



BRIGHT FUTURES HANDOUT ► PARENT

15 MONTH VISIT

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

TALKING AND FEELING

- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Know that it is normal for your child to be anxious around new people. Be sure to comfort your child.
- Take time for yourself and your partner.
- Get support from other parents.
- Show your child how to use words.
 - Use simple, clear phrases to talk to your child.
 - Use simple words to talk about a book's pictures when reading.
 - Use words to describe your child's feelings.
 - Describe your child's gestures with words.

A GOOD NIGHT'S SLEEP

- Put your child to bed at the same time every night. Early is better.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Try to tuck in your child when he is drowsy but still awake.
- Don't give your child a bottle in bed.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Avoid giving your child enjoyable attention if he wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

TANTRUMS AND DISCIPLINE

- Use distraction to stop tantrums when you can.
- Praise your child when she does what you ask her to do and for what she can accomplish.
- Set limits and use discipline to teach and protect your child, not to punish her.
- Limit the need to say "No!" by making your home and yard safe for play.
- Teach your child not to hit, bite, or hurt other people.
- Be a role model.

HEALTHY TEETH

- Take your child for a first dental visit if you have not done so.
- Brush your child's teeth twice each day with a small smear of fluoridated toothpaste, no more than a grain of rice.
- Wean your child from the bottle.
- Brush your own teeth. Avoid sharing cups and spoons with your child. Don't clean her pacifier in your mouth.

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

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

15 MONTH VISIT—PARENT

✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is 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. Don't make your child vomit.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Keep furniture away from windows.
- Turn pan handles toward the back of the stove.
- Don't leave hot liquids on tables with tablecloths that your child might pull down.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

WHAT TO EXPECT AT YOUR CHILD'S 18 MONTH VISIT

We will talk about

- Handling stranger anxiety, setting limits, and knowing when to start toilet training
- Supporting your child's speech and ability to communicate
- Talking, reading, and using tablets or smartphones with your child
- Eating healthy
- 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

DEDICATED TO THE HEALTH OF ALL CHILDREN®



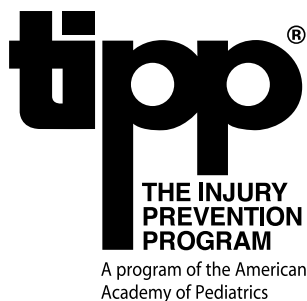
The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

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.



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



(over)

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.



Good Nights Solutions for Bedtime Battles

As toddlers grow more active and independent, bedtime may become a challenge. Toddlers' sleep patterns often change and suddenly they try new strategies to avoid bedtime! Establishing a consistent routine and expectations for bedtime is a must for parents at this most challenging time.

- Develop a bedtime routine that you can stick with every night. A story, quiet music, familiar songs, or other quiet activities often help calm and soothe toddlers.
- Prepare your child for the transition to bed. Let your toddler know a few minutes before that bedtime is coming. This gives your child time to finish playing and get used to the idea of bedtime.
- Let your toddler slip into sleep slowly. Use soothing music, a bath, cuddles, or a story in your bedtime routine to help your child relax and fall asleep slowly.
- Let your child cuddle. A comforting object like a stuffed animal or a blanket can help with sleep.
- Use a night-light for comfort. Darkness can be scary for toddlers.
- Try not to use the bedroom as punishment. Toddlers may begin to think their room is a bad place if they are sent there for time-out.
- Make sure daytime naps aren't interfering with nighttime sleep.
- Decide on a plan of action. If your toddler's cries and protests are becoming a problem, talk to your toddler's health care professional or child care provider about a plan to help your child go to bed. Parents and caregivers need to agree to the plan and use the same strategies. Give the plan a chance to work and remember that things may get worse before they get better.

Developed for Healthy StepsSM for Young Children by BUSM[®]: Department of Pediatrics, Boston Medical Center



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN[™]

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Bright Futures Tool and Resource Kit*. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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

©2011 American Academy of Pediatrics. This information may be freely copied and distributed with proper attribution.

Feeding Kids Right Isn't Always Easy

Tips for Preventing Food Hassles



Feeding Kids—What's Your Role?

While parents are the best judges of **what** children should eat and **when**, children are the best judges of **how much** they should eat.

Here are **five** important feeding jobs for parents and caregivers:

1. Offer a variety of healthful and tasty foods. Be adventurous!
2. Serve meals and snacks on a regular schedule.
3. Make mealtimes pleasant.
4. Teach good manners at the table.
5. Set a good example.

Happy encounters with food at any age help set the stage for sensible eating habits throughout life. Handling food and eating situations positively encourages healthful food choices.

This brochure gives helpful hints for food and nutrition for young children. For specific advice, talk to your child's pediatrician or a registered dietitian.

Mealtime: Not a Battleground

"Clean your plate."

"No dessert until you eat your vegetables."

"If you behave, you can have a piece of candy."

To parents and caregivers, these phrases probably sound familiar. However, food should be used as nourishment, not as a reward or punishment. In the long run, food bribery usually creates more problems than it solves.

Did You Know That...

...encouraging your child to wash his or her hands thoroughly before meals may help prevent foodborne illness?

Here are six common childhood eating situations. Try these simple tips to make mealtime a more pleasant experience.

Feeding Challenges...

Food Jags:

Eats one and only one food, meal after meal

Food Strikes:

Refuses to eat what's served, which can lead to "short-order cook syndrome"

"The TV Habit":

Wants to watch TV at mealtime

The Complainer:

Whines or complains about the food served

"The Great American White Food Diet":

Eats only eat bread, potatoes, macaroni and milk

Fear of New Foods:

Refuses to try new foods

Feeding Strategies...

Allow the child to eat what he or she wants if the "jag" food is wholesome. Offer other foods at each meal. After a few days, the child likely will try other foods. Don't remove the "jag" food, but offer it as long as the child wants it. Food jags rarely last long enough to cause any harm.

Have bread, rolls or fruit available at each meal, so there are usually choices that the child likes. Be supportive, set limits and don't be afraid to let the child go hungry if he or she won't eat what is served. Which is worse, an occasional missed meal or a parent who is a perpetual short-order cook?

Turn off the television. Mealtime TV is a distraction that prevents family interaction and interferes with a child's eating. Value the time spent together while eating. Often it is the only time during the day that families can be together. An occasional meal with TV that the whole family can enjoy is fine.

First ask the child to eat other foods offered at the meal. If the child cannot behave properly, have the child go to his or her room or sit quietly away from the table until the meal is finished. Don't let him or her take food along, return for dessert or eat until the next planned meal or snack time.

Avoid pressuring the child to eat other foods. Giving more attention to finicky eating habits only reinforces a child's demands to limit foods. Continue to offer a variety of food-group foods. Encourage a taste of red, orange or green foods. Eventually the child will move on to other foods.

Continue to introduce and reinforce new foods over time. It may take many tries before a child is ready to taste a new food... and a lot of tastes before a child likes it. Don't force children to try new foods.

Mealtime Is More Than Food

Youngsters are too smart to heed the old saying "Do as I say, not as I do." Children learn by imitating what they see. Adults who eat poorly can't expect their children to eat well. Set a good example by eating meals at regular times and by making healthful and tasty food choices.

Parents and caregivers are "gatekeepers," who control what foods come into the house. Having lots of healthful foods around helps children understand that these food choices are a way of life.

Mealtime is family time. Children learn many things as you eat together. And pleasant social encounters with food help develop good food habits.

Three, Two, One ... Let's Eat!

Prepare children for meals. A five-minute warning before mealtime lets them calm down, wash their hands and get ready to eat. A child who is anxious, excited or tired may have trouble settling down to eat.

Consistent food messages encourage children to eat and help prevent arguments over food. Try these simple steps:

- Be a smart gatekeeper. Buy a variety of foods you want the child to eat. Be adventurous with food!
- Be flexible. Don't worry if the child skips a meal.
- Be sensible. Set an example by eating a variety of healthful foods yourself.
- Let children make their own food choices from the healthful choices you provide.

Occasional Meal Skipping and Finicky Food Habits Are Okay

Well-meaning adults often view a child's odd food and eating behaviors as a problem. However, childhood food jags, a fear of new foods and other feeding challenges are usually part of normal development.

There's no need to worry if a child skips a meal or won't eat the vegetables on his or her plate. Keep the big picture in mind. Offer a variety of healthful, tasty and nourishing foods. Over time, a child will get everything needed to grow and develop normally. Plenty of food variety and a relaxed, happy atmosphere at mealtime are the "ingredients" for a well-fed child.

Children often use the table as a stage for showing their independence. Sometimes, food is not the issue at all. The eating process is just one more way children learn about the world.

Work Up an Appetite!

Active play, along with eating right, promotes good health ... and a healthy appetite! And it is the best exercise for toddlers and young children.

Making a snowman, playing tag, throwing balls, riding a bike and taking a nature walk are healthful and fun for the whole family. Don't just watch. Join in and be active, too. When you're physically active, you set a good example.

This brochure was developed as part of the **HEALTHY START ... Food to Grow On** program, an information and education campaign that promotes healthful food choices and eating habits for healthy children ages two years and over. The **HEALTHY START** program was produced as a cooperative effort by the American Academy of Pediatrics (AAP), The American Dietetic Association (ADA), and the Food Marketing Institute (FMI).

For a referral to a registered dietitian and food and nutrition information, call the ADA's National Center for Nutrition and Dietetics Consumer Nutrition Hot Line at (800) 366-1655. For answers to your food and nutrition questions from a registered dietitian, please dial (900) CALL-AN-RD or (900) 225-5267.

From your doctor

Tender Care Pediatrics PC

American Academy
of Pediatrics



The American Academy of Pediatrics is an organization of 25,000 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
Division of Publications
PO Box 747
Elk Grove Village, IL 60009-0747
Web site — <http://www.aap.org>

Copyright ©1991, Updated 1996
American Academy of Pediatrics

Home Safety Checklist

Use this checklist to help ensure that your home is safer for your child. A "full-house survey" is recommended at least every 6 months. Every home is different, and no checklist is complete and appropriate for every child and every household.

Your Child's Bedroom

- Is there a safety belt on the changing table to prevent falls?
- Is the baby powder out of baby's reach during diaper changing? Inhaled powder can injure a baby's lungs. Use cornstarch rather than talcum powder.
- Are changing supplies within your reach when baby is being changed?
- Never leave a child unattended on a changing table, even for a moment.
- Is there a carpet or a nonskid rug beneath the crib and changing table?
- Are drapery and blind cords out of the baby's reach from the crib and changing table? They can strangle children if they are left loose.
- Have bumper pads, toys, pillows, and stuffed animals been removed from the crib by the time the baby can pull up to stand? If large enough, these items can be used as a step for climbing out.
- Have all crib gyms, hanging toys, and decorations been removed from the crib by the time your baby can get up on his hands and knees? Children can get tangled in them and become strangled.
- Make sure the crib has no elevated corner posts or decorative cutouts in the end panels. Loose clothing can become snagged on these and strangle your baby.
- Does the mattress in the crib fit snugly, without any gaps, so your child cannot slip in between the crack and the crib side?
- The slots on the crib should be no more than 2½ inches apart. Widely spaced slots can trap an infant's head.
- Are all screws, bolts, and hardware, including mattress supports, in place to prevent the crib from collapsing?
- Make sure there are no plastic bags or other plastic material in or around the crib that might cause suffocation.
- Check the crib for small parts and pieces that your child could choke on.
- Make sure the night-light is not near or touching drapes or a bedspread where it could start a fire. Buy only "cool" night-lights that do not get hot.
- Is there a smoke detector in or near your child's bedroom?
- Make sure that window guards are securely in place to prevent a child from falling out the window. Never place a crib, playpen, or other children's furniture near a window.
- Are there plug protectors in the unused electrical outlets? These keep children from sticking their fingers or other objects into the holes.
- Make sure a toy box does not have a heavy, hinged lid that can trap your child. (It is safer with no lid at all.)
- To keep the air moist, use a cool mist humidifier (not a vaporizer) to avoid burns. Clean it frequently and empty it when not in use to avoid bacteria and mold from growing in the still water.
- To reduce the risk of SIDS (Sudden Infant Death Syndrome), put your baby to sleep on her back in a crib with a firm, flat mattress and no soft bedding underneath her.

Your Bedroom

- Do not keep a firearm anywhere in the house. If you must, lock up the gun and the bullets separately.
- Check that there are no prescription drugs, toiletries, or other poisonous substances accessible to young children.
- If your child has access to your bedroom, make sure drapery or blind cords are well out of reach. Children can get tangled in them and become strangled.
- Is there a working smoke detector in the hallway outside of the bedroom?

The Bathroom

- Is there a nonskid bath mat on the floor to prevent falls?
- Is there a nonskid mat or no-slip strips in the bathtub to prevent falls?
- Are the electrical outlets protected with Ground Fault Circuit Interrupters to decrease the risk of electrical injury?
- Are medications and cosmetics stored in a locked cabinet well out of your child's reach?
- Are hair dryers, curling irons, and other electrical appliances unplugged and stored well out of reach? They can cause burns or electrical injuries.
- Are there child-resistant safety latches on all cabinets containing potentially harmful substances (cosmetics, medications, mouthwash, cleaning supplies)?
- Are there child-resistant caps on all medications, and are all medications stored in their original containers?
- Is the temperature of your hot water heater 120°F or lower to prevent scalding?
- Do you need a doorknob cover to prevent your child from going into the bathroom when you are not there? Teach adults and older children to put the toilet seat cover down and to close the bathroom door when done—to prevent drowning.
- Remember, supervision of young children is essential in the bathroom, especially when they are in the tub—to prevent drowning.

The Kitchen

- Make sure that vitamins or other medications are kept out of your child's reach. Use child-resistant caps.
- Keep sharp knives or other sharp utensils well out of the child's reach (using safety latches or high cabinets).
- See that chairs and step stools are away from counters and the stove, where a child could climb up and get hurt.
- Use the back burners and make sure pot handles on the stove are pointing inward so your child cannot reach up and grab them.
- Make sure automatic dishwasher detergent and other toxic cleaning supplies are stored in their original containers, out of a child's reach, in cabinets with child safety latches.

Safety and Prevention

- Keep the toaster out of your child's reach to prevent burns or electrical injuries.
- Keep electrical appliances unplugged from the wall when not in use, and use plug protectors for wall outlets.
- Are appliance cords tucked away so that they cannot be pulled on?
- Make sure that your child's high chair is sturdy and has a seat belt with a crotch strap.
- Is there a working fire extinguisher in the kitchen? Do all adults and older children know how to use it?

The Family Room

- Are edges and corners of tables padded to prevent injuries?
- Are houseplants out of your child's reach? Certain houseplants may be poisonous.
- Are televisions and other heavy items (such as lamps) secure so that they cannot tip over?
- Are there any unnecessary or frayed extension cords? Cords should run behind furniture and not hang down for children to pull on them.
- Is there a barrier around the fireplace or other heat source?
- Are the cords from drapes or blinds kept out of your child's reach to prevent strangulation?
- Are plug protectors in unused electrical outlets?
- Are matches and lighters out of reach?

Miscellaneous Items

- Are stairs carpeted and protected with non-accordion gates?
- Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- If your child has a playpen, does it have small-mesh sides (less than 3/4 inch mesh) or closely spaced vertical slats (less than 2 1/4 inches)?
- Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- Do your children know how to call 911 in an emergency?
- Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

The Playground

- Are the swing seats made of something soft, not wood or metal?
- Is the surface under playground equipment energy absorbent, such as rubber, sand, sawdust (12 inches deep), wood chips, or bark? Is it well maintained?
- Is your home playground equipment put together correctly and does it sit on a level surface, anchored firmly to the ground?
- Do you check playground equipment for hot metal surfaces such as those on slides, which can cause burns? Does your slide face away from the sun?
- Are all screws and bolts on your playground equipment capped? Do you check for loose nuts and bolts periodically? Be sure there are no projecting bolts, nails, or s-links.
- Do you watch your children when they are using playground equipment—to prevent shoving, pushing, or fighting?
- Never let a child play on playground equipment with dangling drawstrings on a jacket or shirt.

The Pool

- Never leave your child alone in or near the pool, even for a moment.
- Do you have a 4-foot fence around all sides of the pool that cannot be climbed by children and that separates the pool from the house?
- Do fence gates self-close and self-latch, with latches higher than your child's reach?
- Does your pool cover completely cover the pool so that your child cannot slip under it?
- Do you keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool?
- Does everyone who watches your child around a pool know basic lifesaving techniques and CPR?
- Does your child know the rules of water and diving safety?

The Yard

- Do you use a power mower with a control that stops the mower if the handle is let go?
- Never let a child younger than 12 years of age mow the lawn. Make sure your older child wears sturdy shoes (not sandals or sneakers) while mowing the lawn and that objects such as stones and toys are picked up from the lawn before it is mowed.
- Do not allow young children in the yard while you are mowing.
- Teach your child to never pick and eat anything from a plant.
- Be sure you know what is growing in your yard so, if your child accidentally ingests a plant, you can give the proper information to your local Poison Control Center.

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.

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

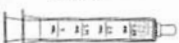
Copyright © 1999
American Academy of Pediatrics

TYLENOL  Motrin

Dosing On Call

Dosing for infants and children from your healthcare professional

DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.
If possible, use weight to dose; otherwise, use age.

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

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

IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: _____

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

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



Dosing On Call


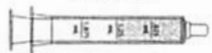
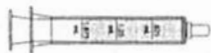
Dosing for infants and children from your healthcare professional

DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.
If possible, use weight to dose; otherwise, use age.

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 

Children's MOTRIN® Oral Suspension

Active ingredient: Ibuprofen (NSAID)* 100 mg (in each 5 mL)
*Nonsteroidal anti-inflammatory drug

Available in:  Grape Berry  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

Available on the  App Store |  Google play

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

VACCINE INFORMATION STATEMENT

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.



U.S. Department of Health and Human Services
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.*

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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



Haemophilus influenzae type b (Hib) 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?

Hib vaccine can prevent *Haemophilus influenzae* type b (Hib) disease.

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection can also cause:

- Pneumonia
- Severe swelling in the throat, making it hard to breathe
- Infections of the blood, joints, bones, and covering of the heart
- Death

2. Hib vaccine

Hib vaccine is usually given in 3 or 4 doses (depending on brand).

Infants will usually get their first dose of Hib vaccine at 2 months of age and will usually complete the series at 12–15 months of age.

Children between 12 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults whose spleen is damaged or has been removed, including people with sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 through 18 years old with HIV.

Hib 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).

Hib 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 Hib vaccine**, or has any **severe, life-threatening allergies**

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

Your health care provider can give you more information.



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

4. Risks of a vaccine reaction

- Redness, warmth, and swelling where the shot is given and fever can happen after Hib 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.

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

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

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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



Polio 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?

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.

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

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

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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



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

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

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

1. Why get vaccinated?

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

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

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

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

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

2. Influenza vaccines

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

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

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

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

Influenza vaccine **does not cause flu**.

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

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

Your health care provider can give you more information.



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

4. Risks of a vaccine reaction

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

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

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

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

5. What if there is a serious problem?

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

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

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

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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

