



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

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.
- 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

- 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.

SAFETY

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.

ESTABLISHING A DENTAL HOME

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

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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Important Milestones By The End Of 1 Year (12 Months)

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Shy or anxious with strangers
- Cries when mother or father leaves
- Enjoys imitating people in his play
- Shows specific preferences for certain people and toys
- Tests parental responses to his actions during feedings
- Tests parental responses to his behavior
- May be fearful in some situations
- Prefers mother and/or regular caregiver over all others
- Repeats sounds or gestures for attention
- Finger-feeds himself
- Extends arm or leg to help when being dressed

Cognitive

- Explores objects in many different ways (shaking, banging, throwing, dropping)
- Finds hidden objects easily
- Looks at correct picture when the image is named
- Imitates gestures
- Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)

Language

- Pays increasing attention to speech
- Responds to simple verbal requests
- Responds to "no"
- Uses simple gestures, such as shaking head for "no"
- Babbles with inflection (changes in tone)
- Says "dada" and "mama"
- Uses exclamations, such as "Oh-oh!"
- Tries to imitate words

Movement

- Reaches sitting position without assistance
- Crawls forward on belly
- Assumes hands-and-knees position
- Creeps on hands and knees
- Gets from sitting to crawling or prone (lying on stomach) position
- Pulls self up to stand
- Walks holding on to furniture
- Stands momentarily without support
- May walk two or three steps without support

Hand and Finger Skills

- Uses pincer grasp
- Bangs two objects together
- Puts objects into container
- Takes objects out of container
- Lets objects go voluntarily
- Pokes with index finger
- Tries to imitate scribbling

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not crawl
- Drags one side of body while crawling (for over one month)
- Cannot stand when supported
- Does not search for objects that are hidden while he or she watches
- Says no single words ("mama" or "dada")
- Does not learn to use gestures, such as waving or shaking head
- Does not point to objects or pictures
- Experiences a dramatic loss of skills he or she once had

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www.cdc.gov/actearly



Learn the Signs. Act Early.

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 (dub-vel-up-MEN-tul bee-HAY-vyer-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.

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Continued from front

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. 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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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.

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Your Child's Eyes



Eye exams by your pediatrician are an important way to identify problems with your child's vision. Problems that are found early have a better chance of being treated successfully. Read on to find out more about your child's vision, including signs of vision problems and information on various eye conditions.

How vision develops

A baby's vision develops very quickly during the first year of life.

- At birth babies don't have normal adult vision, but they can see.
- Newborns can respond to large shapes and faces as well as bright colors.
- By 3 to 4 months most infants can focus clearly on a wide variety of smaller objects. Some babies can even tell the difference between colors (especially red and green).
- By 4 months a baby's eyes should be straight (well aligned) and should work together to allow the development of depth perception (binocular vision).
- By 12 months a child's vision reaches normal adult levels.

Keep in mind that vision doesn't develop exactly on the same schedule in all infants, but the overall pattern of development is the same. Because visual development is so quick during the first year, early detection of visual problems is critical so that permanent visual damage doesn't occur. Because vision continues to develop even after the first year, regular eye exams by your pediatrician remain important to identify problems that may arise later in childhood.

Warning signs for infants (up to 1 year of age)

Babies older than 3 months should be able to follow or "track" an object, like a toy or ball, with their eyes as it moves across their field of vision. If your baby can't make steady eye contact by this time or seems unable to see, let your pediatrician know. Before 4 months of age most infants occasionally cross their eyes. However, eyes that cross all the time or one eye that turns out is usually abnormal and is another reason to seek your pediatrician's advice.

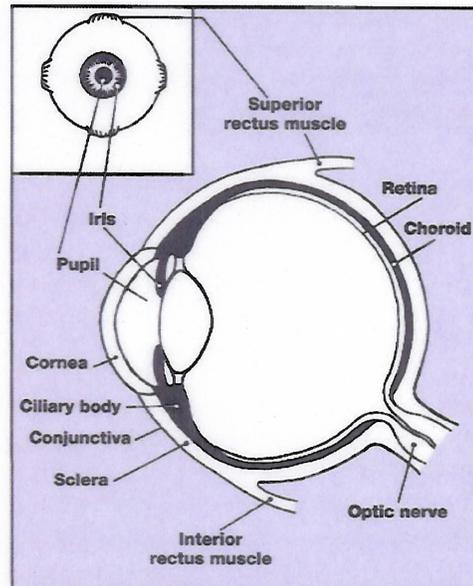
Warning signs for preschool children

If your child's eyes become misaligned (strabismus), let your pediatrician know right away. However, vision problems such as a lazy eye (amblyopia) may have no warning signs, and your child may not complain of vision problems. Thus, it's important at this time to have your child's vision checked. There are special tests to check your child's vision.

Warning signs at any age

No matter how old your child is, if you spot any one of the following, let your pediatrician know:

- Eyes that look crossed, turn out, or don't focus together
- White, grayish-white, or yellow-colored material in the pupil
- Eyes that flutter quickly from side-to-side or up-and-down



- Bulging eye(s)
- Persistent eye pain, itching, or discomfort
- Redness in either eye that doesn't go away in a few days
- Pus or crust in either eye
- Eyes that are always watery
- Drooping eyelid(s)
- Excessive rubbing or squinting of the eyes
- Eyes that are always sensitive to light
- Any change in the eyes from how they usually look

When should your child's eyes be checked?

Vision screening is a very important way to identify vision problems. During an exam the doctor looks for eye disease and checks to see if the eyes are working properly. Children with a family history of childhood vision problems are more likely to have eye problems themselves.

The American Academy of Ophthalmology and the American Academy of Pediatrics recommend that children have their eyes checked by a pediatrician at the following ages:

Newborn.

All infants before discharge from the hospital should have their eyes checked in the newborn nursery for infections, defects, cataracts, or glaucoma. This is especially true for premature infants, infants who were given oxygen, and infants with multiple medical problems.

By 6 months of age.

Pediatricians should screen infants at their well-baby visits to check for proper eye health, vision development, and alignment of the eyes.

At 3 to 4 years of age.

All children should have their eyes and vision checked for any abnormalities that may cause problems with later development.

At 5 years of age and older.

Your pediatrician should check your child's vision in each eye separately every year. If a problem is found during routine eye exams, your pediatrician may have your child see an eye doctor trained and experienced in the care of children's eye problems. Your pediatrician can advise you on eye doctors in your area.

Specific eye problems

Astigmatism.

An irregularly shaped cornea that can cause blurred vision. It's often treated with glasses if it causes blurred vision.

Blepharitis (swollen eyelids).

An inflammation in the oily glands of the eyelid. This usually results in swollen eyelids and excessive crusting of the eyelashes. It's usually treated with warm compresses and washing the eyelids with baby shampoo. Antibiotics may be needed if there's an infection.

Blocked tear ducts.

In some infants the eyes overflow with tears and collect mucus. Gentle massage of the tear duct can help relieve the blockage. If that doesn't work, a tear duct probing procedure or surgery may be needed.

Cataract.

A clouding of the lens of the eye. Most cataracts must be surgically removed. Cataracts in infants and children are rare and are usually not related to cataracts in adults.

Chalazion.

A firm, painless bump on the eyelid due to a blocked oil gland. It may resolve on its own or be treated with eye drops or warm compresses. In some cases, surgery may be needed.

Corneal abrasion (scratched cornea).

A scratch of the front surface of the eye (the cornea). It can be very painful, and the eyes usually tear and are also sensitive to light. It's usually treated with antibiotic drops or ointment and occasionally an eye patch.

Droopy eyelids (ptosis).

When the eyelids are not as open as they should be. This is caused by weakness in the muscle that opens the eyelid. If severe, it can interfere with vision and need surgery.

Falsely misaligned eyes (pseudostabismus).

Caused by a wide nasal bridge or extra folds of skin between the nose and eye—the eyes look cross-eyed.

Farsightedness (hyperopia).

Difficulty seeing close objects. A small degree of farsightedness is normal in infants and children. If it becomes severe or causes the eyes to cross, glasses are needed.

Learning disabilities

Learning disabilities are quite common in childhood years and have many causes. The eyes are often suspected but are almost never the cause of learning problems. So-called vision therapy is unlikely to improve a learning disability. Thus, your pediatrician may refer your child for an evaluation by an educational specialist to find the exact cause.

Glaucoma.

A condition in which the pressure inside the eye is too high. If left untreated, glaucoma can cause blindness. Warning signs are extreme sensitivity to light, tearing, persistent pain, an enlarged eye, cloudy cornea, and lid spasm. Glaucoma in childhood usually needs surgery.

Lazy eye (amblyopia).

Reduced vision from lack of use in an otherwise normal eye. It's often caused by poor focusing or misalignment of the eyes. It's usually treated by applying a patch or special eye drops to the "good" eye. Other treatments commonly include glasses or eye muscle surgery for strabismus.

Misaligned eyes (strabismus).

When one eye turns inward, upward, downward, or outward. This is caused by eye muscles that are too tight. It's usually treated with glasses or, in some cases, surgery.

Nearsightedness (myopia).

Difficulty seeing far away objects. Nearsightedness is very rare in babies, but becomes more common in school-aged children. Glasses are used to correct blurred distance vision. Once nearsighted, children do not usually outgrow the condition.

Pinkeye (conjunctivitis).

A reddening of the white part of the eye, usually due to infections, allergies, or irritation. Signs include tearing, discharge, and the feeling that there's something in the eye. Depending on its cause, pinkeye is often treated with eye drops or ointment. Frequent hand washing can limit the spread of eye infections to other family members and classmates.

Stye (hordeolum).

A painful, red bump on the eyelid due to an infected oil or sweat gland. It's often treated with warm compresses and antibiotic drops or ointment.

From your doctor

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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>

Acetaminophen Dosing Information

(Tylenol® or another brand)

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

Weight of child	Age of child	Infant drops  0.8 mL = 80 mg	Children's liquid or suspension  1 tsp (5 mL) = 160 mg	Children's tablets 1 tablet = 80 mg	Junior strength 1 tablet = 160 mg
6–11 lbs (2.7–5 kg)	0–3 mos	0.4 mL (1/2 dropperful)			
12–17 lbs (5.5–7.7 kg)	4–11 mos	0.8 mL (1 dropperful)	2.5 mL (1/2 teaspoon)		
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.2 mL (1 1/2 dropperful)	3.75 mL (3/4 teaspoon)		
24–35 lbs (10.9–15.9 kg)	2–3 yrs	1.6 mL (2 dropperful)	5 mL (1 teaspoon)	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		7.5 mL (1 1/2 teaspoons)	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		10 mL (2 teaspoons)	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		12.5 mL (2.5 teaspoons)	5 tablets	2 1/2 tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		15 mL (3 teaspoons)	6 tablets	3 tablets

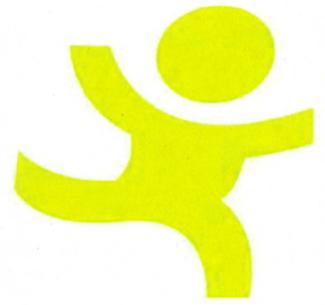
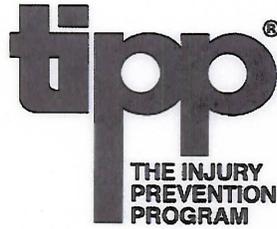
Ibuprofen Dosing Information

(Advil®, Motrin® or another brand)

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

Weight of child	Age of child	Infant drops  1.25 mL = 50 mg	Children's liquid or suspension  1 tsp (5 mL) = 100 mg	Children's tablets 1 tablet = 50 mg	Junior strength 1 tablet = 100 mg
under 11 lbs (5 kg)	under 6 mos	NOT ADVISED			
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL			
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL			
24–35 lbs (10.9–15.9 kg)	2–3 yrs		5 mL (1 teaspoon)	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		7.5 mL (1 1/2 teaspoons)	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		10 mL (2 teaspoons)	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		12.5 mL (2 1/2 teaspoons)	5 tablets	2 1/2 tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		15 mL (3 teaspoons)	6 tablets	3 tablets

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 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. 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 choose to 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 your Poison Center 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.

If your child does put something poisonous into 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.

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 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.

Your child will reach for your hot food or cup of coffee, so don't leave them 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.

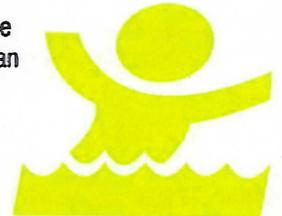
Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



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. 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. Your child should ride rear-facing until she is at least a year old AND weighs at least 20 pounds. It is even better for her to ride rear-facing to the highest weight and/or height her car safety seat allows. Be sure that the safety seat is installed 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 the car. Keep vehicles and their trunks locked. There are dangers involved with leaving children in a car; death from excess heat may occur very quickly in warm weather in a closed car.

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 the individual facts and circumstances.