foods</i>	<i>Times per day</i>	<i>Serving Size</i>	<i>Feeding Tips</i>
12-24 months	Milk	Breast Milk or Whole Milk	3-4	6-8 oz	<ul style="list-style-type: none"> • Serving sizes are approximate. Each toddler's appetite is different. • Daily totals of breast milk or whole milk for this group are approx 16-20 ozs. • Toddlers need 5-6 small meals daily. Do your best to offer meals at about the same time each day. • Wean toddler from a bottle to a cup. Goal is to be off the bottle by 15 months of age. • Continue breastfeeding if desired, but also offer whole milk in a cup. • If formula feeding, change to whole milk now. • Offer small portions. Never force your toddler to eat. • Limit the amount of fruit juice your child drinks to less than 4 ounces daily. • To see if your toddler has a healthy diet, look at a 4-5 day span to see if he or she is eating a good balance of foods from the food groups. • Your toddler may refuse foods he or she used to like. • Make meals fun and interesting. Serve colorful foods that are crunchy, smooth, or warm. • Let your toddler feed himself or herself. It will be messy, but this is another step toward independence. • Teach your toddler to wash his or her hands and face often. This is important before eating and drinking. • Never leave toddler unattended while they are eating. • Turn the TV off during meals.
		Cheese Plain or blended yogurt	1-2	1/2 cup or 1 slice	
	Grain	Cereal/Bread/ Rice/Pasta (whole grain)	4-5	1/4-1/2 cup	
	Fruit	Fruit	2-3	1/2 cup	
	Vegetable	Dark yellow, orange or green	2-3	1/2 cup	
	Meat	Chicken, beef, pork, beans, tofu, turkey, egg	3	1-2 oz	



Fever: Myth vs. Fact

Many parents have false beliefs (myths) about fever. They think fever will hurt their child. They worry and lose sleep when their child has a fever. This is called fever phobia. In fact, fevers are harmless and often helpful. Let these facts help you better understand fever.

MYTH: My child feels warm, so she has a fever.

FACT: Children can feel warm for a many reasons. Examples are playing hard, crying, getting out of a warm bed or hot weather. They are "giving off heat". Their skin temperature should return to normal in 10 to 20 minutes. About 80% of children who act sick and feel warm do have a fever. If you want to be sure, take the temperature. These are the cutoffs for fever using different types of thermometers:

Rectal, ear or forehead temperature: 100.4° F (38.0° C) or higher

Oral (mouth) temperature: 100° F (37.8° C) or higher

Under the arm (Armpit) temperature: 99° F (37.2° C) or higher

MYTH: All fevers are bad for children.

FACT: Fevers turn on the body's immune system. They help the body fight infection.

Normal fevers

between 100° and 104° F (37.8° - 40° C) are good for sick children.

MYTH: Fevers above 104° F (40° C) are dangerous. They can cause brain damage.

FACT: Fevers with infections don't cause brain damage. Only temperatures above 108° F (42° C)

can cause brain damage. It's very rare for the body temperature to climb this high. It only happens if

the air temperature is very high. An example is a child left in a closed car during hot weather.

MYTH: Anyone can have a seizure triggered by fever.

FACT: Only 4% of children can have a seizure with fever.

MYTH: Seizures with fever are harmful.

FACT: These seizures are scary to watch, but they stop within 5 minutes. They don't cause any

permanent harm. They don't increase the risk for speech delays, learning problems, or seizures

without fever.

MYTH: All fevers need to be treated with fever medicine.

FACT: Fevers only need to be treated if they cause discomfort. Most fevers don't cause discomfort until they go above 102° or 103° F (39° or 39.5° C). 7/13/2016 Print Version
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MYTH: Without treatment, fevers will keep going higher.

FACT: Wrong, because the brain has a thermostat. Most fevers from infection don't go above 103° or 104° F (39.5°- 40° C). They rarely go to 105° or 106° F (40.6° or 41.1° C). While these are "high" fevers, they also are harmless ones.

MYTH: With treatment, fevers should come down to normal.

FACT: With treatment, most fevers come down 2° or 3° F (1° or 1.5° C).

MYTH: If you can't "break the fever", the cause is serious.

FACT: Fevers that don't come down to normal can be caused by viruses or bacteria. The response to fever medicines tells us nothing about the cause of the infection.

MYTH: Once the fever comes down with medicines, it should stay down.

FACT: It's normal for fevers with most viral infections to last for 2 or 3 days. When the fever medicine wears off, the fever will come back. It may need to be treated again. The fever will go away and not return once the body overpowers the virus. Most often, this is day 3 or 4.

MYTH: If the fever is high, the cause is serious.

FACT: If the fever is high, the cause may or may not be serious. If your child looks very sick, the cause is more likely to be serious.

MYTH: The exact number of the temperature is very important.

FACT: How your child looks is what's important. The exact temperature number is not.

MYTH: Oral temperatures between 98.7° and 100° F (37.1° to 37.8° C) are low-grade fevers.

FACT: These temperatures are normal. The body's normal temperature changes throughout the day. It peaks in the late afternoon and evening. A true low-grade fever is 100° F to 102° F (37.8° - 39° C).

SUMMARY. Keep in mind that fever is fighting off your child's infection. Fever is one of the good guys.

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Did you know that www.healthychildren.org is a great source of pediatric information?

Raising A Reader



Tender Care Pediatrics

12 months

609-641-0200

Again, Mommy!

Happy Birthday!
What a
wonderful year
it has been!

Your baby may want to read the same book or do the same activity over and over again. This is the way babies practice and learn. By now she will have learned to recognize her name, understands simple instructions such as "wave bye bye", and may even say her first word usually "dada" or "mama". All of these things were learned because



she heard them over and over. A famous experiment took 2 groups of babies and showed them a red box and a green box. The red box had candy in it. The children whose parents said red whenever they opened the red box learned quickly and remembered one week later that the red box had the candy. The children whose parents didn't say anything did learn but it took them a long time and they forgot by the next day which box had candy. So start naming things for baby- car, book, apple, etc. Repeating and naming help baby to learn faster.

Book Ideas

Say Goodnight-
Helen Oxenbury
Chicka Chicka
Boom Boom-
J. Archambault
Spot Counts from
1-10- *Eric Hill*
Snappy Little
Colors- *Kate Lee*
Poems For Little
Ones- *Baby*
Einstein

Start Your Engines!



About half of babies take their first step by their first birthday. As the baby attempts these first steps alone, there will be lots of falls and bumps. A quick hug and encouragement to get back on his feet should do it. Even after he is walking, babies often crawl also since it is faster. Babies at this age do not need shoes- not even the "flat footed" ones (most babies are because of all the fat). But if you are buying shoes for walks outside, remember to buy ones with flexible soles and soft uppers.

Naptime

The world is a very interesting place at age 1. Cruising and walking allow the baby to explore and have fun. All this fun is hard to stop to get in a break for a nap. But even though she may resist, a nap is very important. Babies who don't sleep are more likely to fall and get injured. They do not learn as well. And they have more temper tantrums. Even if they don't sleep, stick to the routine and she will get back to napping again.

Discipline?



It's hard to believe that this bundle of energy was just born 1 year ago. But now he's becoming his own person. His curiosity leads him to try many new things. There are some things which are safe and some which are "no-no"s. This is the beginning of discipline. The word discipline means to teach. The first step is to remove precious or dangerous objects out of reach. You don't want to be saying "no" all day. The baby will give you plenty of opportunities to say no. Reserve the word "no" for a few things otherwise the baby will tune it out. Use "danger" or "hot" for things he cannot touch. Take away things you don't want them to touch and be prepared to have to do this over and over again before they understand. It is rare that a baby will learn the first time. For those wonderful temper tantrums, walk away. It's amazing how much shorter tantrums are when you don't have an audience. So keep letting them know what not to do, but don't forget to praise them when they do the right thing.

Blankie

It is very common for babies to become attached to a special object whether it be a blanket or stuffed animal. This helps them to feel more comfortable as they explore their new world or fall asleep without mom or dad. Decide what rules you want to have. Some parents allow blankie only in the crib to keep from having it dragged around. Others allow it all the time. Whatever your philosophy, make a decision and stick to it. And if possible, find a second blankie or animal to rotate just in case you can't find one or it got left at grandma's house.

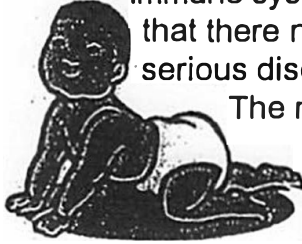
I'm a Big Kid Now!

As the baby becomes more independent there are many reasons we might not be thrilled about it. We might feel sad that they're no longer a helpless infant. We might not welcome the mess or the small amount of food that actually ends up in their mouth. We might also fear the inevitable bumps and bruises that come with learning to walk. But remember these are all normal parts of a baby's healthy development.

Doing everything for your baby can unintentionally teach them that they can't do things for themselves. Here's the exciting part: you can nurture their self-worth and determination! Games at this age should encourage problem-solving. Try showing the baby something they want then place a small obstacle in their way like a soft cushion to lift or a container with a lid they can figure out how to open. These simple games will help build problem-solving skills that will be important for them throughout their life.

Colds

Although having a sick child is no fun, it is a normal part of life. It helps build up his immune system for the rest of his life. It is only when the illness gets out of hand that there needs to be concern. This is why we immunize against some of the more serious diseases.



The most common of these illnesses are those caused by viruses- namely the cold and flu. They affect all age groups even babies. The baby may have one or more of the following: fever, runny nose, cough, vomiting, or diarrhea. The symptoms especially fever are worst in the beginning of the illness.

The symptoms especially fever are worst in the beginning of the illness. Temperatures up to 104 or 105 are scary but a normal baby response to kill the virus. Cooling off methods like sponge bath with luke warm water and acetaminophen (Tylenol) are usually successful. However if your child is getting worse or you are concerned, you should call the office. Colds can also lead to complications such as ear infections and pneumonia. Signs to watch out for are ear ache, increasing cough, chest pain, or trouble breathing.

Cup

Babies at nine months are becoming more independent and also slowing their rapid newborn weight gain. One way they show this is by seeming less interested in the breast or bottle. Some parents see this as a sign they are ready to wean from milk. This may be a good opportunity to try a cup with the baby. While breastfeeding is recommended for the first year and beyond, bottle feeding after a year is discouraged. Unlike breastfeeding, the bottle has an increased risk of causing cavities. And even though these are only baby teeth, cavities can cause more long lasting damage. It also is more difficult to wean from the bottle as the baby gets older. You can use the cup to offer formula or small amounts of water.

Games Babies Love

Babies and parents can have fun playing the simplest games and it's good for them to teach them new things. Imitation games such as clapping hands, waving goodbye, nodding heads, and touching your nose, etc. The baby can imitate you, but you can also imitate your baby. Repeat sounds they make and have a conversation. Peek-a-boo is another favorite. Put a scarf on your face and saying Where's Mommy (Daddy)? Then there she/he is. You can also try hiding baby. Other games include pat-a-cake or "how big is Baby? So big". "This little piffy went to market" is also a good one to try. Put floating toys in the bathtub to make it more fun. Babies love to bang on pots and pans in the kitchen. But no matter what games you play consider safety first. Avoid delicate plastic toys which break easily, small toys which babies can choke on, more so as she explores her world especially in the bathtub.

Choking Prevention and First Aid for Infants and Children



When children begin crawling, or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur. Many children die from choking each year. Most children who choke to death are younger than 5 years. Two thirds of choking victims are infants younger than 1 year.

Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous foods

Do not feed children younger than 4 years round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum

Dangerous household items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

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What you can do to prevent choking

- *Learn CPR (cardiopulmonary resuscitation) (basic life support).*
- *Be aware that balloons pose a choking risk to children up to 8 years of age.*
- *Keep the above foods from children until 4 years of age.*
- *Insist that children eat at the table, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.*
- *Cut food for infants and young children into pieces no larger than one-half inch, and teach them to chew their food well.*
- *Supervise mealtimes for infants and young children.*
- *Be aware of older children's actions.* Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- *Avoid toys with small parts, and keep other small household items out of the reach of infants and young children.*
- *Follow the age recommendations on toy packages.* Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- *Check under furniture and between cushions for small items that children could find and put in their mouths.*
- *Do not let infants and young children play with coins.*

First aid for the child who is choking

Make a point to learn the instructions on the reverse side of this brochure. Post the chart in your home. However, these instructions should *not* take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtimes and identifying dangerous foods and objects.

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CHOKING/CPR

IF ALONE WITH A CHILD WHO IS CHOKING...

SHOUT FOR HELP.

START RESCUE EFFORTS.

CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

CONSCIOUS

FIVE ABDOMINAL THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage. Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.



If the child becomes unconscious, begin CPR.



CHILD CPR

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

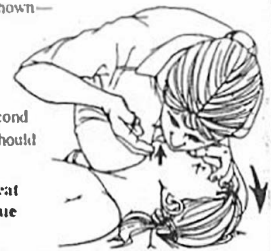
- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. Look for up and down movement of the chest and abdomen. Listen for breath sounds at the nose and mouth. Feel for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing look for a foreign object in the mouth. If you can see an object in the child's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. Do NOT try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- Seal your mouth over the child's mouth.
- Pinch the child's nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise and fall.

If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).



3 CHEST COMPRESSIONS

Place heel of 1 hand over the lower half of the breastbone OR use 2 hands: place heel of 1 hand over the lower half of the breastbone, then place other hand over first hand (to keep them off of the chest).

- Compress chest 1/3 to 1/2 depth of chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute. Check for signs of normal breathing, coughing, or movement every 5 cycles (about 2 minutes).



1-hand technique



2-hand technique

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

*For children 8 years and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

AAP News Parent Plus

INFORMATION FROM YOUR PEDIATRICIAN

Replace screen time for children under 2 with activities that spark imagination

While playing with your child is beneficial, you cannot do this every moment of the day. Instead of turning on a TV program or video so you can make dinner or take a shower, let your baby or young child play independently.

Your child benefits from playing alone for short periods of time. He learns to problem solve, think creatively and use his imagination. The American Academy of Pediatrics supports unstructured playtime for children of all ages.

Here are some ideas for simple, inexpensive activities that your infant or young child can do without your participation. As your baby starts to crawl, remember to use a portable play yard or safety gates to keep your child in a safe area if you are distracted. And make sure all toys are impossible to swallow or chew.

Sensory activities

- For young infants, offer items like colorful or high-contrast toys or mobiles to look at or follow with their eyes.
- Let your baby listen to music. Let your older baby or young child play with rattles or child-friendly music boxes.
- Offer safe objects or toys with different textures.
- Offer large plastic, wood or plush toys without small removable pieces to grab, manipulate and mouth.

Cognitive/language

- Let your baby explore cardboard books that are bite- and rip-proof.
- Offer “cause and effect” toys. Let your baby figure out how to make an object light up, make noise or move.
- Toys that can be filled and dumped also are popular with young children.



Social

- Let your baby play with a plastic mirror.
- Offer pretend food, picnic ware, teacups, a grocery cart, baby doll or baby carriage to children over age 1.
- Let your child participate in activities of daily living. While you are cooking, let your baby “cook” on the floor with pots and pans.

Large and small muscles

- Infants as young as 3 months can play with an activity gym to bat/grab objects.
- Offer measuring cups, plastic food containers, pots, pans and wooden spatulas.
- Give your older baby a big ball to roll, kick or throw.
- Stacking cups or “nesting cups” are good for using small muscles and figuring out how to stack. Shape sorters are another toy that encourages eye-hand coordination.

— Ari Brown, M.D., FAAP





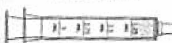
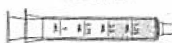
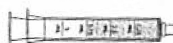
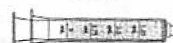


















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TYLENOL  Motrin

Dosing On Call

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.

<p>mL = milliliter</p>  <p>Use only as directed</p>		<p>Infants' TYLENOL® Oral Suspension</p> <p>Active ingredient: Acetaminophen 160 mg (in each 5 mL)</p> <p>Available in:  Grape  Cherry  Dye-free Cherry</p>			
WEIGHT	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs	
AGE	0-3 months	4-11 months	12-23 months	2-3 years	
DOSE	1.25 mL	2.5 mL	3.75 mL	5 mL	
					
<p>mL = milliliter</p>  <p>Use only as directed</p>		<p>Children's TYLENOL® Oral Suspension</p> <p>Active ingredient: Acetaminophen 160 mg (in each 5 mL)</p> <p>Available in:  Grape  Bubblegum  Cherry  Dye-free Cherry  Strawberry</p>			
WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL	7.5 mL	10 mL	12.5 mL	15 mL
					
<p>NOW AVAILABLE!</p>  <p>Use only as directed</p>		<p>Children's TYLENOL® Chewables</p> <p>Active ingredient: Acetaminophen 160 mg (in each tablet)</p> <p>Available in:  Grape  Bubblegum</p>			
WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet	1½ tablets	2 tablets	2½ tablets	3 tablets
					

All infants' TYLENOL® and Children's TYLENOL® products have the same strength of acetaminophen: 160 mg (in each 5 mL or tablet).

IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: _____

This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all TYLENOL® products.
- Repeat dose every 4 hours while symptoms last.
- Do NOT give more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Use only the dosing device (syringe or dosing cup) that came with the product. Do not use any other dosing device.

Dosing On Call

Dosing for infants and children from your healthcare professional

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

Infants' MOTRIN® Concentrated Drops

Active ingredient: Ibuprofen (NSAID)* 50 mg (in each 1.25 mL)

*Nonsteroidal anti-inflammatory drug

Available in:  Berry  Dye-Free Berry



Use only as directed

WEIGHT	12-17 lbs	18-23 lbs
AGE	6-11 months	12-23 months
DOSE	1.25 mL 	1.875 mL 

mL = milliliter

Children's MOTRIN® Oral Suspension

Active ingredient: Ibuprofen (NSAID)* 100 mg (in each 5 mL)

*Nonsteroidal anti-inflammatory drug

Available in:  Grape  Bubble Gum
 Berry  Dye-Free Berry



Use only as directed

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL 	7.5 mL 	10 mL 	12.5 mL 	15 mL 

IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: _____

This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all MOTRIN® products.
- Repeat dose **every 6-8 hours** as needed.
- Do **NOT** give more than **4 doses in 24 hours**.
- Use only the dosing device (syringe or dosing cup) that came with the product. Do not use any other dosing device.

Be sure to keep TYLENOL® and MOTRIN®
on hand for pain and fever *relief* that's
Always On Call



Download FREE Kids' Wellness Tracker

Track your child's height, weight, BMI, vaccines, symptoms, and medicines, plus dosing information



App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.
Standard download rates may apply.

VACCINE INFORMATION STATEMENT

Pneumococcal Conjugate Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent pneumococcal disease.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on age and medical status. Your health care provider can help you determine which type of pneumococcal conjugate vaccine, and how many doses, you should receive.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine. These doses are recommended at 2, 4, 6, and 12–15 months of age.

Older children and adolescents might need pneumococcal conjugate vaccine depending on their age and medical conditions or other risk factors if they did not receive the recommended doses as infants or young children.

Adults 19 through 64 years old with certain medical conditions or other risk factors who have not already received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Adults 65 years or older who have not previously received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Some people with certain medical conditions are also recommended to receive pneumococcal polysaccharide vaccine (a different type of pneumococcal vaccine, known as PPSV23). Some adults who have previously received a pneumococcal conjugate vaccine may be recommended to receive another pneumococcal conjugate vaccine.



3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid (for example, DTaP), or has any severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone pneumococcal conjugate vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, muscle aches, joint pain, and chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after a pneumococcal conjugate vaccine if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Varicella (Chickenpox) Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Varicella vaccine can prevent varicella.

Varicella, also called “chickenpox,” causes an itchy rash that usually lasts about a week. It can also cause fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infections of the bloodstream, bone, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Chickenpox is usually mild, but it can be serious in infants under 12 months of age, adolescents, adults, pregnant people, and people with a weakened immune system. Some people get so sick that they need to be hospitalized. It doesn’t happen often, but people can die from chickenpox.

Most people who are vaccinated with 2 doses of varicella vaccine will be protected for life.

2. Varicella vaccine

Children need 2 doses of varicella vaccine, usually:

- First dose: age 12 through 15 months
- Second dose: age 4 through 6 years

Older children, adolescents, and adults also need 2 doses of varicella vaccine if they are not already immune to chickenpox.

Varicella vaccine may be given at the same time as other vaccines. Also, a child between 12 months and 12 years of age might receive varicella vaccine together with MMR (measles, mumps, and rubella) vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get varicella vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Is **taking salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone varicella vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting varicella vaccine.

Your health care provider can give you more information.



4. Risks of a vaccine reaction

- Sore arm from the injection, redness or rash where the shot is given, or fever can happen after varicella vaccination.
- More serious reactions happen very rarely. These can include pneumonia, infection of the brain and/or spinal cord covering, or seizures that are often associated with fever.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get varicella vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

MMR vaccine can prevent **measles, mumps, and rubella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMR vaccine

Children need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children, adolescents, and adults also need 1 or 2 doses of MMR vaccine if they are not already

immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently had a **blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMR vaccination until a future visit.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

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7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.

