

Ireland Pediatric Care Clinic
36 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.

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

4 Months:

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

6 Months:

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

12 Months:

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

18 Months:

Diphtheria, Tetanus, & Pertussis
Pevnar, 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).

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*: <u>0.4</u>			
12-17 lbs (5.5-7.7 kg)	4-11 mos	Advised dose*: <u>0.8</u>	Advised dose*: <u>1/2 TSP</u>		
18-23 lbs (8.2-10.5 kg)	12-23 mos	Advised dose*: <u>1.2</u>	Advised dose*: <u>3/4 TSP</u>		
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
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

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

The leading cause of death in children younger than 4 years old are injuries; most of which can be prevented.

Some parents are not aware of what their children can really do. This is why a lot of injuries occur. Children are fast learners and watch what is going on around them. Before long, they will be running, jumping, riding a bike, or even using tools. Children do not understand dangers, and don't remember "NO" while playing and trying new things. This put children at an even higher risk for getting injured from drowning, falling, burns, poisoning, and even car accidents.

BURNS

Kitchens are dangerous places for children, especially when you are cooking. Hot liquids, grease, and other hot foods can spill on him/her and cause serious burns when they get underfoot. While you are cooking, find something safe to entertain your child. Please remember that kitchen appliances, heaters, grills, and iron can take a long time to cool down.

In the event your child does get burned, immediately put the burned area in cold water for a few minutes. After cooling it off, loosely cover the burned area with a dry bandage or clean cloth. To prevent burns from tap water, the hottest the faucet water should be is no more than 120 F. In many cases, you should be able to readjust the water heater. Remember to notify your doctors of all burns.

Make sure there are smoke alarms on every level of your home and that they are properly working. Be sure that there is a smoke alarm by the furnace area and sleeping areas. Test alarms once a month and be sure to change the batteries at least once per year.

Many fires that occur in the home are a result of a lit cigarette that has not been put out completely. You should teach your child not to play with lighters or matches. To help keep your child safe, keep matches and lighters out of reach.

FIREARM HAZARDS

It is best to keep all gun out of the home when you have children. When you have guns in the home where children are present, they are in more danger of being shot by themselves, a friend, or a family member than they are of being injured by an intruder.

If you do choose to keep a gun, keep it unloaded in a locked place and keep the ammunition locked separately. Handguns, are very dangerous. Always ask friends and caregivers of your child if they do have guns, and how they are stored.

FALLS

Your child's abilities are rapidly expanding. Because of this, your child will find an endless number of ways to explore in and out of the home.

Your child can fall off anything that can be climber on including, bikes, playground equipment, stairs, and windows. There should always be a fall absorbing material under all playground equipment. This can include shredded rubber, bark, sand, wood-chips, or safety tested mats. These need to be maintained at a depth of at least 9 IN. underneath play equipment, and span out to at least 6 FT. (more for swings and slides) in all directions from equipment.

Be sure to lock doors to any dangerous areas. Anything above the first floor needs to have gates and window guards. The play yard needs to be fenced in. If your child doesn't act normally after falling, or has had a serious fall, call your doctor immediately.

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

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:

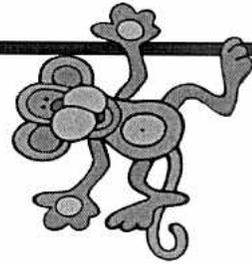
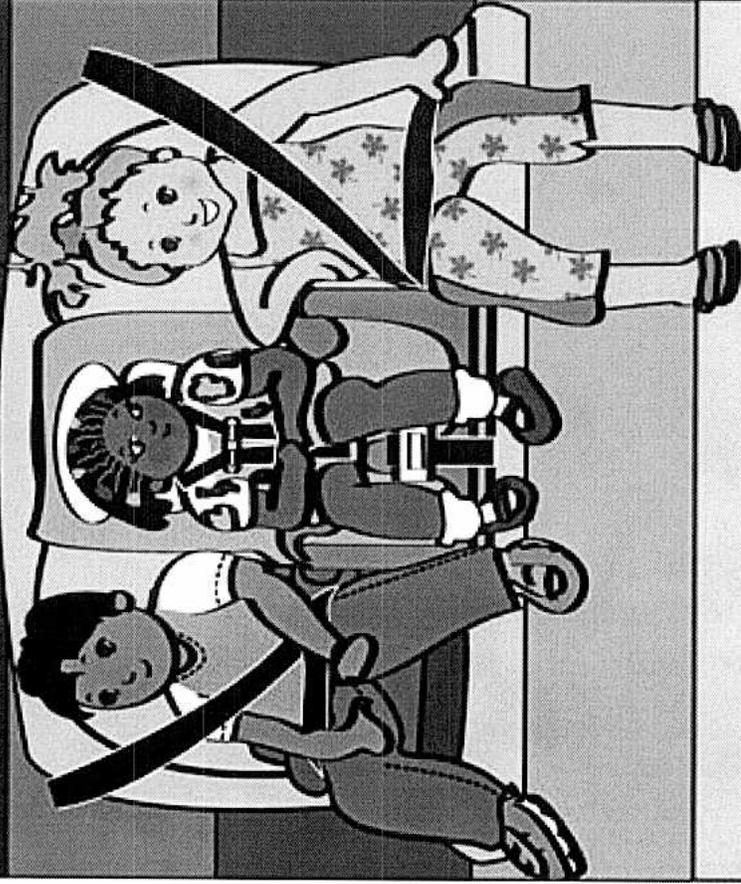
- http://www.kentuckystatepolice.org/hsp/child_safety.htm
- <http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem>
- <http://www.boosterseat.gov/4StepsFlyer.pdf>

The following site offers an English—Spanish translation:

- <http://www.nhtsa.dot.gov/people/injury/childps/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.

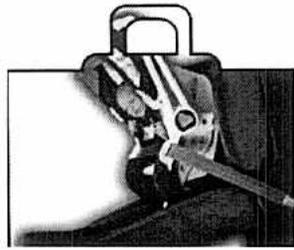
- If your child reaches 20 pounds before turning one year old, you must make sure the car seat is rated up to 30-35 pounds when rear facing.
- Do **NOT** place your child in a forward seat until at least 20 pounds and one year of age. A child younger than one does not have neck muscles strong enough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

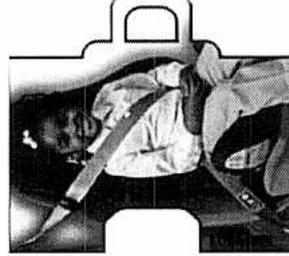
- The shoulder belt crosses your child's face or neck.
- If the lap belt rides up your child's stomach (this can cause serious stomach and spinal injuries in the event of a crash).
- If your child's legs do not bend over the seat naturally at the knee. (If your child's legs are not long enough for him 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 seat 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 manufacturer'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.

If there are two rescuers, one does the breathing and one does the compressions – CPR step and ratios remain the same.

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.

*PEDIATRIC CARE CLINIC, Bldg 851 Ireland Loop, Ft. Knox, KY 40121,
(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 turpentine, solvents such as alkalis (lye) and strong acids, or petroleum distillates such as kerosene, 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

- 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.

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

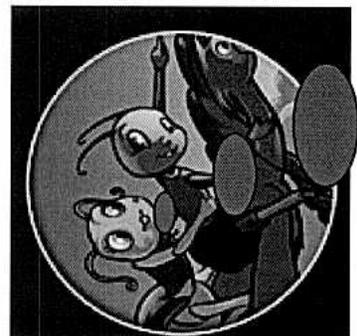


STATISTICS:

- 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 children continuing the horrible cycle of abuse.

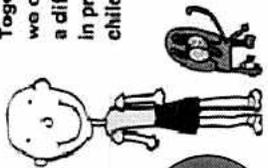
FOR KIDS YOU SHOULD KNOW

- ◆ 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.

- 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.

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.

FEVERS



Fevers are usually an indication that your child's body is fighting a viral or bacterial infection and responding by raising the body temperature. Remember, except in heat stroke a fever is only a symptom of a disease, not a disease.

A fever does not mean a person needs an antibiotic. Fever causes include but are not limited to: ear infections, pneumonia, urinary tract infections, a common cold, flu, medications, injuries, poisons, and over activity. Environmental causes may result in heat stroke, (a potentially dangerous and sometimes fatal rise in body temperature).

Most fevers are harmless and help fight infections. They are thought to be a reliable sign your child's immune system is working and trying to rid itself of an infection. Reasons for reducing most fevers are to make your child feel more comfortable until the source has been treated or has run its course.

A fever is a higher than normal body temperature (usually above 100.4 degrees when taken with a thermometer). Your child's normal temperature may vary with their age, activity level, general health, amount of clothing being worn and time of day. Our temperature tends to be higher in the evening and late afternoons and lower in the mornings. Strenuous exercise also increases body temperature.

When reporting your child's temperature to your pediatrician, be sure you let the doctor know in which method you used (arm, mouth, rectal). This is because the fever threshold will change with the method used, the 100.4 threshold may also vary.

Call your pediatrician immediately if your child has a fever and:

- is unusually drowsy, fussy or appears ill
- has been in an overheated environment (i.e., parked car)
- has other complaints like; stiff neck, severe headache, continual vomiting or diarrhea, unexplained rash
- is taking medications that suppress immune responses such as steroids or has a pre-existing condition like cancer or sickle-cell disease
- has a seizure or has a history of febrile seizures
- is younger than 2 months and has a rectal temperature of 100.4 (38 degrees c) or higher.



Ibuprofen should only be given to children 6 months and older. It should not be given when the child is constantly vomiting or dehydrated. Do Not Use – aspirin to treat a child's fever. Aspirin is linked to upset stomach, intestinal bleeding and Reye Syndrome when used by children.

Your pediatrician may prescribe an acetaminophen rectal suppository if your child is vomiting and unable to keep down anything given by mouth. When administered properly suppositories are an effective way to give medicines in a vomiting child. To properly give medicines to your child, be sure to read all labels. The label will tell you how much to give, how often and why to give. For safety reasons it is advisable to ask your pediatrician in advance if your child is less than 2 years old with a fever.

To lower your child's temperature if it is above 104 F, it is suggested to give your child a lukewarm bath if:

- they have a temperature above 104 F
- are vomiting and oral medicines are not working
- have had a febrile seizure in the past

Do Not use rubbing alcohol or cold water.

Using lukewarm water will lower the fever as it evaporates from the skin. Cold water can cool your child off too quickly and cause them to shiver (which could actually increase their temperature). The bath should last only 5-10 minutes. To lower your child's temperature if they become upset during the bath simply allow them to play in the water. If shivering begins remove them immediately from the bath, this can raise the body temperature.

Be sure to call your pediatrician if your child's fever persist more than 24 hours and he is less than 2 years old or over 2 years of age and the fever has been lingering more than 3 days.

How to Take Your Child's Temperature

You can often tell if your child is warmer than usual by feeling his forehead, only a thermometer can tell if he has a fever and how high the temperature is. There are several types of thermometers and methods for taking your child's temperature. Parents are encouraged not to use mercury thermometers, these can give you exposure to toxin.

RECTAL - if your child is younger than 3 years of age, taking his temperature with a rectal digital thermometer provides the best reading.

- clean the end of the thermometer with rubbing alcohol or soap and water. Rinse with cool water. Do not rinse with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface.
- with the other hand, turn on the thermometer switch and insert the thermometer 0.5" to 1" into the anal opening. Hold the thermometer in place for loosely with 2 fingers, keeping your hands cupped around your child's bottom. Do not insert the thermometer too far.

ORAL - once your child is 4 or 5 years of age, you may prefer taking his temperature by mouth with an oral digital thermometer.

- clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
- turn on the switch and place the sensor under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- for a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.

EAR - Tympanic thermometers, which measure temperature inside the ear, are another option for older babies and children.

- gently put the end of the thermometer in the ear canal. Follow the thermometer instructions.
- while it provides quick results, this thermometer needs to be placed correctly in your child's ears to be accurate. Too much earwax may cause the reading to be incorrect.

UNDERARM (Axillary) - Although not as accurate, if your child is older than 3 months of age, you can take his underarm temperature to see if he has a fever.

- place the sensor end of either an oral or rectal digital thermometer in your child's armpit.
- hold his arm tightly against his chest, follow the thermometer instructions.

Sibling Relationships

The majority of children have a sibling to grow up with. Sibling rivalry can and does occur because each child is different and they have different personalities. Their birth order, gender, and their age difference can also affect how siblings interact.

All children are individuals and should be treated according to their needs. Each age has its own issues as well. Younger children may want the freedom of the older children and older children may think the younger child gets special treatment.

What you can do as a parent:

1. respect each child's privacy
2. do not compare your children in front of them
3. be fair to all children
4. stay out of their arguments, unless they are causing harm to themselves or others
5. have family time where everyone can share their feelings
6. PRAISE your Children!!!!!!!!!!!!

**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.

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.