



BRIGHT FUTURES HANDOUT ► PARENT

4 YEAR VISIT

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

✓ HOW YOUR FAMILY IS DOING

- Stay involved in your community. Join activities when you can.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also 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.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Teach your child about how to be safe in the community.
 - Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.

✓ HEALTHY HABITS

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have your child brush her teeth twice each day. Use a pea-sized amount of toothpaste with fluoride.

✓ GETTING READY FOR SCHOOL

- Give your child plenty of time to finish sentences.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let him choose books.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model saying you're sorry and help your child to do so if he hurts someone's feelings.
- Praise your child for being kind to others.
- Help your child express his feelings.
- Give your child the chance to play with others often.
- Visit your child's preschool or child care program. Get involved.
- Ask your child to tell you about his day, friends, and activities.

✓ TV AND MEDIA

- Be active together as a family often.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Discuss the programs you watch together as a family.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

4 YEAR VISIT—PARENT

✓ SAFETY

- Use a forward-facing car safety seat or switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- The back seat is the safest place for children to ride until they are 13 years old.
- Make sure your child learns to swim and always wears a life jacket. Be sure swimming pools are fenced.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her 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.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

WHAT TO EXPECT AT YOUR CHILD'S 5 AND 6 YEAR VISIT

We will talk about

- Taking care of your child, your family, and yourself
- Creating family routines and dealing with anger and feelings
- Preparing for school
- Keeping your child's teeth healthy, eating healthy foods, and staying active
- 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>.

American Academy of Pediatrics

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2 TO 4 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children younger than 4 years 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. Children *learn fast*, and before you know it your child will be *jumping, running, riding* a tricycle, and *using tools*. Your child is at special risk for injuries from falls, drowning, poisons, burns, and car crashes. Your child doesn't understand dangers or remember "no" while playing and exploring.

Falls

Because your child's abilities are so great now, he or she will find an endless variety of dangerous situations at home and in the neighborhood.

Your child can fall off play equipment, out of windows, down stairs, off a bike or tricycle, and off anything that can be climbed on. **Be sure the surface under play equipment is soft enough to absorb a fall.** Use safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches underneath play equipment. Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.

Lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. Fence in the play yard. **If your child has a serious fall or does not act normally after a fall, call your doctor.**

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. If you choose to keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. **Handguns are especially dangerous.** Ask if the homes where your child visits or is cared for have guns and how they are stored.

Burns

The kitchen can be a dangerous place for your child, especially when you are cooking. If your child is underfoot, hot liquids, grease, and hot foods can spill on him or her and cause serious burns. Find something safe for your child to do while you are cooking.

Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them.



(over)



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.

Poisonings

Your child will be able to *open* any drawer and *climb* anywhere curiosity leads. Your child may *swallow anything* he or she finds. Use only household products and medicines that are absolutely necessary and keep them safely capped and out of sight and reach. Keep all products in their original containers.

If your child does put something poisonous in his or her mouth, call the Poison Help Line immediately. Attach the Poison Help Line number (1-800-222-1222) to your phone. Do not make your child vomit.

And Remember Car Safety

Car crashes are the **greatest danger** to your child's life and health. The crushing forces to your child's brain and body in a collision or sudden stop, even at low speeds, can cause injuries or death.

To prevent these injuries, correctly USE a car safety seat EVERY TIME your child is in the car. If your child weighs more than the highest weight allowed by the seat or if his or her ears come to the top of the car safety seat, use a belt-positioning booster seat.

The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the air bag.

Do not allow your child to play or ride a tricycle in the street. **Your child should play in a fenced yard or playground.** Driveways are also dangerous. Walk behind your car before you back out of your driveway to be sure your child is not behind your car. You may not see your child through the rearview mirror.

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



From Your Doctor

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TENDER CARE PEDIATRICS PC

2322 New Road, Northfield, NJ 08225

609-641-0200

Anticipatory Guidance for the 4 year old

Healthy and Safe Habits

Keep surroundings smoke, drug, and alcohol free
Remind child to wash hands, especially before meals and after use of toilet
Limit TV, watch programs together to make sure they are appropriate
Enjoy physical activities together

Injury Prevention

Children should use a 5-point harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Check expiration date on seat. Use safety seat in the back seat only.
Keep cigarettes, matches, poisons, alcohol, and electrical tools locked up and/or out of reach
Use helmet when biking or skating
Be sure child learns how to swim
Post poison center number near telephones
Teach pedestrian, playground, stranger, and neighborhood safety
Know where child is at all times
Limit sun exposure; use sunscreen and hat
Keep guns out of the home; if not, keep them unloaded and locked up

Nutrition

Provide 3 nutritious meals, 2 healthy snacks daily
Limit foods low in nutritional value, such as candy, chips, soft drinks
Eat most meals as a family
Model good eating habits
Serve low-fat dairy products and whole grains

Oral Health

Be sure child brushes teeth
Schedule dental appointment
Discuss with dentist need for flossing and/or fluoride
Learn dental emergency care

Sexuality Education

Expect normal curiosity
Use correct words and answer questions simply and honestly
Explain that certain body parts are private; good touch/bad touch

Social Competence

Praise good behavior and accomplishments
Encourage child to talk about feelings, experiences, school
Read together with child
Assign simple chores such as picking up toys and clearing table
Visit parks, museums, libraries
Encourage assertiveness without aggression
Set appropriate limits
Provide structured learning such as preschool, library programs, and Sunday school

Family Relationships

Take time for self, partner, and family
Show affection and spend time with each child
Choose responsible, safe childcare
Manage anger constructively; help siblings positively resolve conflicts
If pregnant, prepare child for new baby

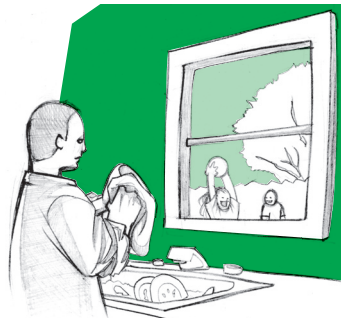


Illustration by
Billy Nuñez, age 16

YOUNG CHILDREN LEARN A LOT WHEN THEY PLAY

PLAYING WITH OTHERS IS IMPORTANT CHILD'S WORK

- Support play by making your home a good place to play.
- Teach the skills needed to play well with others.
- Learning to play well with others is not a one-time lesson. It takes time and practice.
- Important life skills are learned when children play. These skills will help them make and keep friends.

When young children play with children close to their own age, they learn:

- How to cooperate
- When to lead and when to follow
- How to solve problems

CREATE PLAY OPPORTUNITIES

Invite other children to your home or to play in the neighborhood park.

- The first visit needs to be short (about 1 hour) and is best with only one other child.
- Plan to end before everyone gets too tired.
- Know how to contact the other child's parent.

Go to another child's home.

- For the first visit, you may want to stay until you know your child is comfortable being there without you.
- Get to know the other child's parents. You might be able to help each other out!

Join an organized play group.

- When playing without parents, children do best with a small number of children.

Find out with whom your child likes to play.

- For children in child care, preschool, and play groups, invite a friend to your house or to the park.

MAKE YOUR HOME A GOOD PLACE TO PLAY

- Plan ahead. Avoid things like superhero dress-up clothes and toy guns that encourage aggressive play.
- Find out what your visitor enjoys. Ask your child what activities the friend enjoys. Playtime will be more fun, and this teaches your child to be thoughtful.
- Have enough items for everyone. If there aren't enough, suggest another activity.
- Your child's "favorite thing" does not need to be shared. Let your child put away a few things that are off limits.
- Make your home a safe place. Poisons need to be locked away. Homes without guns are the safest. But if there are guns, they need to be stored locked and unloaded; bullets need to be stored in another locked place.
- Do not overplan. Just set the stage with materials and ideas. Let the children use their creativity and imaginations!

Help the children with some activities, like cutting out shapes for arts and crafts, and keep an eye on them at all times. For the most part, it is better if you only get involved when they need your help. Give them a chance to resolve differences on their own.



TEACH YOUR CHILD TO BE A GOOD PLAYMATE

Before, during, and after your child plays with other children, talk about how to get along with others.

Set a few simple and very specific rules.

- “People are not for hitting.”
- “We do not grab toys from other children.”



Help your child express likes, dislikes, and desires with words. Review what to say.

- “I like to paint on the easel.”
- “I do not like to...”
- “I want to be a firefighter.”

Show your child how to solve problems. Explain why something is not possible and offer other choices.

- “Tell Julie you don’t like to be pushed on the swing. Maybe you would both like to ride on the seesaw instead.”

Notice and praise the children for things that went well.

- “I really liked the way you remembered to take turns with the watering can.”
- “It was great to hear you using your polite words!”

AGGRESSIVE BEHAVIOR IS NORMAL

Since it is hard for young children to understand someone else’s point of view, there will be some arguments. Young children react to the moment and may do things without thinking.

Aggressive behavior is often not meant to be hostile or to hurt others. In fact, young children frequently get upset when another child gets hurt while playing.

When something happens that is upsetting, talk with everyone. Help each child try to see the other child’s point of view. This way, children will learn how to avoid and deal with arguments.

If you are concerned about your child’s aggressive behavior, talk to your pediatrician.

TIPS ON REDUCING AGGRESSIVE BEHAVIOR

Provide the right amount of space.

A small number of children in a very large space, or a large number of children in a small space, tends to increase aggressive play. Have the right amount of space to avoid conflicts.

Plan how to respond in a positive way.

It’s easier to guide children to good behavior instead of telling them what not to do. “I will be right here; come and tell me if you need my help.”

Redirect behaviors like pushing, hitting, or taking someone else’s toys to a more positive activity.

Often, this means it’s time for a new activity. “We don’t grab toys; we share toys. It looks like you’re done with that truck for now. Here are some paper and markers for you.”

Teach children to use words to express feelings, desires, and needs.

A child’s first reaction is usually “physical,” so this may be difficult to learn. With words, children learn how to solve their own problems. Teach your child to say something like, “I don’t like that. Grabbing my toy makes me mad. Please give it back.”

Assume a child does something for a good reason, even if the action is not nice.

What looks aggressive, like grabbing toys from others, may be a child’s attempt to join in with others. Teach children to take turns rather than get mad at them for grabbing toys.

Pay attention to basic comfort and needs.

Conflicts are more likely to happen when children are too hot, too cold, hungry, or tired!



DEALING WITH REJECTION

Playtime can be fun or difficult. Either way, children will learn a lot when they play!

At some point, your child will feel rejected by other children. Everyone does and it's painful. You cannot avoid hurtful situations, but you can provide support and love when problems occur.

Teach your child how to try again. Trying again is an important life lesson on how to respect and get along with others. Focus on teaching all the children involved how to get along and not on finding out who was right and who was wrong.

Your positive attitude is very important when your child is having a hard time.

Help your child understand why another child might not want to play when or what your child does.

- "Jenny doesn't want to play, but maybe Emma does. Why don't you ask her?"
- "I wonder if José would rather paint than play ball."

It is easier for young children to take turns than to play with a toy at the same time!

Connected Kids are Safe, Strong, and Secure

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This project was supported by Grant No. 2001-JN-FX-0011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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Graphic design and illustrations by Artists For Humanity, a non profit arts and entrepreneurship program for Boston teens.

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BRIGHT FUTURES TOOL FOR FAMILIES

Preparing Your Child for School

GENERAL REMINDERS FOR THE YEARS PRIOR TO KINDERGARTEN

- Provide your child with time, availability, and love.

You have many demands on your time and may live in a rushed and time-pressured world. It may be hard to turn off the pressures once at home. Yet your child's self-confidence and motivation to succeed and to respond to challenges can be enhanced if he knows you are available for the moments when he feels fragile and needs comfort. He also needs to feel important enough to you to share his everyday accomplishments and wonder about the world. Availability, nurturing, and support take time and are ideally provided without other preoccupations.

- Kind words are important.

Your child's motivation is increased when her efforts are rewarded by kind, encouraging words, even if she did not succeed. Showing disappointment in a harsh way when your child's efforts are unsuccessful may make her unwilling to try again.

- Don't push.

Introduce new skills naturally in small doses, making them fun through conversations and play. If learning a new skill is not fun for your child, it is likely that you are trying too hard or that the skill is too difficult for her to master at



this point. Come back to it at a later time.

- Small surprise rewards are helpful.

They reinforce learning. They are not bribes, because your child receives them after the accomplishment, not before.

- We learn best by doing.

Your child learns best about concepts like the number five by counting five

crayons or raisins rather than from a verbal explanation. Likewise, he will learn how to say "thank you" from reinforcement and reminders at the appropriate moments (e.g., when being given a cookie) rather than from a speech about manners.

- Repetition works.

Skills are habits that take time to form and are acquired best through reasonable repetition.

- Value questions.

Often, questions take more initiative and are more beneficial than answers. Praise your child for asking questions. It's OK if you don't know the answers. You can try to find the answer together with your child (e.g., by looking a word up in the dictionary).

- Make learning a joy.

When your child knows that learning is a joy, she has received a gift that will last a lifetime.

Source: Adapted, with permission, from FE0935 *How to Prepare Your Child for Kindergarten* by Florence Karnofsky and Trudy Weiss. Fearon Teacher Aids © 1993. A division of Frank Schaffer Publications, 23740 Hawthorne Boulevard, Torrance, CA 90505.

www.brightfutures.org

In: Jellinek M, Patel BP, Froehle MC, eds. *Bright Futures in Practice: Mental Health Toolkit, Volume II*. Arlington, VA: National Center for Education in Maternal and Child Health.



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Healthy habits

For toddlers and pre-schoolers ages 2-4

To be completed by the doctor

Name: _____		
Height: _____	Healthy levels A body mass index percentile between the 5 th and 85 th percentile	Your child's weight is: <input type="checkbox"/> Below a healthy weight <input type="checkbox"/> At a healthy weight <input type="checkbox"/> Above a healthy weight
Weight: _____		
Weight assessment results		
Body mass index (BMI): _____		
Percentile: _____		

Helping your child maintain a healthy weight involves the entire family and must start early.

Eating healthy and getting enough daily physical activity are habits that your child may hold on to throughout life. Here are some key ways to create a healthy future for your family.

Limit sweet drinks and offer water instead.

- Soft drinks and sugared drinks, including juice drinks, are high in calories. They have no nutritional value and are bad for children's teeth. Young children should not drink soft drinks.
- Water helps your child feel full. Encourage water between meals.

Limit screen time to less than 2 hours per day.

- Screen time includes watching television, playing video games or using the computer.
- Do not put a television in your child's bedroom.
- Screen time does not encourage physical activity and certain commercials may promote unhealthy foods and behaviors.

Increase playtime and physical activity.

- Children need at least 60 minutes of physical activity per day and should not be sedentary for more than 60 minutes at a time unless they are sleeping.
- Be active with your kids.
- Make it fun. This will teach your child to love being active.



Healthy habits

Serve five or more servings of fruits and vegetables every day.

- Serve lots of whole grains, fruits and vegetables at each meal.
- Fruits and vegetables are high in vitamins, minerals and fiber.
- Fruits and vegetables can help your child feel full.

Easy tips for healthy eating

- After the age of two, switch from whole milk to lowfat/nonfat milk – 2 to 3 cups (16 to 24 ounces) per day.
- Do not use food as a reward or punishment.
- Be a role model by eating healthy food.
- Have regular family meals at home, not in front of the television.
- Offer small portions of each food and allow your child to ask for more.
- Limit fast foods and eating out.

Ways to be active with your child

- Plan time to go to the playground.
- Visit your local community center for family activities.
- Play tag or follow the leader.
- Turn on the radio and dance.
- Ask your child to act like a frog, bunny, cat, dog, elephant or duck.
- Have your child jump, twist, skip, run or hop to music.
- Walk or bike ride around your neighborhood.
- Play catch.
- Fly a kite.

My family's action plan

Start by setting a specific goal for your family. Based on how ready you and your family are to change health habits, check one or two of the following goals. Give yourself and your child a nonfood reward, like a nice new book or toy, when you accomplish your goals. Small changes make a big difference toward reaching your family's health goals.

Check one or two of the following goals that you can do now:

- Imagine your family 3 to 5 years from now. Are your behaviors consistent with your hopes for the future?
- Read about or talk to others who have successfully made changes in their family's health habits. What can you do that others have done?
- Become more familiar with your family's current habits. Track how much physical activity everyone gets per week and work to increase it.
- Monitor what your child eats, how physically active he/she is and how much screen time he/she gets for two weeks.
- Take small steps, like walking 10 minutes with your child every day until you can be sure your family is getting 30 to 60 minutes a day.
- Start placing limits on your child's television viewing.
- Other goals: _____

Sources: Institute of Medicine. Preventing Childhood Obesity. 2004. <http://www.iom.edu/?id=25048>
The Iowa Medical Society's guidelines for childhood obesity
http://www.iowamedical.org/public_h/Obesity_White_Paper.pdf
Dietary Guidelines for Americans, 2005. <http://www.health.gov/dietaryguidelines/dga2005/document/>
Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity, 2007.
http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

Tender Care Pediatrics PC

Tylenol and Motrin/Advil Dosage

Make sure to verify the medication you have and its concentration (i.e. how many mg/mL) and expiration dates. Remember to dose by the approximate weight of your child and not by age. Use the tables below to find the correct dose. Please call the office with any questions.

ACETAMINOPHEN (brand name-Tylenol)

Infants Oral Suspension 160mg/5mL

Weight (lbs)	Dose (mL)	(mg)
6-11 lbs	1.25mL	(40mg)
12-17 lbs	2.5mL	(80mg)
18-23 lbs	3.75mL	(120mg)
24-35 lbs	5mL	(160 mg)

Children's Oral Suspension 160mg/5mL

Note: This medication generally comes with a dosing cup, but a syringe that measures either teaspoons (tsp) or milliliters (mL) may also be used. If this is the medication you have and you need to use it for a child less than 24lbs, use the table above (for Infant Oral Suspension) for dosing and use a mL syringe.

Weight (lbs)	Dose (mL)	(mg)
24-35lbs	1 tsp or 5 mL	(160 mg)
36-47 lbs	1 ½ tsp or 7.5mL	(240 mg)
48-59 lbs	2 tsp or 10 mL	(320 mg)
60-71 lbs	2 ½ tsp or 12.5 mL	(400 mg)
72-95 lbs	3 tsp or 15 mL	(480 mg)

IBUPROFEN (brand name- Motrin, Advil)

Infant's Concentrated Drops 50mg/1.25mL

Not recommended for infants less than 6 months of age

Weight (lbs)	Dose (mL)	(mg)
12-17 lbs	1.25mL	(50mg)
18-23lbs	1.875mL	(75mg)
24-35 lbs	2.5mL	(100 mg)

Children's Oral Suspension 100mg/5mL

Note: This medication generally comes with a dosing cup, but a syringe that measures either teaspoons (tsp) or milliliters (mL) may also be used.

Weight (lbs)	Dose (mL)	(mg)
12-17 lbs	½ tsp or 2.5mL	(50 mg)
18-23lbs	¾ tsp or 4mL	(80mg)
24-35 lbs	1 tsp or 5mL	(100mg)
36-47 lbs	1 ½ tsp or 7.5mL	(150mg)
48-59 lbs	2 tsp or 10mL	(200mg)
60-71 lbs	2 ½ tsp or 12.5mL	(250mg)
72-95 lbs	3 tsp or 15mL	(300mg)

For chewable tablets, meltaways, or junior tablets/caplets, the dosage amount in milligrams (mg) is on the right side of the tables.

Patients over 95 lbs (same as Adult Dosage): Acetaminophen (Tylenol): 650mg every 4-6 hours as needed and Ibuprofen (Motrin, Advil): 400mg every 6 hours as needed,
Please call our office with any questions.

VACCINE INFORMATION STATEMENT

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.



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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

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?

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 - 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

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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.



DTaP (Diphtheria, Tetanus, Pertussis) 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?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP 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 any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

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

Your child’s health care provider can give you more information.



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Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

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.*

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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/vaccines.



Polio Vaccine:

What You Need to Know

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1. Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called "post-polio syndrome."

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2. Polio vaccine

Children should usually get 4 doses of polio vaccine at ages 2 months, 4 months, 6–18 months, and 4–6 years.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Polio 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 polio vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone polio 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 polio vaccine.

Not much is known about the risks of this vaccine for pregnant or breastfeeding people. However, polio vaccine can be given if a pregnant person is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio 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.

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.

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 - 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*

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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.



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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?

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