



# BRIGHT FUTURES HANDOUT ► PARENT

## 18 MONTH VISIT

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

### ✓ YOUR CHILD'S BEHAVIOR

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and try things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include
  - Staying dry for 2 hours
  - Knowing if she is wet or dry
  - Can pull pants down and up
  - Wanting to learn
  - Can tell you if she is going to have a bowel movement
- Read books about toilet training with your child.
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

### ✓ TALKING AND HEARING

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

### ✓ HEALTHY EATING

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

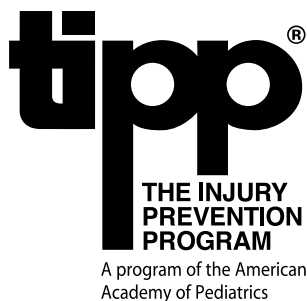
### ✓ YOUR CHILD AND TV

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with sitters.
- If you choose to introduce media now,
  - Choose high-quality programs and apps.
  - Use them together.
  - Limit viewing to 1 hour or less each day.
- Avoid using TV, tablets, or smartphones to keep your child busy.
- Be aware of how much media you use.

**Helpful Resources:** Poison Help Line: 800-222-1222

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 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.

# 18 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. This will probably be after the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- 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.
- 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).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

## WHAT TO EXPECT AT YOUR CHILD'S 2 YEAR VISIT

### We will talk about

- Caring for your child, your family, and yourself
- Handling your child's behavior
- Supporting your talking child
- Starting toilet training
- Keeping your child safe at home, outside, 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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## **TENDER CARE PEDIATRICS PC**

2322 New Road, Northfield, NJ 08225

609-641-0200

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### **Anticipatory Guidance for the 18 month old**

#### **Healthy and Safe Habits**

Keep surroundings smoke, drug, and alcohol free  
Wash hands of self and child often, clean toys  
Avoid or limit TV viewing  
Follow bedtime routines

#### **Injury Prevention**

Use safety seat in back seat only, CHILDREN SHOULD REMAIN REAR-FACING and in a five point harness until they are at least 2 years of age. Follow the seats guidelines for weight/height recommendations. Check expiration dates.  
Test water temperature before placing child in bath  
Supervise near water; remember to empty tub, buckets, and pools  
Childproof home (dangling cords, sockets, poisons, medicines, guns)  
Keep poison center number readily available  
Don't leave heavy objects or hot liquids on surfaces where they can be pulled off  
Turn pot handles to back of stove  
Use safety locks and stair gates  
Supervise child closely near pets, mowers, driveways, and streets  
Limit sun exposure; use sunscreen and hat  
Never leave child alone in home or car  
Discuss first aid

#### **Nutrition**

Provide 3 nutritious meal and 2-3 healthy snacks daily  
Eat meals as a family  
Encourage child to feed self and drink from a cup  
Let child participate in food choices, don't force eating  
Avoid foods that the child could easily choke from; limit sugar  
Don't use food as a reward or for comfort

#### **Oral Health**

Don't put child to bed with bottle  
Brush child's teeth with soft toothbrush and water only

### **Social Competence**

Praise good behavior and accomplishments  
Encourage self-expression and making appropriate choices  
Talk, sing, read to child  
Set specific limits, be consistent in following them  
Allow assertiveness within limits  
Keep discipline brief  
Develop strategies for nightmares  
Delay toilet training  
Curiosity about genitals is normal

### **Family Relationships**

Listen to child, show interest  
Spend time with each child  
Help child express emotions  
Keep family outings short and simple  
Don't expect child to share all toys  
Help siblings resolve conflicts positively  
Allow older children their own space and toys



## Is My Child Ready for Toilet Training?

There are many opinions about toilet training and many ways to toilet train. Opinions about toilet training come from people's personal experiences, family traditions and cultural practices. Some children are trained very early (before 24 months of age). Many children are trained later (after their 2nd or 3rd birthdays). Although it is possible to train a younger child, it is much harder and more stressful for the child. Toilet training early may put too much pressure on the child and parent. Children have more success with toilet training when they are older. Most children are ready to be toilet trained some time after their second birthday. Probably the best way to toilet train any child is to make it a positive experience for both parent and child. The first step in successful toilet training is knowing when your child is ready and following your child's lead.

### Here are some clues to look for when your child might be ready for toilet training:

- Your child can and will follow verbal directions.
- Your child shows an interest in other family members' bathroom activities.
- Your child communicates in some way (with a word or a sign) that she has a full bladder or is about to have a bowel movement.
- Your child's bowel movements are on a predictable schedule.

If your child is ready, there is information available about toilet training. Even if your child is not quite ready, you can buy her a potty chair and help her get comfortable with this new experience. Tell your child what the potty is for and let your child sit on it (even fully clothed) when she is interested.

Developed for Healthy Steps<sup>SM</sup> for Young Children by BUSM<sup>®</sup>: Department of Pediatrics, Boston Medical Center



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# Reading Aloud: Ideas for Parents

## Tips on Reading Aloud with Your Toddler

- **Make reading part of every day.** Read at bedtime or on the bus.
- **Have fun.** Children who love books learn to read. Books can be part of special time with your child.
- **A few minutes is OK.** Young children can only sit for a few minutes for a story, but as they grow, they'll sit longer.
- **Talk about the pictures.** You don't have to read the book to tell a story.
- **Let your child turn the pages.** Babies need board books and help to turn pages, but your toddler might be able to do it alone!
- **Show your child the cover page.** Explain what the story is about.
- **Show your child the words.** Run your finger along the words as you read them.
- **Make the story come alive!** Make up voices; use your body to tell the story.
- **Ask questions about the story.** What's going to happen next? What's that?
- **Let your child ask questions about the story.** Children as young as toddlers can memorize parts of a story.

*(adapted from Reach Out and Read, 1995)*

Developed for Healthy Steps<sup>SM</sup> for Young Children by BUSM<sup>®</sup>: Department of Pediatrics, Boston Medical Center



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## 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.

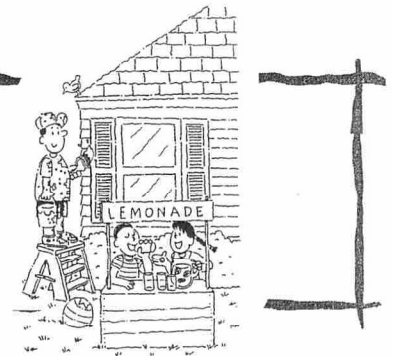
#### Large and small muscles

- 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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# Lead Screening for Children



Of all the health problems caused by the environment, lead poisoning is the most preventable. Despite this, almost 1 million children in the United States have elevated levels of lead in their blood. Any child can be at risk for lead poisoning.

Read more to learn about the risks of lead poisoning and how to prevent it, and about lead screening and treatment for lead poisoning.

## How can lead hurt my child?

Children, primarily those younger than 6 years, *can* be exposed to lead if they

- Get lead dust from old paint on their hands or toys and then put their hands in their mouths
- Breathe in lead dust from old paint
- Eat chips of old paint or dirt that contain lead
- Drink water from pipes lined or soldered with lead

Once lead enters the body, it travels through the bloodstream and is stored mainly in the bones where it can remain for a lifetime. Very high levels of lead in the body may cause many long-term problems, including

- Developmental delays
- Hearing loss
- Seizures and coma
- Kidney problems
- Anemia
- Growth problems

Most children with high lead levels in their blood show no obvious symptoms until they reach school age. At that point, some may show learning and behavioral problems. Others with high lead levels may experience symptoms such as stomach pain, headaches, vomiting, or muscle weakness.

## Where can lead be found?

You may have heard that children can be harmed by the lead in pencils. This is not true. There is no actual lead in pencils and there is no lead in the paint on the outside of pencils. Lead is found in the following places:

- Dust and paint chips from old paint
- Homes built before 1950, particularly those that are in need of repair or are in deteriorating condition
- Homes built before 1978 that are being renovated
- Soil that has lead in it
- Hobby materials such as stained glass, paints, solders, fishing weights, and buckshot
- Folk remedies
- Workplace dust brought home on the clothing of people who have jobs that use lead, such as foundry workers, smelter workers, and radiator repair mechanics
- Food stored in some ceramic dishes (especially if made in another country)
- Older painted toys and antique furniture such as cribs

## Should my child be screened for lead?

If you can answer "yes" to any of the following questions, especially numbers 1, 2, and 3, your child may need to be screened for lead. Talk to your pediatrician about lead screening for your child.

1. Does your child live in or regularly visit a house that was built before 1950, including a home child care center or the home of a relative?
2. Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months? Are there any plans to remodel?
3. Does your child have a brother, sister, housemate, or playmate who is being treated for lead poisoning?
4. Does your child live with an adult whose job or hobby involves exposure to lead?
5. Does your child live near an active lead smelter, battery-recycling plant, or other industry likely to release lead into the environment?
6. Does your child live within 1 block of a major highway or busy street?
7. Has your child ever been given home remedies such as azarcon, greta, or pay looah?
8. Has your child ever lived outside the United States?
9. Does your family use pottery or ceramics for cooking, eating, or drinking?
10. Have you seen your child eat paint chips?
11. Have you seen your child eat soil or dirt?
12. Have you been told your child has low iron?

Adapted from the Centers for Disease Control and Prevention's *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*.

- Tap water in older homes that have lead pipes or lead solder in their pipes
- Automobile batteries

## Prevention—what you can do

- If your home was built before 1950, ask your child's pediatrician to test your child for lead.
- If your home was built before 1978, talk with your child's pediatrician or your health department about safe ways to remodel *before* any work is done.
- When removing lead paint, be sure to use a certified contractor. Trying to remove the paint on your own can often make the condition worse. Know your state's laws regarding lead removal. Some states only allow certified contractors to remove lead. Be sure to seal off the room or area you are remodeling with heavy plastic until the job is done.

## Safety and Prevention

- Clean and cover any chalking, flaking, or chipping paint with a new coat of paint, duct tape, or contact paper. It is important to check for paint dust or flaking paint at window areas where children often play. Be aware that these are temporary measures only, and that lead must be completely removed for your child's best protection.
- Repair areas where paint is dusting, chipping, or peeling before placing cribs, playpens, beds, or highchairs next to them.
- Wet mop floors, damp sponge walls and horizontal surfaces, and vacuum with a high-efficiency particulate air vacuum (HEPA vac) if you are concerned about the possibility of lead dust in your home. Although good cleaning is a temporary solution, complete removal of the lead is the best protection.
- Encourage your children to wash their hands often, especially before eating.
- Have your home or apartment checked for possible lead contamination before moving in. Keep in mind that landlords are legally responsible for removing any lead found on their property.
- If you work around lead or have hobbies that involve lead, change clothes and shoes before entering your home. Keep clothes at work or wash work clothes as soon as possible.
- Check with your child's pediatrician or your health department to see if your area has a problem with lead in the water.
- If you have lead pipes, run the first morning tap water for 2 minutes before using it for drinking or cooking. Use cold tap water for mixing formula, drinking, or cooking because hot tap water can have higher amounts of lead in it.

You can also reduce the risks of lead by making sure your child eats a well-balanced diet. Give your child nutritious, low-fat foods that are high in calcium and iron, like meat, beans, spinach, and low-fat dairy products. Calcium and iron in particular reduce the amount of lead absorbed by the body.

### Lead screening

The only way to know for sure if your child has been exposed to lead is to have your child's pediatrician test your child's blood. Lead screening tests use either a small amount of blood from a finger prick or a larger sample of blood from a vein in the arm. These tests measure the amount of lead in the blood.

### Treatment

For children with *low* levels of lead in their blood, identify and eliminate the sources of lead to avoid future health problems. Children with *high* levels of lead in their blood usually need to take a drug that binds the lead in the blood and helps the body get rid of it. This treatment may be given as a series of shots or as oral medicine depending on the severity of the lead poisoning. Some children with lead poisoning need more than one type of treatment and several months of close follow-up. If the damage is severe, the child may need special schooling and therapy.

### Remember

Most young children put things other than food into their mouths. They chew on toys, taste the sand at the park, and eat cat food if given the chance. This rarely causes any harm, as long as poisons, small items that children can choke on, and sharp objects are kept out of reach. Lead, however, can be very dangerous to children. Infants and toddlers can get lead poisoning by putting their fingers in their mouths after touching lead dust, eating lead paint chips, or breathing in lead dust. Lead poisoning can cause developmental delay, hearing loss, seizures and coma, kidney problems, anemia, and growth problems. Talk with your child's pediatrician about getting a blood test, especially if your child is younger than 3 years. Take the steps listed in this brochure to make sure your child is not exposed to lead.

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From your doctor

Tender Care Pediatrics PC

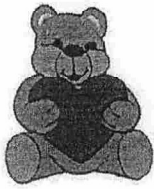
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## **Fever: Myth vs. Fact**

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 2/2

**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.

**Author: Barton D. Schmitt, M.D., FAAP**

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**Did you know that [www.healthychildren.org](http://www.healthychildren.org) is a great source of pediatric information?**

# Discipline and Your Child



As a parent, it is your job to teach your child the difference between acceptable and unacceptable behavior. But getting your child to behave the way you want is not as hard as you think. This brochure will help you learn effective ways to discipline your child.

Because learning takes time, especially for a young child, you may find that it takes several weeks of working on a behavior before you see a change. Try not to get frustrated when you do not see the results of your efforts right away.

## Discipline vs punishment

Many parents think discipline and punishment are the same thing. However, they are really quite different. Discipline is a whole system of teaching based on a good relationship, praise, and instruction for the child on how to control his behavior. Punishment is negative; an unpleasant consequence for doing or not doing something. Punishment should be only a very small part of discipline.

Effective discipline should take place all the time, not just when children misbehave. Children are more likely to change their behavior when they feel encouraged and valued, not shamed and humiliated. When children feel good about themselves and cherish their relationship with their parents, they are more likely to listen and learn.

## Encourage good behavior from infancy

You can begin laying the groundwork for good behavior from the time your child is born. When you respond to your infant's cries, you are teaching her that you are there, you can be counted on when she needs you, and that she can trust you. When your child is about 2 months of age, start to modify your responses and encourage your baby to establish good sleeping patterns by letting her fall asleep on her own. By keeping a reasonably steady schedule, you can guide her toward eating, sleeping, and playing at times that are appropriate for your family. This lays the groundwork for acceptable behavior later on.

Once your baby starts to crawl (between 6 and 9 months of age) and as she learns to walk (between 9 and 16 months of age), safety is the most critical discipline issue. The best thing you can do for your child at this age is to give her the freedom to explore certain things and make other things off-limits. For example, put childproof locks on some cabinets, such as those that contain heavy dishes or pots, or poisonous substances like cleaning products. Leave other cabinets open. Fill the open cabinets with plastic containers or soft materials that your child can play with. This feeds your baby's need to explore and practice, but in safe ways that are acceptable to you.

You will need to provide extra supervision during this period. If your child moves toward a dangerous object, such as a hot stove, simply pick her up, firmly say, "no, hot" and offer her a toy to play with instead. She may laugh at first as she tries to understand you but, after a few weeks, she will learn.

Discipline issues become more complex at about 18 months of age. At this time, a child wants to know how much power she has and will test the limit of that power over and over again. It is important for parents to decide—together—what those limits will be and stick to them. Parents need to be very

clear about what is acceptable behavior. This will reduce the child's confusion and her need to test. Setting consistent guidelines for children when they are young also will help establish important rules for the future.

If you and your partner disagree, discuss it with each other when you are not with your child. Do not interfere with each other when your child is present. This upsets the child or teaches her to set the adults up against each other which can cause more problems.

## Tips to avoid trouble

One of the keys to effective discipline is avoiding power struggles. This can be a challenge with young children. It is best to address only those issues that truly are important to you. The following tips may help:

- **Offer choices whenever possible.** By giving acceptable choices, you can set limits and still allow your child some independence. For example, try saying, "Would you like to wear the red shirt or the blue one?"
- **Make a game out of good behavior.** Your child is more likely to do what you want if you make it fun. For example, you might say, "Let's have a race and see who can put his coat on first."
- **Plan ahead.** If you know that certain circumstances always cause trouble, such as a trip to the store, discuss with your child ahead of time what behavior is acceptable and what the consequences will be if he does not obey. Try to plan the shopping trip for a time when your child is well rested and well fed, and take along a book or small toy to amuse him if he gets bored.
- **Praise good behavior.** Whenever your child remembers to follow the rules, offer encouragement and praise about how well he did. You do not need any elaborate system of rewards. You can simply say, "Thank you for coming right away," and hug your child. Praise for acceptable behavior should be frequent, especially for young children.

## Strategies that work

Of course you cannot avoid trouble all of the time. Sooner or later your child will test you. It is your child's way of finding out whether you can be trusted and really will do what you say you will do if she does not listen to you.

When your child does not listen, try the following techniques. Not only will they encourage your child to cooperate now, but they will teach her how to behave in the future as well.

**Natural consequences.** When a child sees the natural consequences of her actions, she experiences the direct results of her choices. (But be sure the consequences do not place her in any danger.) For example, if your child drops her cookies on purpose, she will not have cookies to eat. If she throws and breaks her toy, she will not be able to play with it. It will not be long before your child learns not to drop her cookies and to play carefully with her toys.

When you use this method, resist the urge to lecture your child or to rescue her (by getting more cookies, for example). Your child will learn best when she learns for herself and will not blame you for the consequences she receives.

### Why spanking is not the best choice

The American Academy of Pediatrics recommends that if punishment is needed, alternatives to spanking should be used.

Although most Americans were spanked as children, we now know that it has several important side effects.

- It may seem to work at the moment, but it is no more effective in changing behavior than a time-out.
- Spanking increases children's aggression and anger instead of teaching responsibility.
- Parents may intend to stay calm but often do not, and regret their actions later.
- Because most parents do not want to spank, they are less likely to be consistent.
- Spanking makes other consequences less effective, such as those used at child care or school. Gradually, even spanking loses its impact.
- Spanking can lead to physical struggles and even escalate to the point of harming the child.
- Children who continue to be spanked are more likely to be depressed, use alcohol, have more anger, hit their own children, approve of and hit their spouses, and engage in crime and violence as adults.
- These results make sense since spanking teaches the child that causing others pain is justified to control them—even with those they love.

If you are having trouble disciplining your child or need more information on alternatives to spanking, talk to your pediatrician.

The information contained 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.

From your doctor

**Tender Care Pediatrics PC**

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics  
Web site — [www.aap.org](http://www.aap.org)

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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.

mL = milliliter










Use only as directed

### Infants' TYLENOL® Oral Suspension

Active ingredient: Acetaminophen 160 mg (in each 5 mL)


Available in:

-  Grape
-  Cherry
-  Dye-Free Cherry

| 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   |
|        |  |  |  |  |

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mL = milliliter













Use only as directed

### Children's TYLENOL® Oral Suspension

Active ingredient: Acetaminophen 160 mg (in each 5 mL)


Available in:

-  Grape
-  Bubblegum
-  Cherry
-  Dye-Free Cherry
-  Strawberry

| 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   |
|        |  |  |  |  |  |

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**NOW AVAILABLE!**










Use only as directed

### Children's TYLENOL® Chewables

Active ingredient: Acetaminophen 160 mg (in each tablet)

Available in:

-  Grape
-  Bubblegum

| 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



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VACCINE INFORMATION STATEMENT

# Hepatitis A Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

Hepatitis A vaccine can prevent **hepatitis A**.

**Hepatitis A** is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

### 2. Hepatitis A vaccine

**Children** need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

**Infants 6 through 11 months old** traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

**Older children and adolescents** 2 through 18 years of age who were not vaccinated previously should be vaccinated.

**Adults** who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is also recommended for the following people:

- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

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



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

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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis A vaccine**, or has any **severe, life-threatening allergies**

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

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis A. Pregnancy or breastfeeding are not reasons to avoid hepatitis A vaccination.

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 hepatitis A vaccine.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccination.

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.

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### 5. What if there is a serious problem?

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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](http://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.*

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### 6. The National Vaccine Injury Compensation Program

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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](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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### 7. How can I learn more?

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- 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](http://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](http://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](http://www.immunize.org/vis)

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

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## 4. Risks of a vaccine reaction

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- 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.

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## 5. What if there is a serious problem?

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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](http://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.*

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