



Reasons to go to ER: Green, Blood or Projectile Vomiting; Difficulty Breathing; No Urination in 3-4 hours; Frustration that may lead to harm your child; Fever alone is no longer medical emergency unless your child looks sick and does not respond to Tylenol or Motrin.

Bright Futures Parent Handout 12 Month Visit

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

Family Support

- Try not to hit, spank, or yell at your child.
- Keep rules for your child short and simple.
- Use short time-outs when your child is behaving poorly.
- Praise your child for good behavior.
- Distract your child with something he likes during bad behavior.
- Play with and read to your child often.
- Make sure everyone who cares for your child gives healthy foods, avoids sweets, and uses the same rules for discipline.
- Make sure places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

FAMILY SUPPORT

Establishing Routines

- Your child should have at least one nap. Space it to make sure your child is tired for bed.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Avoid having your child watch TV and videos, and never watch anything scary.
- Be aware that fear of strangers is normal and peaks at this age.
- Respect your child's fears and have strangers approach slowly.
- Avoid watching TV during family time.
- Start family traditions such as reading or going for a walk together.

ESTABLISHING ROUTINES

- Use saline rinse for congestion and colds. Generally need to on 10-14 days before other therapy.
- Start brushing gums with toothbrush or wash cloth twice daily.
- Fluoride if none in water.

Feeding Your Child

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

FEEDING AND APPETITE CHANGES

Safety

- It is best to keep your child's car safety seat rear-facing until she reaches the seat's weight or height limit for rear-facing use. Do not switch your child to a forward-facing car safety seat until she is at least 1 year old and weighs at least 20 pounds. Most children can ride rear-facing for much longer than 12 months. **Rear facing until 2 years of age.**
- Lock away poisons, medications, and lawn and cleaning supplies. Call Poison Help (1-800-222-1222) if your child eats nonfoods.
- Keep small objects, balloons, and plastic bags away from your child.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Lock away knives and scissors.

SAFETY

SAFETY

ESTABLISHING A DENTAL HOME

- Only leave your toddler with a mature adult.
- Near or in water, keep your child close enough to touch.
- Make sure to empty buckets, pools, and tubs when done.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

Finding a Dentist

- Take your child for a first dental visit by 12 months.
- Brush your child's teeth twice each day.
- With water only, use a soft toothbrush.
- If using a bottle, offer only water.

What to Expect at Your Child's 15 Month Visit

We will talk about

- Your child's speech and feelings
- Getting a good night's sleep
- Keeping your home safe for your child
- Temper tantrums and discipline
- Caring for your child's teeth

Next visit 15 months (vaccines)

Poison Help: 1-800-222-1222

Child safety seat inspection:

1-866-SEATCHECK; seatcheck.org

- New car seat recommendation is rear facing until 2 years.
- NO TV until 2 years of age
- Whole Milk intake should be limited to less than 16 ounces daily.
- Stop using bottles and pacifiers.

Appointment Line and After Hours Provider:
410-293-2273

Sign up for Relay Health to e-mail
communicate with your provider at

www.RELAYHEALTH.com

Review your labs on TRICAREONLINE.COM



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Car Seat Recommendations for Children



- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Birth – 12 months



Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 years



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

4 – 7 years



Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 – 12 years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

AGE

DESCRIPTION (RESTRAINT TYPE)

-  **A REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.
-  **A FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.
-  **A BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.
-  **A SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.



www.facebook.com/childpassengersafety



<http://twitter.com/childseatsafety>

Temper Tantrums

It's hard for a young child to hold strong feelings inside. Young children often cry, scream, or stomp up and down when they are upset. As a parent, you may feel angry, helpless, or ashamed.

Temper tantrums are normal. They are one way a child learns self-control. Almost all children have tantrums between the ages of 1 and 3. By age 4, they usually stop.

What to Do for a Temper Tantrum

Try these tips when your child has a temper tantrum:

- **Try to stay calm.** *If you can't stay calm, leave the room.* Wait a minute or two before coming back, or wait until the crying stops.
- **Distract your child.** Point out something else to do, like read a book or play with a toy. Say something like, "Look at what the kitty is doing."
- **Let your child cool off or have a "time-out."** Take your child away from the problem. Give your child some time alone to calm down. Try 1 minute of time-out for every year of your child's age. (For example, a 4-year-old would get a 4-minute time-out.) Don't use time-out too much or it won't work.
- **Be ready to take your child home if your child has a "public" tantrum.** The best way of stopping "public" tantrums is to take your child home or to the car.
- **Ignore your child's crying, screaming, or kicking if you can.** Stand nearby or hold your child without talking until your child calms down. The more attention you give a tantrum, the more likely it is to happen again.

The following things are *not* OK. Don't ignore these actions:

- Hitting or kicking people
- Throwing things that might hurt someone or break something
- Yelling for a long time



If your child does these things, take him or her away from the problem. Hold your child. Say firmly, "No hitting" or "No throwing" to make sure your child knows what behavior is not OK.

What *Not* to Do

Never punish your child for temper tantrums.

Your child may start to keep feelings inside, which is worse.

Don't give in to your child's demands just to stop a tantrum. This teaches that a temper tantrum will help your child get his or her way. Tantrums are more likely to stop if your child doesn't gain anything from them.

Don't talk too much to your child during the tantrum. It is hard to reason with a screaming child. When your child calms down, talk about better ways to deal with anger and frustration.

What to Expect

Your child should have fewer temper tantrums by age 3 1/2. Between tantrums, he or she should seem normal and healthy. Every child grows and learns at his or her own pace. It may take time to learn how to control his or her temper.

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A Word About Safety

Sometimes you have to say “no” to protect your child from harm. This is a common cause of a tantrum. So, what can you do?

- Childproof your home as much as you can.
- Make dangerous places and things off-limits.
- Keep an eye on your child at all times. Never leave small children alone, especially if there may be danger.
- Take away anything dangerous right away. Give your child something safe in its place.
- Be clear and firm about safety rules.

Call the Doctor If...

...your child shows any of these signs:

- Hurts himself or herself or others during tantrums
- Holds his or her breath and faints
- The tantrums get worse after age 4
- Has lots of other behavior problems

When tantrums are bad or happen often, they may be a sign of emotional problems. Your child's doctor can help you find out what is behind the tantrums. The doctor can also give you advice on dealing with them.



How to Help Prevent Temper Tantrums

You can't prevent *all* tantrums, but these ideas may help:

- **Make sure you give your child enough attention.** Children try to get attention in many ways. If being good doesn't do it, they may try being bad. To children, even “negative” attention (when you are upset) is better than none at all. So notice your child being good and reward the behavior.
- **Set limits that make sense.** Give simple reasons for the rules you set, and don't change the rules.
- **Keep a daily routine** as much as you can. This helps your child know what to expect.
- **Let your child make choices whenever you can.** For example, “Do you want apple juice or orange juice?” Or let's say your child doesn't want to take a bath. Make it clear that he or she will be taking a bath. But offer a real choice he or she can make. Try saying, “It's time for your bath. Would you like to walk or have me carry you?”
- **Try not to say “no” too much.** Choose your battles. Children need to have some feeling of control.
- **Give your child a few minutes' warning before changing activities.** This helps children get ready for a change.
- **Ask your child to use words to tell you how he or she is feeling.** Suggest words he or she can use to describe those feelings. For example, “I'm really mad.”
- **Be ready with healthy snacks when your child gets hungry.**
- **Make sure your child gets enough rest.**
- **Set a good example.** Try not to argue or yell in front of your child.

To learn more, visit the American Academy of Pediatrics (AAP) Web site at www.aap.org.

Your child's doctor will tell you to do what's best for your child.

This information should not take the place of talking with your child's doctor.

Adaptation of the AAP information in this handout into plain language was supported in part by McNeil Consumer Healthcare.

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What Is Your One-Year-Old Telling You?

Language begins long before the first spoken words. Your child starts “telling” you things during the first year of life. Your child may say things with looks, smiles, movements, or sounds. These early messages are very important.

Talk with your child’s doctor about how your child is growing and learning. Always tell the doctor right away if you are worried about something.

What’s Normal?

Children usually can do certain things at certain ages.

By 12 months your baby should:

- Look for and find where sounds are coming from.
- Know his or her name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, “Look at the _____.”
- Take turns “talking” with you. (Your child listens when you speak, then babbles when you stop.)
- Say “da-da” to Dad and “ma-ma” to Mom and at least one other word.
- Point to things he or she wants.



Between 12 and 24 months your baby should:

- Follow simple commands, like “Pick up your toy.” (You may need to point to the toy at first.)
- Get things from another room when asked.
- Point to a few body parts when asked.
- Point to things or events to get you to look at them.
- Bring things to show you.
- Name a few common objects and pictures when asked.
- Enjoy pretending, like having a tea party.

By 24 months your toddler should:

- Point to many body parts and common things when asked.
- Point to some pictures in books when asked.
- Follow 2-step commands. (For example, “Get your toy and put it in the backpack.”)
- Say about 50 to 100 words.
- Say many 2-word phrases like “Daddy go,” “doll mine,” and “all gone.”

* Words to Know

autism (AW-tiz-um)—a long-term problem in the brain and nerves. Many people with autism have trouble understanding others and being understood. They often have trouble making friends. They may like to do one thing over and over again.

developmental-behavioral specialist (duh-vel-up-MEN-tul bee-HAY-yyer-ul SPESH-uh-list)—an expert in the ways children grow and develop.

referral (ree-FUR-ul)—a note or phone call from a doctor sending you to see someone.

speech therapy (THAIR-uh-pee)—treatment for people who have trouble talking. There are many different speech problems, and many kinds of speech therapy.

Continued on back

Signs of a Problem

Babies express themselves in many ways. Talk with the doctor if your child:

- Doesn't use any words by 18 months.
- Doesn't put 2 words in a phrase by 24 months.
- Doesn't cuddle like other babies.
- Doesn't return a happy smile back to you.
- Doesn't seem to notice if you are in the room.
- Doesn't show you things to look at together.
- Doesn't respond when you call his or her name but seems to hear other sounds.
- Prefers to play alone. Seems to "tune others out."
- Doesn't seem interested in toys, but likes to play with other things in the house.

What to Do If Your Child Isn't Talking

Many children learn to talk late. One in 5 children is slow to talk or use words.

The problem may go away on its own. Or your child may need a little extra help. Sometimes **speech therapy*** is needed.

Late talking also may be a sign of something more serious. Your child may have a hearing loss, **autism***, or other problem with growing and learning. It's important to talk with your child's doctor if you're worried.

What the Doctor May Do

After you talk about your concerns, your child's doctor may:

- Ask you some questions about your child.
- Check how your child is developing.
- Order a hearing test.
- Refer you to a speech therapist for testing. The therapist will check how well your child expresses himself or herself. The therapist will also check how well your child understands words and gestures.

- Refer you to a **developmental-behavioral specialist***. This specialist will check all areas of your child's development.

It's OK to say you are still concerned if the doctor says your child will "catch up in time." You can also ask for a **referral*** to a developmental-behavioral specialist. This specialist may refer you to others for more help.

Programs That Can Help

Your child's doctor may also refer you to a developmental or school program. These programs help children with different kinds of growing and learning problems. The program staff may want to do their own tests with your child.

If your child is younger than 3 years, the doctor may refer you to an Early Intervention Program (EIP). Or you can contact the program yourself. The government pays for these programs. EIPs help children with delays and other problems.

If your child qualifies for help, EIP staff will work with you to make a plan. This is called an Individualized Family Service Plan, or IFSP. It may include training and support for you as well as therapy, special equipment, and other services for your child. After 3 years of age, the EIP staff will refer your child to the local school district.

Remember

Follow your instincts as a parent. Ask for more testing or a referral for your child if you are still worried.

Tell your child's doctor if your child seems slow or shows any of the "Signs of a Problem" on the left. Also, tell the doctor if your baby stops talking or doing things he or she used to do.

To learn more, visit the American Academy of Pediatrics (AAP) Web site at www.aap.org.

Your child's doctor will tell you to do what's best for your child.

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Acetaminophen (Tylenol, Store Brand) Dosing Information

Give every 4-6 hours, as needed, no more than 5 times in 24 hours

Weight of Child	Infant Drops Old Concentration 80mg/0.8ml	Infant Oral Suspension: New Concentration 160mg/5ml	Children's Elixir 160mg/5ml	Children's Tablets 80mg =1 tablet	Junior Strength 160 mg = 1 tablet
6-11 lbs (2.7-5 kg)	0.4 ml	1 ml	1 ml		
12-17 lbs (5.5-7.7 kg)	0.8 ml	2.5ml	2.5 ml	1 tablet	
18-23 lbs (8.2-10.5 kg)	1.2 ml	3.75ml	3.75 ml	1 ½ tablets	
24-35 lbs (10.9-15.9 kg)	1.6 ml (2 droppers)	5 ml	5 ml	2 tablets	
36-47 lbs (16.4-21.4 kg)	2.4 ml (2.5 droppers)		7.5 ml	3 tablets	
48-59 lbs (21.8-26.8 kg)			10 ml	4 tablets	2 tablets
60-71 lbs (27.3-32.3 kg)			12.5 ml	5 tablets	2 ½ tablets
72-95 lbs (32.7-43.2 kg)			15 ml	6 tablets	3 tablets

Ibuprofen (Motrin, Advil, Store Brand) Dosing Information

Give every 8 hours, as needed, no more than 4 times in 24 hours

NOT ADVISED FOR PATIENTS UNDER 6 MONTHS OF AGE

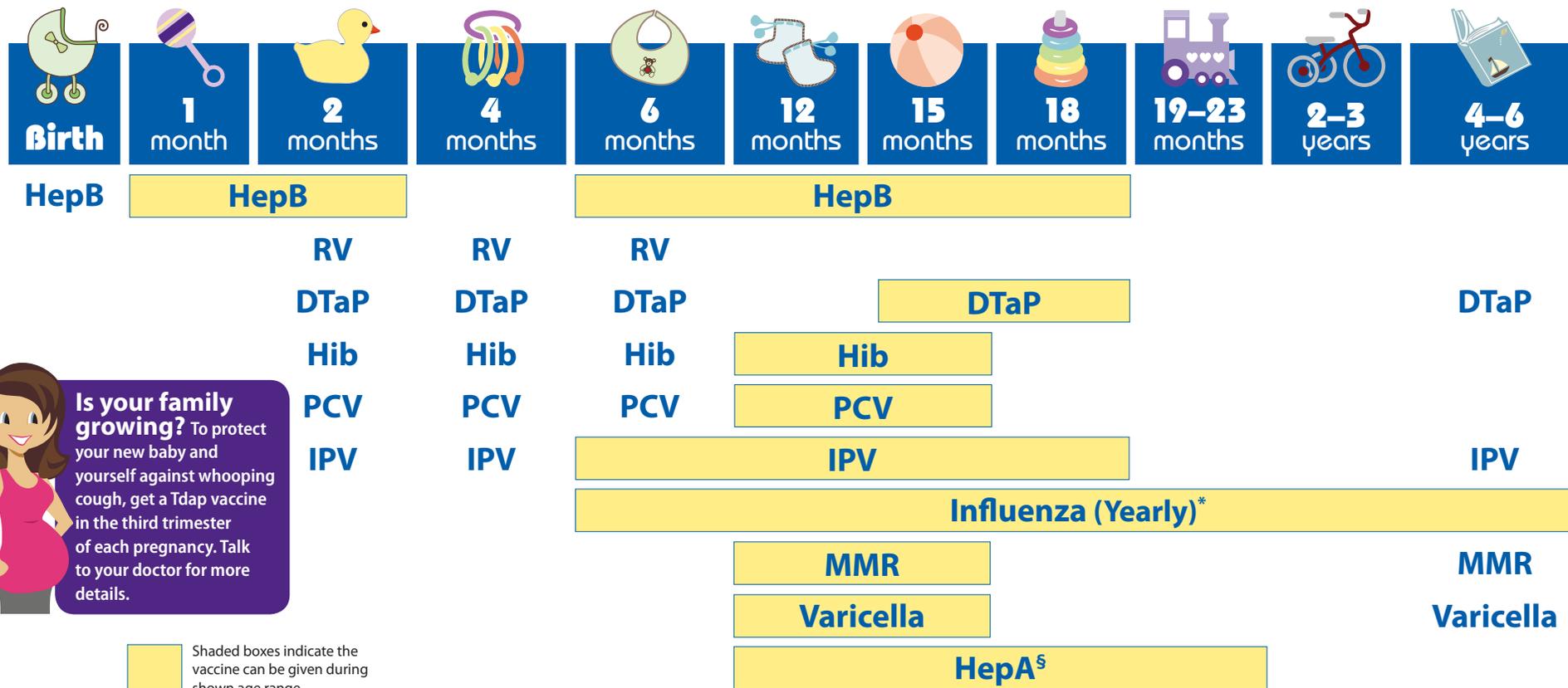
Weight of Child	Infant Drops 50mg/1.25ml	Children's Elixir 100mg/5ml	Children's Tablets 50mg/1 tablet	Junior Strength 100mg/1 tablet
Under 11 lbs (5kg)	*NOT ADVISED			
12-17lbs (5.5-7.7kg)	1.25 ml	2.5 ml		
18-23lbs (8.2-10.5kg)	1.875 ml	3.75 ml	1 tablet	
24-35 lbs (10.9-15.9 kg)	2.5 ml	5 ml	2 tablets	
36-47 lbs (16.4-21.4 kg)	-	7.5 ml	3 tablets	
48-59 lbs (21.8-26.8 kg)	-	10 ml	4 tablets	2 tablets
60-71 lbs (27.3-32.3 kg)	-	12.5 ml	5 tablets	2 ½ tablets
72-95 lbs (32.7-43.2 kg)	-	15 ml	6 tablets	3 tablets

Diphenhydramine (Benadryl, Generic, Store Brand) Dosing Information

Give every 6 hours as needed, no more than 4 times in 24 hours

Weight of Child	Liquid 12.5mg/5ml	Chewable 12.5mg/tablet	Capsule 25mg/capsule
13.2-15.3 lbs	3 ml	-	-
15.4-17.5 lbs	3.5 ml	-	-
17.6-19 lbs	4 ml	-	-
20-24 lbs	3.75 ml	-	-
25-37 lbs	5 ml	1 tablet	-
38-49 lbs	7.5 ml	1 ½ tablets	-
50-99 lbs	10 ml	2 tablets	1 capsule
100+ lbs	-	4 tablets	2 capsules

2014 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



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



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