

Ireland Pediatric Care Clinic
24 Month
Well Child Visit

Today your child is being seen for his/her well child visit. We thank you for using Ireland Pediatric Care. Our providers are dedicated to the health and well-being of you and your children. Today your child will be seen by:

_____.

Today, your child is _____ lbs _____ oz (_____ kg)
_____ inches tall (_____ cm), and has a head size of
_____ inches (_____ cm)

Your child has no scheduled vaccinations today, however if he/she is behind on vaccines they may be given today.

Your child will have blood test today to screen for lead poisoning.

The following phone numbers may also be useful to you:

TRICARE Office: (Healthnet)	1-877-874-2273
TRICARE Appointments:(IACH)	1-800-493-9602
Ireland Emergency Department	502-624-9000
Pediatric Nurses Line	502-624-9267
	(answered between hours M-F 0800 – 1600)
Poison Control	1-800-222-1222

Thank you again for using Ireland Primary Care. We look forward to seeing your child back at his/her next well child visit.

REACH OUT AND READ (ROR) is a national, nonprofit organization endorsed by the American Academy of Pediatrics. It was started in 1989 through a group of pediatricians and early childhood educators. The program encourages early literacy skills so children enter school prepared for success in reading. A developmentally suitable book will be given to your child between the ages of 6 months to 5 years at each well visit to take home and keep.

MAKE SURE YOUR CHILD RECEIVES HIS OR HERS TODAY!



Ireland Army Community Hospital Immunization Schedule



Birth:

Hepatitis B

2 Months:

Pneumococcal (Prevnar)
ActHib (Hib)
Pediarix (Dtap, Hep B & IPV)
Rotavirus*

4 Months:

Pneumococcal (Prevnar)
Pedvax (Hib)
Pediarix (Dtap, Hep B, & IPV)
Rotavirus*

6 Months:

Pneumococcal (Prevnar)
Pediarix (Dtap, Hep B, & IPV)
Rotavirus*
ActHib

12 Months:

Measles, Mumps, & Rubella
Varicella**
Pedvax (Hib)
Hepatitis A***

18 Months:

Diphtheria, Tetanus, & Pertussis
Prevnar, if available
Hepatitis A #2

4-6 Years:

Varicella #2**
Polio
Diphtheria, Tetanus, & Pertussis
Measles, Mumps, & Rubella

11-12 Years:

Tetanus & Diphtheria
Menactra****

11-16 Years:****

Hepatitis B
Measles, Mumps, & Rubella
Varicella
Tetanus & Diphtheria

11-26 Years:

HPV (Females only)

PPD Given only if positive answers to questionnaire or if no PPD given by age 4

Rotavirus only given at age 2, 4, and 6 months according to CDC guidelines after 2 months vaccine can't be given

** Varicella required for children 12 months to 7 years unless history of chicken pox. A second dose of Varicella is now recommended at age 4

***Hepatitis A is required for all DOD schools and daycare starting at age 12 months. This vaccine is not required for off post schools but is optional

****Menactra is required for all DOD schools at age 11. This vaccine is not required for off post schools but is optional

*****These vaccines will be given at this age only if they were not given at an earlier age

After the Shots ...

What to do if your child has discomfort



*Vaccinations may hurt a little . . .
but disease can hurt a lot!*

Check your child's temperature with a rectal thermometer if he/she is younger than 3 years of age to find out if they have a fever.

If your child is 4 or 5 years of age, you may prefer taking a temperature by mouth with an oral digital thermometer. You can also take an underarm (axillary) temperature, if your child is older than 3 months.

- If your child's temperature is greater than 104°F _____ or if temperature is 101.4 or higher that last more than 72 hours; call your clinic or healthcare provider!

Acetaminophen Dosing Information (Tylenol® or another brand)

Give every 4-6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your health care provider).

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	Advised dose*: _____			
12-17 lbs (5.5-7.7 kg)	4-11 mos	Advised dose*: _____	Advised dose*: _____		
18-23 lbs (8.2-10.5 kg)	12-23 mos	Advised dose*: _____	Advised dose*: _____		
24-35 lbs (10.9-15.9 kg)	2-3 yrs	1.6 mL	1 teaspoon (160 mg)	2 tablets	
36-47 lbs (16.4-21.4 kg)	4-5 yrs		1½ teaspoons (240 mg)	3 tablets	
48-59 lbs (21.8-26.8 kg)	6-8 yrs		2 teaspoons (320 mg)	4 tablets	2 tablets
60-71 lbs (27.3-32.3 kg)	9-10 yrs		2½ teaspoons (400 mg)	5 tablets	2½ tablets
72-95 lbs (32.7-43.2 kg)	11 yrs		3 teaspoons (480 mg)	6 tablets	3 tablets

*Ask your health care provider

Ibuprofen Dosing Information (Advil®, Motrin® or another brand)

Give every 6-8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your health care provider).

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	Advised dose*: _____			
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		1 teaspoon (100 mg)	2 tablets	
36-47 lbs (16.4-21.4 kg)	4-5 yrs		1½ teaspoons (150 mg)	3 tablets	
48-59 lbs (21.8-26.8 kg)	6-8 yrs		2 teaspoons (200 mg)	4 tablets	2 tablets
60-71 lbs (27.3-32.3 kg)	9-10 yrs		2½ teaspoons (250 mg)	5 tablets	2½ tablets
72-95 lbs (32.7-43.2 kg)	11 yrs		3 teaspoons (300 mg)	6 tablets	3 tablets

*PEDIATRIC CARE CLINIC, Bldg 851 Ireland Loop, Ft. Knox, KY 40121,
(502)624-9267*

FACTS ABOUT NOT VACCINATING

*** Your child can infect others without immunizations ***

- When your children are not vaccinated, they can pass diseases onto babies who are young, to be fully immunized.
- Also these children who are not immunized can infect the small percentage of children whose immunizations did not “take”.
- These unvaccinated children pose a threat to adults and children who can't be immunized like people with immune system problems like cancer, HIV / AIDS, or receiving chemotherapy/radiation therapy or large doses of corticosteroids.

***Without immunizations your child may have to be excluded at times from school or daycare.

Age Specific Safety Sheet

2 – 4 Years

Your Child's Safety

Injuries are the leading cause of death of children younger than 4 years in the United States, most of which can be prevented. Often injuries happen because parents are unaware of what their children can do. Your child can walk, run, climb, jump, and explore everything at this age.

This stage is a very dangerous time in your child's life because of all the new things he or she can do. It is your responsibility to protect your child from injury. At this age, he or she cannot understand danger or remember "no" while exploring.

FIREARM HAZARDS

In homes where guns are present, children are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. Handguns are especially dangerous, it is best to keep all guns out of the home. If a firearm is chosen to be kept in the home, it should be 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

At this age children are likely to explore by putting everything in their mouths, even if it doesn't taste good. Your child can pull open drawers and doors, take things apart and open bottles easily now. Safety caps should be used on all medicines and toxic household products. Safety caps should be kept on products at all times or a safer substitute should be used. Contact your Poison Center for more information.

Your child is now able to get into and on top of everything. Keep all household products and medicines out of reach and sight. Never store any drain cleaners that contain sodium hydroxide in your home. Keep all products in the original containers.

If your child does put something poisonous into his or her mouth, call the POISON HELP LINE (1-800-222-1222) immediately. Attach the number to your phone. Do Not make your child vomit.



FALLS

To help prevent serious falls, lock the doors to any dangerous areas. Use gates on stairways and install operable window guards above the first floor. Sharp edged furniture should be removed from the room that 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, step stool left next to a table, kitchen counter, or window allows your child to climb to dangerously high places. Your child does not understand what is dangerous.

If your child has a serious fall or does not act normal after a fall, contact your provider.

BURNS

The kitchen is a dangerous place for your child during preparation. If hot liquids, grease, or hot foods get spilled on your child they will cause serious burns. While you are cooking, eating, or unable to give your full attention to your child, a safer place would be a playpen, stationary activity center, or buckled into a high chair. It is best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab a hold of anything to stabilize themselves, including hot oven doors, wall heaters, or outdoor grills. Your child should be kept 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 reach. NEVER carry your child and hot liquids at the same time. If your child gets burned put cold water on the burned area immediately. Keep the burned area in cold water for a few minutes to cool it off. Cover the area with a loose dry bandage or a clean cloth. Call your doctor for all burns. The hottest temperature at the faucet should be no more than 120 F. This will help protect your child from tap water scalds. Your water heater can be adjusted with the water temperature setting.

Make sure you have a working smoke alarm on every level of your home, especially furnace and sleeping areas. Alarms should be tested every month. Long life batteries should be used in alarms and batteries should be changed at least once a year.

DROWNING

At this age your child loves to play in water. Your child should never be left alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. All buckets of water should be emptied 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 in or near water. You should always stay within an arm's length of your child around water.

If you have a swimming pool, it should be fenced in on all sides with a fence at least 4 feet high, with self latching gates. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. It only takes a moment for your child to get out of your house and fall into your pool. Your child cannot be watched every minutes while he or she is in the house.

CAR SAFETY

Car crashes are a great danger to your child's life and health. In a crash or sudden stop, even at low speeds, crushing forces to your child's brain and body and can cause severe injuries or death. The safest place for all infants and children to ride is in the back seat.

To prevent these injuries use a car safety seat everytime your child rides in a car. Your child should ride rear facing until he or she is at least a year old and weighs at least 20 pounds. It is even better for your child to ride rear facing to the highest weight and/or height the seat allows. Make sure the safety seat is installed correctly. Read and follow the instructions that come with the car safety seat, as well as the instructions for using car safety seats in the owner's manual of your car.

Your child should never be left alone in the car. Always keep vehicles and their trunks locked. Death may occur if a child is left in the car from excessive heat from warm weather in a closed card.

Before you back out of your driveway, always walk behind your car to be sure that your child is not there. You may not see your child behind your car in the rearview mirror. The biggest threat to your child's life and health is an injury.

The Danger of Second Hand Smoke

****What is Second Hand Smoke?**

Second hand smoke is the smoke that comes from a cigarette or other tobacco that someone other than yourself is smoking.

****Secondhand Smoke and Children:**

Children who breathe in secondhand smoke are at risk for many serious health problems including the following:

- Upper respiratory infection
- Ear infections and hearing problems
- Bronchitis and pneumonia
- Asthma

Exposure to secondhand smoke as few as 10 cigarettes per day raises – a child's chances of getting asthma even if the child has never had any symptoms.

****Secondhand smoke can cause problems for children later in life including:**

- Lung Cancer
- Heart Disease
- Cataracts (Eye disease)

****Protect your Family:**

- Make your home and car smoke free
- Family, friends, and visitors should never smoke inside
- Smoke only outside

****Remember:**

Keeping a smoke-free home can help improve your child's health, improve your health and your community

SEAT BELT

For Children who are at least 4' 6" tall and 80 pounds.

- Lap portion of the belt must go over the thighs.
- Shoulder portion of the belt must go over the shoulder, never the face or neck.
- Shoulder and lap belt adjusters are never recommended.



**All Children age
12 and under
should ride in the
back seat**

To find a Child Safety Seat Inspection Station near you go to:

- <http://www.nhtsa.dot.gov/cps/cpsfitting/index.cfm>

Your local stations are:

Kentucky State Police Post 4 1055 N Mulberry Elizabethtown, KY 42701 Located in Hardin county Phone: 502-629-7337	Kosair Children's Hospital/Child Advocacy 315 E Broadway Street Louisville, KY 40202 Located in Jefferson county Phone: 502-629-7337
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This, and additional information, can be found at:

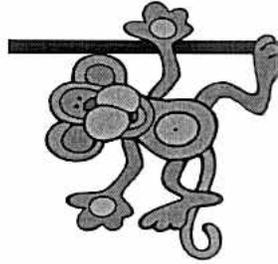
- http://www.kentuckystatepolice.org/hsp/child_safety.htm
- <http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem>
- <http://www.boosterseat.gov/4StepsFlyer.pdf>

The following site offers an English—Spanish translation:

- <http://www.nhtsa.dot.gov/people/injury/childcps/CPS-Translation/images/Glossary.pdf>

Parents-are your children riding safely?

Play It Safe!

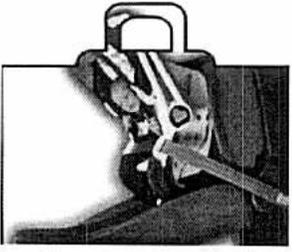


PEDIATRIC CARE CLINIC
IRELAND ARMY COMMUNITY HOSPITAL
FORT KNOX, KY 40121
(800) 493-9602

INFANT SEAT REAR-FACING CONVERTIBLE

These can be used for babies from birth to 20-22 pounds and less than 26 inches (check your car seat rating).

- NEVER place a rear-facing car seat in front of an air bag.
- Seat must face the rear of the vehicle.
- Harness straps should come through the slots in the back of the seat just below the level of your baby's shoulders.
- The seat should be reclined no more than a 45-degree angle. A rolled up towel may be used to help adjust the seat to the proper angle.
- Make sure the carrying handle is locked in the down position while in the car.
- Always keep harness straps snug so no more than one finger fits under it at the child's shoulder and fasten harness clip at the armpit level.



INFANT SEAT REAR-FACING CONVERTIBLE

These should be used for babies rear-facing who are 20 or more pounds and one year of age and under.

- If your child reaches 20 pounds before turning one year old, you must make sure the car seat is rated up to 30-35 pounds when rear facing.
- Do NOT place your child in a forward seat until at least 20 pounds and one year of age. A child younger than one does not have neck muscles strong enough to withstand a crash in a forward-facing seat.
- Keep harness straps snug and below shoulder level.



Check the label on your car seat to see its weight rating for your child now and for later growth.

CONVERTIBLE

These seats can be adjusted to be used by infants or toddlers. See previous for children under one year and 20 pounds.

- Use this seat forward-facing and upright for toddlers over age one and from 20-40 pounds.
- Harness straps should be snug and come through the uppermost slots in the back of the seat.
- Adjust car seat to upright position



TODDLER CAR SEAT/BELT POSITIONING BOOSTER SEAT

These seats are forward-facing only and are for children over one year and 20 pounds. They can be used up to 80 pounds.

- Up to 40 pounds:**
- Use the harness until your child is 40 pounds.
 - Harness straps should be snug and come through the back of the seat above the shoulder.
 - Booster seats with shields are never recommended.
- Remove the shield and follow the manufacture's directions.



Over 40 pounds:

One of the most common mistakes made is to place a child in a vehicle seat belt too early. Your child needs a booster seat if:

- The shoulder belt crosses your child's face or neck.
- If the lap belt rides up your child's stomach (this can cause serious stomach and spinal injuries in the event of a crash).
- If your child's legs do not bend over the seat naturally at the knee. (If your child's legs are not long enough for him or her to sit naturally, he or she may slouch down to be more comfortable. This can cause the lap belt to ride up the stomach.) Booster seats raise your child to a safe level so the lap and shoulder belt fits correctly.

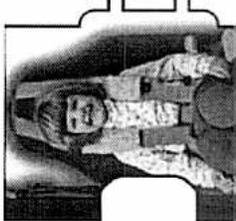


Using a booster seat:

- Harness should be removed and the seat should be used as a belt-positioning booster with the lap/shoulder belt.
- Booster seats with shields are never recommended. Remove the shield and follow the manufacture's directions.

LAP BELT

- If your car only has a lap belt in the back seat, you will need an 86-Y harness, available by calling E-Z On Products Inc., (800) 323-6598 or visit www.ezonpro.com on the internet.





CPR STEPS

1 Check the Scene

- Make sure it is safe for you to help.
- Don't become another victim.

2 Check the Victim

- tap and shout to get response.

3 Call for Help



- Tell someone to call 9-1-1.

If you are alone, perform 5 cycles of CPR **First**, then call 9-1-1.

Call 9-1-1 for any unconscious victim, including an infant that is breathing.

A Airway

- tilt head back, lift chin up to open airway.

B Breathing

- Take a normal breath, cover victims's mouth and nose with your mouth, and give a gentle breath until the chest rises.
- Give a second breath. Take about 1 second per breath.
If chest doesn't rise, open airway again.

C Circulation

- pump the chest 30 times.

Place **two fingertips of one hand** in the center of the chest.

Press chest down **1/3 the depth of the chest** at a rate of 100 per minute (16 in 10 seconds).

Repeat A - B - C

until help arrives or the victim begins breathing.

POISON TREATMENT

SWALLOWED POISON

Your child may have been poisoned if you found him or her with an open or empty container of a toxic substance. You must stay calmly and act quickly.

Get the poison away from your child first. Check your child's mouth if there is still some poison in; remove it with your fingers or have him spit it out. Do not throw the material or poison away since that might help determine what was swallowed.

Check for signs and symptoms of swallowed poisoning:

- difficulty breathing
- nausea and vomiting
- severe pain in throat
- unexplained changes in behavior such as jumping, sleeping
- burns or sores on your child's lips or mouth
- odd odors in your child's breath or drooling
- unconsciousness or convulsion
- stains on your child's clothing

Call 9-1-1 immediately if your child has any of these signs. Do not throw poison containers away. Take it with you to determine what was swallowed.

Call your Regional Poison Center at (1-800-222-1222) or your child's pediatrician if your child does not have any of the above symptoms.



Have the following information available when you call.

- Your name and phone number
- Your child's name, age and weight
- List of your child's medications
- Child's medical history
- Ingredients of substance listed on the label
- Describe what the spill looks like
- The amount of poison you think was swallowed and the time your child swallowed the poison

**The American Academy of Pediatrics and the Poison Control Center NO LONGER recommend giving syrup + Ipecac for poisoning.

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(502)624-9267*

SKIN POISONING

If your child should spill a dangerous chemical on his/her body, take his clothes off and rinse skin with lukewarm water. If there is any signs of burns on the skin, continue rinsing for at least 15 minutes. Do not use ointment or grease, call the poison center for further advice.

EYE POISONING

Holding the eye lid open, flush your child's eye by pairing a steady stream of lukewarm water into the inner corner. Continue to flush the eye for 15 minutes. Do not use an eye cup, eye drops or ointment. Call the poison center for further instructions.

FUMES POISONING

Poisonous fumes can come from:

- Leaky gas vents
- Running car in a closed garage
- Stoves that are not working properly (e.g. kerosene, wood and charcoal)

Get your child into fresh air right away if he/she has been exposed to fumes or gases. If your child is not breathing, start CPR and have someone call all right away. Wait until your child is breathing if you are alone, then call 9-1-1.

POISON CONTROL CENTER NUMBER:

(1-800-222-1222)

Post the number by every phone in your home

ACTIVATED CHARCOAL

You should have activated charcoal available in your home in case of poisoning. You should always call the poison control number before giving activated charcoal to your child, and only give if you are instructed to do so by the poison control representative.

Directions:

- 1) Read directions and warnings as soon as you purchase.
- 2) Insert emergency numbers in spaces provided on package.
- 3) Call Poison Control before giving child this product.
- 4) Fill bottle of water or soda pop to fill line on label.
- 5) Shake vigorously for at least 30 seconds.
- 6) Drink entire contents as quick as possible or as directed by health profession or poison control.
- 7) If you are unsuccessful to contact Poison Control, Emergency Medical Facility, or health professional continue trying to contact them first.
- 8) Save container poison was in. Keep patient active and moving.

Do Not USE

- 1) Unless directed by a health professional
- 2) If Ipecac Syrup has been given
- 3) Until after patient has vomited unless directed to by poison control or healthcare professional.
- 4) If person is not fully conscious.
- 5) If turpentines, corosives such as alkalies (lye) and strong acids, or petroleum distalletes such as kerosende, gasoline, paint thinner, cleaning fluids or furniture polish have been ingested.

KEEP OUT OF THE REACH OF CHILDREN
RECONSTITUED products should not be stored

**The American Academy of Pediatrics and the Poison Control Center NO LONGER recommends giving syrup of Ipecac for poisoning

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POISON PREVENTION

The below listed tips which should be followed daily to prevent poisoning.

- All medications, whether prescription or over-the-counter, should have child-proof caps and be kept out of reach of children. If possible, put a lock or safety latch on your medicine cabinet.
- Prescription medications aren't the only thing in your bathroom that can be harmful to your children. Hair and skin products can also be dangerous if swallowed or inhaled. Keep them out of small children's reach.
- The medicine cabinet isn't the only place children find drugs. Many kids get them from their mother's purses. If you carry medications in your purse, make sure they have child-resistant closures.
- Never transfer prescription medications to other containers. You may forget what they are and the prescribed dosage. Keep all prescription medicines in original containers.
- Does your desk at home have glue, correction fluid or rubber cement in it? These could be harmful if swallowed. If you have small children, keep office products in locked storage.
- Not all poisons come in bottles. Plants can be poisonous too. Keep house plants out of small children's reach.
- When making your home safe from accidental poisonings, don't forget your garage. Keep automobile products, paints and paint solvents, and pesticides under lock and key and away from children.
- You say you don't have children? Do grandchildren or other kids sometimes come to visit your house? What about pets? Poison-proofing can save lives, even if you don't have small children.

Good Housekeeping Tips Prevent Accidental Poisonings

The Cincinnati Drug and Poison Information Center recommends these "good housekeeping rules" to prevent poisonings.

- Keep household chemical products and medicines out of youngsters' sight and locked up when not in use
- Store medicines separately from household products
- Store household cleaning products away from food products
- Keep items in their original containers
- Leave the original labels on all products and read the label before using
- Refer to medicine as "medicine" -- not "candy".
- Avoid taking medicines in front of children, since youngsters tend to imitate grown-ups

Poison-Proof Your Home

- Begin before your baby starts to crawl; get down on a child's level and crawl around your house, making sure all hazards are removed
- There is no such thing as a *child-proof* container; safety containers are only *child-resistant*, making them somewhat difficult to open but not impossible
- Store all potential poisons out of the reach and sight of children; keep products like insecticides, drain cleaners and medicines in a locked cabinet
- Children can open drawers as easily as cupboards; remove cosmetics, medication and other such items from bedside tables and low drawers
- Never let children be the first to open arriving mail or shopping containers
- Never leave purses that contain medicines and other potentially dangerous items unattended

- Never store food and household cleaning products together
- Never transfer products like kerosene, gasoline or household cleaning agents to another container, such as a soft drink bottle, cup or bowl that would attract a child or pet
- When discarding household products, rinse out the container and dispose of it in a covered trash can
- Always store medicines in their original containers, and discard medicines that are no longer used; rinse out empty containers

Poison-Proof Yourself

- Make sure you set a good example and establish good habits in the home and on the job.
- *Never* tell children medicine tastes like candy or that it is candy.
- Never take medicine when children are present. Children are imitators.
- Don't leave a child and a poison alone even "for a second".
- Don't take medicine in the dark or without reading the label.
- Don't leave purses unattended or available to curious children
- Don't mix household cleaning solutions, such as bleach and ammonia.
- Give medicine only to the person for whom it has been prescribed.
- Follow directions carefully when handling chemicals.
- Always be sure a teenage baby sitter has an adult to contact for help when parents are not available.
- Share this poison information with older siblings, baby sitters and relatives. Everyone has a part in preventing childhood poisonings.

DON'T SHAKE THE BABY!!!!!!

Shaken baby syndrome is a serious injury that can occur when an infant or toddler is severely shaken. Babies especially have very weak neck muscles and do not yet have full support for their heavy heads.

When they are shaken, their heads move back and forth and this can cause serious injuries such as:

- 1). Developmental delay
- 2). Blindness or damage to the eye
- 3). Damage to the spinal cord (paralysis)
- 4). Seizures
- 5). Death

Shaken baby syndrome is a serious form of child abuse. Parents should be aware of the severe injuries that it can cause. Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby because of anger or frustration. Often because the baby will not stop crying.

Remember always that it is never okay to shake a baby. Be sure to tell your child's pediatrician if you know or suspect that your child was shaken. A healthcare provider who is not aware that a child has been shaken may assume the baby is vomiting or having trouble breathing due to an illness. Mild symptoms of shaken baby syndrome are very much like those of an infant colic, feeding problems, and fussiness.

When your child cries, take a break – DON'T SHAKE!!!

Remember it's never okay to shake your child. If you feel you could lose control of yourself:

- take a deep breath
- take a break and let your baby cry alone
- call for emotional support
- call your child's doctor or pediatrician

Help for Parents:

- Being a parent is one of the hardest jobs in the world. It can be overwhelming at times.
- Most parents want to do a good job of raising their children. But unlike other jobs where you get special training, most parents are left to do the best they can, with what they know from their own experience. There's no need to feel that you are all alone or that no one cares. The Childhelp National Child Abuse Hotline is always there to help you.
- The Hotline is staffed by degreed, professional counselors who are available 24 hours a day, every day of the year. All calls are anonymous and toll-free.
- CALL 1-800-4-A-CHILD (1-800-422-4453) Then Push 1 to Talk to a Hotline Counselor OR Push 2 to Have Information Mailed to You



WHAT TO DO IF YOU SUSPECT CHILD ABUSE

Suggestions from the Child Welfare League of America

If it is an emergency, call your local police department. **On post**, that is 624-2111. They can ensure the immediate safety of a child and get medical attention if needed. If not an immediate life threatening situation, but help is needed, call you local child abuse hotline. **FORT KNOX** Family Advocacy is: 624-0255. Other local area numbers are: **BULLITT** County Protection and Permanency: 502-543-7051. **HARDIN** County Protection and Permanency: 270-766-5099. **JEFFERSON** County Child Protection Hotline: 502-595-4090. **MEADE** County Child Protection and Permanency: 270-422-3974.

REMEMBER...

- Suspicion of abuse is all that is necessary to file a report
- Your information can be given anonymously
- You will be asked to describe your concerns about the child and it will be helpful if you can provide the following: The child's name, age, address, gender, school attended (if possible), and names of parents.

Sources:

- Prevent Child Abuse America: Current Trends in Child Abuse Reporting & Fatalities: The 2000 Fifty State Survey
- National Center on Child Abuse Prevention Research: Prevent Child Abuse America; Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey
- Lung, C. & Daro D. (1996) Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1995 Annual Fifty State Survey. Chicago: National Committee to Prevent Child Abuse. <http://www.childabuse.com/fs9.htm>
- US Department of Health & Human Services Administration for Children & Families. Child Maltreatment 2003: Summary of Key Findings

ABUSE AND PREVENTION INFORMATION

*Do your part to help
stop child abuse now!*

**Safe Children and
Healthy Families are
a shared responsibility**

*“Child abuse casts a shadow
the length of a lifetime.”*

—Herbert Ward

**THE PEDIATRIC
CARE CLINIC
IRELAND ARMY
COMMUNITY HOSPITAL**

**Keep Kids
Safe!**



WHAT IS CHILD ABUSE?

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.

The four types of child abuse:

- Child Neglect
 - Sexual Abuse
 - Physical Abuse
 - Emotional Abuse
- WHAT CAN WE DO?**
- Remember** - that children are the future
 - Recognize** - prevention is a shared responsibility
 - Raise** - the issue of prevention
 - Reach Out** - to kids & parents
 - Recommend** - ideas that your community can use



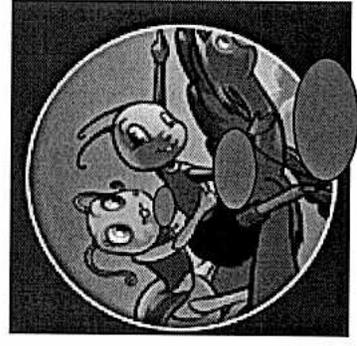
STATISTICS:

- 4 children die every day as a result of child abuse and three out of four of these victims are under the age of 4.
- A report of child abuse is made every 10 seconds.
- Of the reported rapes of children under 12 years old, 90% of the victims knew the perpetrator.
- Child abuse occurs at every socio-economic level, across ethnic and cultural lines, within all religions and at all levels of education.
- 36.7% of all women in prison and 14.4% of all men in prison in the United States were abused as children.
- Children who have been sexually abused are 2.5 times more likely to abuse alcohol and 3.8 times more likely to become addicted to drugs.
- One third of abused and neglected children will later abuse their own

FOR KIDS

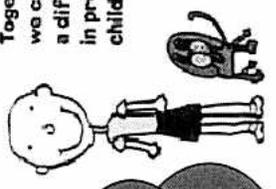
YOU SHOULD KNOW

- ◆ No one has the right to abuse you.
- ◆ You don't deserve to be abused.
- ◆ If you are being abused, you are a victim.
- ◆ It's not your fault that you are being treated this way.
- ◆ It is wrong that you are suffering this pain, fear or sadness.
- ◆ You are not alone. Other kids suffer abuse too.
- ◆ Sometimes abusers scare or threaten kids so they won't tell.
- ◆ There are people who care about you and want to help you.
- ◆ If you are being abused, please tell a safe person—that's someone you trust like a teacher, counselor, school nurse, neighbor or parent. You can also talk to a Childhelp USA hotline counselor



CALL 1-800-4-A-CHILD (1-800-422-4453) then push 1 to talk to a counselor. The Childhelp National Child Abuse Hotline is open 24 hours a day, 7 days a week. The hotline counselors work with translators who speak 140 different languages to help people who call and speak something other than English. All calls are anonymous (The hotline counselors don't know who you are and you don't have to tell them)

Together, we can make a difference in preventing child abuse!



CHILD ABUSE.... IS A CRIME!

The reporting point of contact for child and spouse abuse on Fort Knox is the Military Police at 624-2111.

WATER SAFETY

Water is a hazard for everyone, but especially for children. Water can be fun, but it is dangerous no matter where it is (i.e. bucket, tub, pool, toilet-bowl, lake, puddle, hot tub, etc). Allow your children to have safe fun, but do not take your eye off of them even for 1 second.

Children can drown in less than 1 inch of water. That places them at a higher risk of drowning in anywhere water may accumulate. (ie, buckets, diaper pails, toilets, etc). There have been deaths reported by drowning in buckets with water or other liquids, such as those used for mopping and other household chores. It can happen before you realize what is going on. Drownings are usually silent and quick. A child can lose consciousness within 2 minutes of being underwater, with irreversible brain damage occurring within 4-6 minutes.

From 2005 – 2007 an average of 283 fatal drowning for children under 5 years of age occurred, also 2100 children were treated in the emergency room for underwater related injuries.

SAFETY TIPS (in general)

- Empty all containers, buckets, & pools after using them. Store them upside down and in an area where children cannot reach.
- Keep toilet lid closed and use locks on the toilet lid.
- Never leave a child in a tub or body of water unattended; even if they do know how to swim.
- Watch children in bath seats and rings every second.
- Have children take approved swimming lessons and make sure family members know how to swim.
- Always check water first if you can't find your child. Time is of the essence with a drowning victim.
- NEVER SWIM ALONE!!!!!!!

BATH TUB SAFETY

- Place a rubber suction mat in bottom of tub.
- Only fill tub with no more than 3-4 inches of warm water.
- If your child cannot sit up securely on their own, support their back.

- Do not allow them to put their eyes or head under water, and do not let them drink water.
- Keep the lid down on the toilet preferably with a lid lock, and the bathroom door closed.
- Never leave your child when they are in the bathtub even for a second.
- If you have to leave the room grab a towel to wrap around the child and take them with you (answering phone, etc).

POOL SAFETY

- Babies under 6 months old should not be underwater. They naturally hold their breath underwater, but they continue to swallow.
- You should take an infant/child CPR course.
- All wading pools should be drained and turned upside down or stored upright.
- If you have a pool that is permanent, enclose it with a fence at least 4 feet high. Lock the gate after using the pool each time.
- Take any toys from the deck and pool area and store them.
- Make sure rescue equipment is available.
- Have a telephone with you instead of leaving the pool area to go get one during an emergency.

Going to Public Pool

- Swim where there is a lifeguard or where there is a marked swimming area with buoys.
- Avoid distractions when supervising your child.
- Supervision is the most important part to avoid drowning. No matter how well your child can swim or whether there is a lifeguard on duty.
- Lifeguards have too much area to watch especially if there are a lot of people swimming.

Personal or Public Pool

- One of the top hidden home hazards was reported to be pool drains. Missing drain covers was usually the problem. The suction can be strong enough to even hold an adult underwater by pulling on hair or on the body to form a seal.
- Make sure water is 84 – 87 degrees.
- Water should be safe for wading and be unpolluted. Also pools should be chlorinated properly.
- Do not dive in water less than 9 feet deep.

HOT TUB SAFETY

- Same rules apply. Never leave child alone.
- Avoid distractions.
- Stay away from drains. Tie hair up if the child has long hair.

River, Ocean, Lake, & Boat Safety

- Wear a U.S. Coast Guard approved life jacket when in or near an open body of water, boat, or in water sports.
- Never leave child alone. Watch every second.
- Teach child to swim after age 4. Teach them to tread water, float, and swim cross-current.
- Only swim in designated areas & with a buddy always.
- Do Not dive in river, lake, or ocean.
- Do Not let child drive jet skis.
- No alcohol while boating.
- Take a boating education course.
- Participate in a safety check program for vessels.
- Put a carbon monoxide detector on your boat.

What should I do if my child slips under the surface in a tub, pool, or other body of water?

When your child is in the water, it's extremely important not to leave him unattended, even for a second. If he slips under water for a moment during bath time or while playing in the pool, it's likely he'll come up coughing and sputtering. If he's been under water for longer, you'll need to move calmly and quickly. Follow these steps:

- Lift your child out of the water
- Carry him with his head lower than his chest
- Remove any wet clothing and wrap him a dry, warm towel or blanket
- Call 911 or our local rescue squad or bring your child to the nearest emergency room immediately. (Even if he appears fully recovered, he may have inhaled water, which could cause lung damage).
- If he's unconscious, assess his condition, breathing, and pulse. If he's not breathing, open his airway and begin mouth-to-mouth and nose resuscitation. If he has no pulse or breathing, begin infant/child CPR.

** Although chances are you'll never need to do CPR on your child, it's wise to learn the method, just in case. For more information, see our illustrated guides to infant and toddler first aid for choking and CPR.

"SUN SAFETY"

Ultra violet rays may cause sunburn and skin cancer. Cancer of the skin is the most common form of cancer in the U.S. It usually occurs in older people, but it does affect some children. Skin cancer is dangerous, but if it is malignant melanoma it can be deadly. Exposure to sun early in life is a major contributor of skin cancer.

Your child has sensitive skin and the sun can cause sunburn to occur. Sunburns are painful and can cause fever and dehydration. Between 60 and 80 percent of our exposure to sun is before we turn 18.

- babies burn a lot easier than adults because they have thinner skin
- you must keep your baby safe by keeping them out of the sun
- no child should be in direct sunlight under the age of 6 months
- make sure your child has clothes to cover skin and wear hats to cover ears and face
- clothes should be cotton if possible
- you can use child size UV protected sunglasses

Make sure you use sunscreen made for children. For children 6 months old and younger you can use it on the face and hands if needed. For a child over 6 months check a small area on child for any allergic reaction (preferably on their back). Apply around eyes carefully, "Do Not" use on eyelids.

When you choose a sunscreen make sure it says "broad-spectrum" on the label. Both ultraviolet B (UVB) and ultraviolet A (UVA) rays SPF should be 15 or greater. Rub into skin well and apply to all exposed skin 30 minutes before going outside. Reapply frequently, especially if they are in water.

If your child is less than 1 year old and has a sunburn call your pediatrician. If over 1 call your pediatrician if there are blisters, pain or fever.

- Avoid sunburn: give juice or water to replace fluids if they have a sunburn
- cool water soaks sunburn
- DO NOT USE MEDICATED LOTIONS UNLESS CLEARED by doctor
- keep child out of sun until sunburn is healed

Lead Poisoning and Prevention

The most preventable environment related health issue is "Lead Poisoning". Anyone is at risk for lead poisoning. There are many ways a child can be affected by lead.

- 1) lead dust from old paint on their toys or hands, and then putting their hands in their mouths.
- 2) breathing lead dust from old paint
- 3) eating old paint or dirt that contains lead
- 4) drinking water from pipes soldered or lined with lead

*Your child cannot be harmed by a pencil because it does not contain lead in or outside the pencil.

After lead enters your body it goes through the bloodstream and stores in your bones; where it can stay forever. High levels of lead in your body can cause long-term issues, such as: hearing loss, growth issues, kidney problems, seizures/coma, anemia, and developmental delays. Most kids don't show any symptoms until they are school age, and when they do show symptoms it is usually behavior and learning issues.

- 1) lead is usually found in houses built before 1950.
- 2) houses that have lead pipes. (tap water)
- 3) old paint chips and dust
- 4) lead in the soil
- 5) mini-blinds made before 1996 outside of the U.S.
- 6) old toys or antique furniture that was painted (to include baby cribs)
- 7) ceramic dishes made outside the U.S. (to include food that might have been stored in it)
- 8) people who work in jobs that use lead bring it home on their clothes/shoes. (smelting company, battery, etc).
- 9) fish weights, stained glass, buckshot, etc.
- 10) some folk remedies

There are many ways to prevent lead. If you are living in a house built before 1950 ask for your child to have a lead screening done. Contact your health department if your home was built before 1978 to find out the safest way to remodel before you start to remodel. You must know the law of your state on lead removal. Some states require professionals to remove lead. Repair, clean, and cover areas where paint is chipped, peeling, or dusting. Check any new home or apartment before moving in. If you work in an area that uses lead remove your clothes/shoes before

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entering our house. If you have lead pipes let your water run for 2 minutes before using it. **DO NOT** use hot tap water for mixing formula, cooking, or drinking. Make sure your children wash their hands often. Serve meals high in calcium & iron because they reduce the amount of lead absorbed.

The only way to know if you have been exposed to lead is to have a blood test. If the lead level is low identify and eliminate any lead source. If the lead level is high you usually take a drug that binds the lead in blood and helps the body eliminate the lead. Sometimes lead poisoning treatment involves more than one type of treatment and close follow-up for months. Special schools and therapy may be needed for more severe cases.

Should my child be screened for lead?

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

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



DENTAL HEALTH

Teeth start to form under the gums before birth. Sometimes children already have a tooth when they are born (real or extra tooth). If this happens your provider might have you to take your child to a pediatric dentist. Usually a child's tooth breaks through the gum around 5-6 months of age. Sometimes children don't get one until after 12 months of age.

Your child's gum might swell in a spot where a tooth is going to breakthrough when they are teething. You can give a pacifier or teething ring to help ease the teething sensation. (Make sure they are one piece). Never dip your child's pacifier in sweet liquids because the sugar feeds the bacteria on their teeth that can cause tooth decay. It is normal for children to chew and drool on things, but this may or may not mean they are teething.

Baby teeth help your child to speak clearly, chew their food, and keep the space for their permanent teeth to come in (usually 5-6 years of age). The younger they start taking care of their teeth they are more likely to have good dental habits in adulthood.

Fluoride is a natural chemical that can be added to water. It strengthens the hard outer coating on teeth. Fluoride helps to prevent tooth decay even before your child's teeth appear because enamel is produced before the teeth break through the gum. You should ask your local water department about the fluoride level in your area. If it is too low you should ask your pediatrician if they need to take additional fluoride, to include breast feeding moms. Usually treatment start at 6 months old continuing until they are 16 years old.

As soon as the 1st tooth breaks through you should start daily cleaning of teeth (using gauze pads or damp cloth). As your child gets older you can use a toothbrush and tooth paste containing fluoride. Use only a pea-size amount of toothpaste because children usually swallow toothpaste and getting too much fluoride can cause other issues.

When you are brushing their teeth check for white, brown, or yellow spots on teeth because these are early signs of decay. Even though you have done everything correctly some children still develop tooth decay due to it running in the family

It is normal in infants and children under 5 years old to suck their thumbs or use a pacifier. It usually does not cause permanent problems. You might take your child to a pediatric dentist if your child uses a pacifier or sucks their fingers/thumb past 5 years of age.

Putting infants to bed with a bottle can cause the liquid to pool in their mouth. the sugar in juice or milk causes tooth decay because the bacteria in the mouth breeds off of it.

- 1) don't put your child to bed with a bottle
- 2) don't let them use their bottle as a "pacifier"
- 3) teach your child early how to use a cup (when they hold a cup)

All children need fruits and starches but they can cause tooth decay. Starches such as crackers, and food that is sticky stay on the teeth longer. Sugar foods/drinks also stay on teeth a long time. Make sure children brush teeth after meals and before bedtime to prevent tooth decay.

You can speak with your dentist about when you should take your child to see a dentist. Your pediatrician might send your child to see the dentist earlier than usual if your child shows symptoms of tooth decay. Also if there is pain, sensitivity, injury, or discoloration to your child's teeth. Some mouth pain is a sign of infection and not related to a dental problem.

**Healthy smiles are a result of starting good dental habits early in life.



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OLDER CHILDREN with Sleep Problems

Nightmares happen during the last half of the night and is really intense. They are scary dreams that can happen more than 1 time at night. Your child might be crying or scared after the nightmare, but they will be aware that you are there. They might be able to tell you what happened during the dream, and have a hard time going back to sleep.

What to do if your child has a nightmare:

- 1) Go to the as quick as you can.
- 2) Let them know you will not let anything happen to them and turn on a light bulb for a little while.
- 3) Calm/comfort your child if they are scared.
- 4) ask them to tell you what happened during the nightmare
(Remember: it is real to them)
- 5) encourage your child to go back to sleep after they have calmed down.

Night terrors are not as common as nightmares, but they are more frightening and severe. They happen around 1 hour after falling asleep during the deepest stage of sleep. You normally cannot wake or comfort a child during a night terror. They can cause a child to scream, kick, stare, sweat, be confused, appear glassy-eyed, shake, breathe fast & cry uncontrollably. They also may not know anyone is with them, they might not recognize you, or even try to get away from you if you try to hold them down.

Night terrors are short are short & they can last 45 minutes or longer. Even though they appear to be awake, they may not be and will usually go right back to sleep, not remembering the night terror. These are usually caused by fear, stress, or feelings that the child is having.

Do not try to wake your child up during a night terror, and you should be calm. Make sure they don't hurt themselves by holding them gently. Your child will probably calm down and return back to sleep again. Try to keep child on a regular schedule and adjust as needed to help prevent night terror. Night terrors usually stop by the time your child reaches school age.

Sleepwalking and talking occur during the deep sleep stage. Like night terrors your child can appear awake. They usually go back to bed on their own, and will not remember any of the episode. Make sure you clear objects out of their way so they cannot hurt themselves. Lock the doors so they cannot go outside. Block stairs so they will not fall. Do not wake them. Lead them gently back to bed. Keep a regular sleep schedule. Sleepwalking is normally caused by stress or being overly tired.

Bedwetting is a normal problem that occurs in preschoolers. Many things can cause this. Any type of change, stress, their bladder may not be fully developed yet, or they might not know if they have a full bladder to wake up and go to the potty.

Try not to let your child drink anything just before bedtime and get them to use the potty right before going to bed. Place a cover over the mattress that is liquid resistant. If your child is old enough to help change their sheets, involve them and it will help them not to be embarrassed because other family members will not know. **NEVER PUNISH THEM.** Remember, they have no control and may become frustrated. Talk to your child's provider for other suggestions.

Sometimes children also grind their teeth at night. This does not normally cause problems with their teeth. This can be related to stress or anxiety.

All sleep problems take time to go away. Try to be positive. It is normal to be upset if they keep you up at night. Remember it is not something your child controls and it could make the problem worse.

If you feel that the problem has gone on too long speak with your provider. Giving your provider specific times, problems, and length of problem will help determine the best option for you and your child.

Keeping a Sleep Diary

It may be helpful for you in preparation for discussing a sleep problem with your pediatrician to keep a sleep diary for your child.

- where your child sleeps
- how much sleep he/she normally gets at night
- what time child was put to bed
- what the child needs to fall asleep (favorite toy, blanket, etc)
- the time it takes for her to fall asleep
- the time that you went to bed
- the time awakened during the night
- how long it took to fall back to sleep
- what you did to comfort and console the child
- the time the child woke up in the morning
- the time and length of naps
- any changes or stresses in the home

Keep in mind that every child is different and no two children may have the same sleep problem

Suggestions to Prevent Playground Injuries

- 1) make sure there is an acceptable surface that will absorb the child's impact when they fall (see surfaces)
- 2) no equipment should be higher than 8 feet and should have rails 38 inches high for them to hold on to
- 3) any space (ie ladder, monkey bar, etc) should be more than 9 inches wide or less than 3 ½ inches wide, so they cannot get their heads stuck
- 4) No bolt, hook, nail or anything that has sharp edges should be stuck out
- 5) never take your eyes off of your child while they are on equipment
- 6) make sure the equipment is put together correctly
- 7) if your child is less than 5 years old they should swing in chair swings
- 8) no other equipment should be around the swing less than a distance of 2 times the length of the swing
- 9) swings should be made from soft rubber, plastic, or canvas
- 10) make sure you use age appropriate playground equipment (small for little kids; large for big kids)
- 11) all moving parts should be out of reach that could trap the child or their body parts
- 12) the equipment should be anchored to keep it from tipping and at least 6 ft from anything
- 13) try to place slides in the shade. Hot slides can burn children and remember metal slides are worse than plastic
- 14) the sides going down the slide should be at least 4 in high
- 15) make sure there are no objects to include rocks at the base of the slide. The safe surface area should extend from the base of the slide; a distance of the height of the slide plus 4 feet
- 16) do not let your child wear clothes that have drawstrings in them (to include coats and hats) while playing on the playground equipment

Safe Surfaces

You can use sand, wood chips, rubber outdoor mats (follow assembly instructions) to help absorb impact from falls. If you use sand it must be 10 inches deep. If wood chips are used it must be 12 inches deep. If you have wood chips or sand they must be raked at least every week to keep them soft. You might have to refill to get back to the suggested fill level.

*Remember – nothing is completely safe, but many injuries are preventable.

COMMUNICATION - (24 months)

All children develop at a different pace, but most children are able to do things at certain ages. There are some basic developmental guidelines you can go by, but remember every child is unique.

- 1) your child will tell you what an object is when you ask them and go get the object if you ask them to
- 2) they might bring something to you so you can see the object too
- 3) they will point to something they like to get you to look at too
- 4) if you name a body part they can point to it
- 5) they can follow simple instructions with or without gestures
- 6) they like to pretend play
- 7) learn 1 word a week as they get closer to turning 2 years old

** If you have any concerns or questions about your child's development please talk with your provider.

DISCIPLINING YOUR CHILD

There is a difference between disciplining and punishing your child. Discipline deals with teaching, praising, and having a good relationship with your child based on good behavior. Punishment is part of discipline, but it should be a small part of discipline. Punishment is usually unpleasant and given because the child did something or did not do something they were supposed to do.

Children are more likely to listen and learn if they have positive reinforcement. They usually will not change their behavior if they feel humiliated or shamed.

- praise good behavior
- if you make it “fun” your child is more likely to do what you want
- before you have a problem; let your child know what you expect of them
- give them options if possible.

Strategies:

- 1) The best way is to learn directly from their choices and they will not blame you. Example: child breaks their toy, no toy to play with.
- 2) The next option is dealing logically with a behavior. Example: You tell your child to pick up their toys and they refuse or will say “I’ll do it later”. You can then tell your child “I will put your toys away, but you cannot play with them for the rest of the day”. You must follow through for this strategy to work. **“MEAN WHAT YOU SAY”!**
- 3) Sometimes you have to take away something they want, or do not allow them to participate in an activity. Make sure you follow-through for this strategy also. Do Not take away life sustaining things.
- 4) Time-Out strategy only if your child is older than 1 year old
 - choose a spot where there are no distractions
 - tell your child why they are in time-out (usually usually if you need to stop a behavior that is aggressive)
 - time-out is usually 1 minute for each year of age. If they refuse to stay in time-out gently make them sit down and tell them they “have to take a time-out”. They will usually cooperate in a couple of weeks.
 - set a timer and reset if they start fussing again.
 - when time is up; hug your child and welcome them back.

There are many strategies you can use to be effective at disciplining your child, but remember it is not always going to go smoothly. Try to think before you speak to your child and become more consistent.

Remember your child has feelings, and be aware that they have limitations when you are disciplining them. If you make a mistake admit it, apologize, and tell your child how you will deal with the issue next time.

Most importantly, lead by example. Your children will copy you, and your behavior.

Why spanking is not the best choice

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

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

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

These results make sense since spanking teaches the child that causing others pain is justified to control them – even with those they love.

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

HEALTHY CHILDREN

Physical activity plays a big role in having a healthy child. Parents can join their children by participating in fun activities that promote active play. (Ex: riding bikes, swimming, jump rope, etc).

Start the day off with a good breakfast. Children who do not eat breakfast do not have enough energy to play or concentrate.

Kids like to help make their own lunch and are more likely to eat it if they help make it. Remember to keep cold foods cold, and hot foods hot to keep food from spoiling. You can use insulated containers for hot food, or place ice pack in lunch bag for cold foods.

When you are making the lunches keep in mind that most deli meat is very high in fat. Instead of regular chips choose baked chips or pretzels to decrease the intake of fat in our child's diet. Try to choose foods that are low in fat.

If you are going out to eat or order fast food you still have choices available that are low in fat. It is best not to choose fast food very often.

Microwave ovens can cook foods in a healthy way; it helps keep the nutrients in vegetables, and meat can be cooked with little or no extra fat added. Keep in mind that food can cook unevenly in a microwave and should be stirred well. Wait before eating so it will not burn their mouth. Use potholder to remove food from microwaves. * Your child is too young to use a microwave if they cannot read or follow written instructions.



Television

There are 10 things parents can do to develop good habits dealing with television.

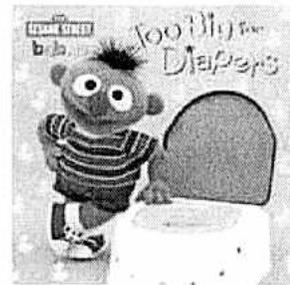
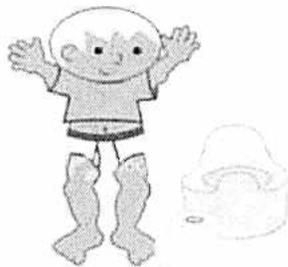
- 1) limit the amount of time to 1-2 hours a day
- 2) pick what your child can watch by using a program guide and what the program TV rating is
- 3) watch TV with your child to explain what is "real" or "not real", and talk with your child about the program
- 4) make sure you talk with your child about how people are different, and turn off the TV if you don't agree with the message
- 5) try not to allow them to watch commercials. Explain that they make people want things they do not really need
- 6) watch a video
- 7) encourage them to do other activities such as: sorts, reading, playing outside, etc
- 8) lead by example by watching high quality programs
- 9) contact the networks and let them know if you do not like something you see
- 10) speak with other parents, public service groups, or your provider about other suggestions

POTTY TRAINING

There is no specific age to start potty training. Children less than 1 year old have no bladder or bowel control, and only a little control for 12-18 months of age. Around the ages of 18-24 months they might start showing interest in potty training, but some kids might not be ready until they are 2 ½ years old.

Your child should not show signs of fear, or fighting going to the potty. If they resist you should delay potty training. Your child controls when and where they will go to the potty, not anyone else. Your child may hold "it" in.

Your child may be ready to potty train if they can follow simple directions. They stay dry for 2 hours when they are awake, or they are dry after waking from a nap. Their bowel movements are regular, and usually at the same time. You might be able to tell they need to go to the potty by their actions or facial expressions. They may ask you to change their diaper. They also may ask to wear "big kid" underwear, and can walk and undress themselves. Just remember, stress can delay potty training or lengthen the amount of time it takes to potty train your child.



When it is time for potty training you will need to:

- 1) decide what you are going to call it (ie go to potty, go pee-pee, etc)
- 2) get a potty chair
- 3) have your child tell you when they need to go to the potty
- 4) make regular trips to the potty, but don't let them stay on the potty longer than a few minutes
- 5) encourage your child
- 6) praise your child
- 7) teach good habits (ie: girls wipe front to back)
- 8) wash hands well after going to potty

Some children have 2-3 bowel movements a day, but some only have on every 2-3 days. Each child is different, but it helps if they eat a well balanced diet. Most children have daytime urine control and bowel control by 3-4 years old. It may take years later before the child achieves nighttime success. If you have any questions or concerns please speak with your provider.

Date: _____

ACH is doing a Process Improvement (PI) project about military women with postpartum depression. All answers remain confidential. No personal identifying information will be used in the project.

This survey is used by the provider in order to determine whether a mother is suffering from a postpartum mood disorder. Studies have shown that if a mother is suffering, her child may suffer as well. Please answer openly and honestly, regardless of whether or not you are willing to participate in the PI project.

Mothers name: _____

Mothers military status: Active Duty Spouse Other

Childs age _____

Is your spouse deployed or getting ready to be deployed or going overseas? YES NO

How are you feeling? If you recently had a baby, we would like to know how you are feeling. Please circle the answer that comes closest to how you have felt in the past 7 days, not just how you feel today.

1) I have been able to laugh and see the funny side of things:

- 0 As much as I always could
- 1 Not quite as much now
- 2 Definitely not so much now
- 3 Not at all

6) Things have been too much for me to handle:

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometime I haven't been coping as well as usual
- 1 No most of the time I have coped quite well
- 0 No, I have been coping as well as ever

2) I have looked forward with enjoyment to things:

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

7) I have been so unhappy that I have difficulty sleeping:

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

3) I have blamed myself unnecessarily when things went wrong:

- 3 Yes, most of the time
- 2 Yes, some of the time
- 1 Not very often
- 0 No, never

8) I have felt sad or miserable:

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

4) I have been anxious or worried for no good reason:

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

9) I have been so unhappy that I have been crying:

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

5) I have felt scared or panicky for no very good reason:

- 3 Yes, quite a lot
- 2 Yes, sometime
- 1 No, not much
- 0 No, not at all

10) The thought of harming myself has occurred to me:

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

Source: Cox, J.L., Holden, J.M. and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199.

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PLEASE COMPLETE IF YOU HAVE QUESTIONS ABOUT YOUR CHILDREN'S DEVELOPMENT OR HOW TO PREPARE THEM FOR SCHOOL

Fort Knox Educational and Developmental Intervention Services offers evaluations and therapy for children between the ages of zero to three years who have delays in the areas of communication, motor skills, learning, self-help skills and/or social interaction. Look through the checklist below. Check off those activities about which you are concerned.

Newborn to 3 months

- Make cooing sounds like "oooo" & "aaaa".
- Lift his/her head & chest when lying on tummy.
- Watch you when you walk across the room

9 to 12 months

- Pull up to standing by holding onto furniture.
- Say "Mama" or "Dada" to the right person.
- Pick up small things using thumb & one finger.

18 to 24 months

- Put two words together (like "car go").
- Point to pictures in a book when you name an item.
- Remove loose clothing (socks, mittens, hat).
- Feed self with spoon.

3 to 6 months

- Roll from back to tummy.
- Turn head to sounds.
- Reach for and hold a toy.

12 to 15 months

- Point to or ask for things he/she wants.
- Feed self with own fingers.
- Walk by him/her self.

24 to 30 months

- Jump.
- Make a straight line with a crayon after you do.
- Follow simple two-step directions (like "Go to your room & get a diaper.")
- Say 50 words including "me" or "mine."

6 to 9 months

- Sit up by him/her self without falling.
- Try to play peek-a-boo or wave bye-bye.
- Transfer objects hand to hand.

15 to 18 months

- Climb on furniture.
- Say 20 different words.
- Put things in and out of containers.

30 to 36 months

- Say own first name and ask questions.
- Unbutton buttons.
- Hop on one foot.

For additional information or to set up an appointment call us at (502) 624-9552 or visit us on the 6th floor of Ireland Army Community Hospital.

**EDUCATIONAL AND DEVELOPMENTAL INTERVENTION
SERVICES
IRELAND ARMY COMMUNITY HOSPITAL
Fort Knox, Kentucky**

Fort Knox Educational and Developmental Intervention Services offers programs in the home to infants and toddlers ages zero to three years living on post. We offer clinic programs for children who are on the waiting list for on post housing. For children who live off post, we arrange for children to be seen in the local community.

We provide testing and treatment in the areas of:

Newborn Hearing Screens
Early Childhood Special Education
Speech Therapy
Physical Therapy
Occupational Therapy
Service Coordination

We help arrange for families to be seen by medical specialists. We also give them information about financial and educational programs. Families leaving Fort Knox or the Army are told about special programs in their new community. Any testing done at Fort Knox is given to parents to make the move to the new area as easy as possible.

The Program also offers:

- A program with the child development center for children with needs in the areas of speech and social development.
- A lending closet of equipment and toys for special needs children.
- A lending library of books and videotapes to meet the needs of parents and professionals.
- A water exercise program for children with physical therapy needs.

For more information call our Service Coordinator at (502) 624-9552.