

Ireland Pediatric Care Clinic
4 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 will receive the following immunizations today: Prevnar (pneumococcal) ActHib (Hib), Pediarix (DTAP, HepB & IPV Combined), Rotavirus.

Your child's next immunizations will be at their 6 month well child visit.

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 lasts 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

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(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 too 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 such as: 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

BIRTH to 6 months

Your Child's Safety

Hundreds of children younger than 1 year old die every year in the United States due to injuries – most could have been prevented. Parents who are not aware of what their children do or can do, often lead to injuries.

CAR INJURIES

Car crashes are a big threat to your child's life and health. Car safety seats can prevent most injuries and deaths from car crashes. Your infant should ride in the back seat in a rear facing car seat.

FALLS

Protect your baby from falling as they grow and are able to roll over. Never leave your baby on changing tables, beds, surfaces, or chairs. Make sure your baby is in a crib or playpen when you are busy doing something.

As early as 6 months, your baby may be able to crawl. Using gates on stairways and closing doors will keep your baby from getting hurt. Installing window guards is also important. Refrain from using a baby walker, because your baby might tip the walker over and seriously injure his or her head.

Call your doctor right away if your child has a serious fall, or is not acting normal due to the fall.

BURNS

Never carry your baby while holding hot liquids such as a coffee or foods. Your baby can easily get burned. At 3 to 5 months babies tend to grab things. Whenever your baby gets burned, run the burned area in cold water for a few minutes to cool it off. Then cover the clean burned area with loosely dry bandage(s). Call for help immediately.

Test the fire alarms every month to be sure you have a working smoke alarm to protect your baby and your family from house fires. Change fire alarm batteries at least once in a year.

CHOKING and SUFFOCATION

Babies like to explore their environment by touching and putting things in their mouth. Not even for a second of a minute should you leave small objects in your baby's reach. Feed your baby thin pieces of food to prevent choking. Never feed your baby any hard pieces of food like grapes, apples, hotdogs, carrots, peanut and popcorn.

Learn how to save the life of a choking child. To prevent suffocation always lay our baby on his or her back. Keep your baby from plastic wrappers and bags to prevent suffocation.

Reducing Sudden Death in Infants

Sudden Infant Death Syndrome, or SIDS - the sudden, unexplained death of an infant younger than one year old. Most SIDS deaths occur between 2-4 months of age. There is no known way to prevent SIDS, but you can help to reduce its risk.

SIDS is also known as "crib death" because it happens when infants are asleep. It is not known why, but SIDS occurs more often in boys than girls, so efforts to educate these populations about SIDS has been increased.

Tips for Reducing the Risk of SIDS

1. Always place your baby on his or her back to sleep, unless your doctor has directed otherwise.
2. Place your baby on a firm sleep surface such as a safety - approved crib mattress.
3. Pillows, bumper pads, blankets and toys should not be in the baby's sleep area.
4. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
5. Keep your baby's sleep area close to but separate from your sleeping area.
6. Do not place your infant on a waterbed, sofa or an adult bed to sleep.
7. Do not expose your child to secondhand smoke in your home or around the house.
8. Make sure you clean and dry your child's pacifier when they sleep.
9. Do not rely solely on baby monitors. Periodically check on your child while they are sleep.
10. Avoid using products that claim to reduce the risk of SIDS, since most have not been tested for effectiveness and safety.

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 from 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



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 calm 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 pill 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 of Ipecac for poisoning.

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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 spraying 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 911 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

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 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

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 drownings 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. Pools should also 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 in 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



TOOTH DECAY

Prevent It

Your baby's teeth are very important. Prevention of tooth decay should start before your baby's first tooth comes in. Tooth decay is usually caused by Baby Bottle Tooth Decay (BBTD). Pain, infection and crooked teeth are just some of the problems that can be caused by BBTD.

How BBTD Starts

Sugars can be found in most liquids other than water. If you leave that liquid (formula, milk, breast milk, juice) in your child's mouth for a long period of time (as long as it takes for you to eat dinner) then the sugar in that liquid changes to an acid that starts to dissolve your babies teeth. The top front teeth are the ones that are usually affected. Even your child's permanent teeth can have problems from this.

Baby Teeth are Important

Many people think that baby teeth are not that important, when really they are. They act as guides for your child's permanent teeth. If the baby teeth are lost early because of baby bottle tooth decay your child's permanent teeth may not come in correctly.

Prevention is the Key

The following practices can help prevent Baby Bottle Tooth Decay:

- Do Not put your child to bed with a bottle or sippy cup. Usually by age 7-8 months children are sleeping through the night and do not require bottles in the middle of the night.
- Start adjusting the schedule to give bottles only at meals.
- A bottle is not a pacifier, also do not allow your child to wander around the house or drink from the bottle for extended periods. (This also poses a hazard with falling and breaking a tooth that way).
- By your child's 1st birthday they should be able to drink out of a cup plus they cannot take the cup to bed. when you drink from a cup versus a bottle the liquid does not stay around the teeth.

- If your child insists on a bottle, then insist on filling it with WATER.
- After your child eats gently brush his/her baby teeth with a soft infant toothbrush. Start using water and a child size tooth brush once they have more than 6 teeth in their mouth.

By your child's 2nd birthday they should be used to brushing their teeth twice a day, (in the morning and before bed). Once you are sure your child will spit the tooth paste out and not swallow it you can switch to one with fluoride in it. Too much fluoride can be harmful to a child. Only use a small amount (about the size of a pea should be enough).

- Baby Bottle tooth decay is difficult for even the experts to spot at first. They need the proper equipment to see the white spots that show up on the upper front teeth. Taking your child in for his routine well child checks and routine dental visits is important (check your insurance benefits to see what age they will start paying).

SLEEP PROBLEMS IN CHILDREN

Infants

In the first years of life it is common for children to have sleep problems. More common issues may include: not wanting to go to sleep, waking up during the night, nightmares, sleepwalking and bedwetting.

All children have different needs when it comes to the amount of sleep they need, and how long it takes to go to sleep. Some children wake up and go back to sleep more easily than others. The most important thing to do as a parent is to encourage good sleeping habits early in life.

Infants do not have normal sleep cycles. It can take up to 6 months to have a regular sleep cycle. They might only sleep 1-2 hours at a time; averaging 16-17 hours in a 24 hours period. Total sleep required will usually decrease as they get older, but remember every child is different. Some children continue to wake during the night, but they usually go right back to sleep.

Useful Tips:

- try to keep your child calm and do not stimulate them too much especially when waking at night.
- the longer your baby sleeps during the day, he/she will probably be awake more at night
- it is better for your baby to relax and go to sleep on their own. So try putting them in their crib as soon as they get drowsy.
- try not to place your baby in bed with a pacifier or bottle. They might become accustomed to going to sleep with it, and it will be difficult for them to go to sleep without it.
- when child is 4 to 6 months old you can wait a few minutes before responding if they are fussing. After a few minutes if they continue fussing, pick up your child as he/she may be wet, hungry, or sick.
- your baby should sleep in a different room from parents by a few weeks of age. Keep in mind that all children are different and may need longer to get in a regular pattern. All infants should be on their backs when sleeping.

Toddlers and Preschool Children

This group usually fights going to sleep, but they still need 10-12 hours of sleep a day.

Useful Tips

- make a regular bedtime

- try not to allow child to play, become excited, watch TV, etc, right before going to sleep
- sometimes children like to have a favorite bear, toy, or blanket. If you allow them to have a favorite object make sure you check for choking hazards, and make sure seams are strong. Stuffing and pellets can cause choking as well.
- make them comfortable. You can allow child to have a night light, the door left open, etc
- try not to let child sleep with you. Letting your child sleep with you can make it harder for them to fall asleep on their own.
- do not go to your child's room when they call everytime. Wait a few seconds before answering and let them know you are there.

Developmental Guidelines

Watching your child learn to sit up, talk, and walk is a great experience for any parent. There are many developmental milestones that your child will achieve. These milestones are learned at different ages and will be different for each child. Remember that all children are unique and may not meet the milestones at the same rate as other children.

The following milestones are guidelines only, and if your child has not achieved one of them please speak with your provider. Not every child develops at the same pace.

3 months:

- your child moves each arm equally well when lying on their back
- your child makes sounds besides crying ie: cooing, babbling, gurgle, etc
- your child responds to your voice
- your child's hands open frequently
- your child can support their head when in an upright position

6 months:

- your child put their hands together
- respond to sounds that they can't see
- your child can rollover (front to back or back to front)
- your child bears weight on legs when held in upright position
- your child can lay on stomach with hands stretched out and hold their weight
- your child see small things ie: size of pea

9 months:

- your child responds to your whisperer or very soft sounds
- your child sits-up without support
- your child crawls or creeps on their hands and knees
- your child holds his own bottle

12 months:

- if you take something out of your child's line of vision he/she will look for it
- your child says single syllables
- your child pulls themselves to stand
- your child says at least one word
- your child walks while holding onto things
- your child turns head and finds source of noise

18 months:

- your child drinks from a cup/glass with no lid by themselves without spilling any
- your child walks across the room without falling or wobbling
- your child walks without support
- your child says two words
- your child removes their own shoes
- your child feeds themselves

2 years:

- your child says 3 words that have the same meaning everytime
- your child removes their own clothes
- your child runs without falling
- your child looks at pictures in a book
- your child tells you what they want
- your child repeats what they hear
- they name a body part

3 years:

- your child names something from a picture
- they throw a ball overhand to you from at least 5 feet
- they answer simple questions
- puts their things away
- tells you whether they are a girl or boy
- your child names one color

4 years:

- your child rides a tricycle at least 10 feet
- they play games following rules and taking turns
- names pictures in a book
- they name an action in a picture
- they use action words (go, come, in, out, etc)
- your child plays pretend games

5 years:

- your child buttons clothes
- does not become upset when left with friend or sitter
- names 3 colors
- your child walks down stairs using alternating feet
- they jump
- they will count 3 different things
- names a coin

6 years:

- your child ties their shoes
- dresses themselves without help
- will catch a small ball using their hands
- they will copy a circle
- tells you correctly how old they are
- properly counts 4 numbers in a row
- your child skips with both feet

A Vision to the Future

Information has been put together to place emphasis on the importance of your child's eyes. As you read on you will see that we cover your child's normal eye growth and development and give you warnings that you can look for and bring up to your pediatrician.

BIRTH:

Babies can see, but not like you and I can. They can see your face and large shapes, but cannot make out the tiny details. Faces are the most interesting to newborns. Bright and strong colors is what you want for your baby right now. Bold patterns of black and white also work well. Pastels and other pastels should be saved for later.

In the first 12 months of life your baby is having a rapid development in his/her vision. By 3-4 months of age most infants can see small things around them. Some can even see the colors red and green. Close and distant objects have become clear to them at this age and they can tell the difference between a picture of mommy or daddy and the real thing. Around 4 months of age is when the babies start to work together. This gives them depth perception.

By your child's 1st birthday they see the world like you and I do. Keep in mind everyone develops at their own pace and we are all different.

What if there is a problem??

It is imperative that if there is a problem with your child's vision we catch it as soon as possible. Their vision is growing and developing so rapidly in that first year that early detection is key to catching a problem. Here are some warning signs to look for:

- if you feel like your baby cannot see you or doesn't make eye contact with you by 2-3 months talk to your pediatrician.
- if one of his/her eyes is always turning out or is always crossing please discuss this with your child's doctor.

Keep in mind until 6 months of age some babies will occasionally cross their eyes. Around 3 months of age you can test your babies eyes to see if they follow an object.

These warning signs we are about to go over pertain to any child at any age. If any of the following are occurring please consult with your pediatrician.

- Eyes flutter quickly from side to side or up and down
- Eyes are always watery
- Always sensitive to light
- Change in appearance
- White, grayish or yellow colored
- Redness that does not go away for several days
- Pus or crust that continues to come from both of either eye
- Your child's eyes do not focus together, look crossed, or turn out
- Your child rubs his or her eyes often
- You notice your child squinting often
- The eyelid appears to droop
- The eye appears to bulge

Thankfully, most of the baby exams are normal. If there is a problem with your child's vision, early detection and correction is the key in normal development. If a problem is detected your child may be referred to an eye specialist, an ophthalmologist, for further evaluation and treatment.

*Vision care is an important part of your child's health care. We are dedicated to working to provide the best future possible for your child. We look forward to seeing you and your child at each one of their well checks.

**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.

Infant Feeding Guide

Age	Breastmilk or Iron-Fortified Formula		Cereals and Breads		Juices		Vegetables		Fruits		Protein Foods	
0-4 months	5-10 feedings 16-32 ounces		None		None		None		None		None	None
4-6 months	4-7 feedings 24-40 ounces		Rice, barley, or oatmeal Mix 2-3 tsp with formula or breastmilk Feed cereal with a spoon		None		None		None		None	None
6-8 months	3-4 feedings 24-32 ounces Begin to offer in a cup		Add mixed cereals Toast, teething biscuits, crackers DO NOT add sugar or salt		Half-strength juices diluted with water No more than 4 ounces NO citrus (orange or tomato) "100% juice" on label		Plain strained or mashed vegetables Twice daily DO NOT add sugar, salt, or seasonings		Fresh or cooked, plain strained Twice daily DO NOT use "dessert" baby foods or foods with tapioca			Try plain yogurt
8-10 months	3-4 feedings 16-32 ounces Continue to offer cup		Infant cereal Cream of Wheat Toast, teething biscuits, crackers		Half-strength juices diluted with water No more than 4 ounces May give citrus now "100% juice" on label DO NOT give Kool Aid, fruit drinks, soda, coffee, or tea		Plain cooked or mashed vegetables Junior vegetables DO NOT add sugar, salt, or seasonings		Peeled, soft fruit wedges			Lean meat and chicken (strained, chopped, or small tender pieces) Twice daily Continue plain yogurt DO NOT use gravy
10-12 months	3-4 feedings 16-24 ounces Continue to offer cup		Infant cereal Unsweetened cereals Bread, rice, noodles, spaghetti		Half-strength juices diluted with water No more than 4 ounces "100% juice" on label DO NOT give Kool Aid, fruit drinks, soda, coffee, or tea		Cooked vegetable pieces Some raw vegetables (carrots, tomatoes, cucumbers) Avoid vegetables that may cause choking due to shape and size (peas, corn) DO NOT add sugar, salt, or seasonings		All fresh fruits, peeled and seeded Canned fruit packed in water Avoid canned fruits in heavy syrup			Small tender pieces of meat Fish, lean meat, chicken Eggs Mild cheese Cooked dried beans Continue plain yogurt DO NOT use gravy DO NOT give fried or highly seasoned foods

Newborn babies' bodies cannot handle plain water. An infant will get all of their hydration from breastmilk or formula. You may start offering up to an ounce of plain water when the baby is 3-4 months old.

Cow's milk is not appropriate for any child less than 12 months old.

Date: _____

IACH 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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