



# Desert Shores



## PEDIATRICS

[www.desertshorespediatrics.com](http://www.desertshorespediatrics.com)

Phone: 480-460-4949

Fax: 480-460-5858

Gilbert Office

6285 S Higley Rd

Gilbert, AZ 85298

Chandler Office

965 W Chandler Heights Rd

Chandler, AZ 85248

# Welcome to Desert Shores Pediatrics!

Desert Shores Pediatrics is committed to serving the community by providing excellent pediatric medical care. Our goal is to make a difference in the lives of children by providing quality healthcare in an environment built on KNOWLEDGE, INNOVATION, HONESTY, and FUN.

Desert Shores Pediatrics has pediatric offices located in Gilbert and Chandler, Arizona. We provide the full spectrum of pediatric healthcare: well care, sick care, chronic care, preventative and urgent care from birth to 18 years. Additionally, we offer some laboratory services, hearing and vision testing, breathing treatments, fluoride varnish, splinting, wart removal, removal of foreign bodies, abscess drainage, laceration repair, ingrown toenail removal, vaccine injections, frenotomies, lactation services, and circumcisions.

We believe that your child is important and deserves the best. Our facility will host a friendly environment, professional staff, quality healthcare, and most of all - a positive experience for your child. We love what we do and look forward to caring for your child!

We welcome any of your comments and feedback. We encourage you to talk with our Practice Manager should you have any questions, concerns, feedback, or ideas. Our billing staff is also on-site should you need their help.

Please bring this book and your child's vaccine card to visits.

## **Birth History**

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_

Born at \_\_\_\_\_ weeks

Place of birth \_\_\_\_\_

## **Record of Illness**

| <u>Date</u> | <u>Illness</u> | <u>Treatment</u> |
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# Recommended Routine Well Care Visits & Vaccines

- Birth:** After hospital discharge, Hepatitis B vaccine (in the hospital)
- 1 month:** Well visit, Hepatitis B vaccine
- 2 month:** Well visit, DTaP, Hib, Polio, Prevnar, Rotavirus
- 4 month:** Well visit, DTaP, Hib, Polio, Prevnar, Rotavirus
- 6 month:** Well visit, DTaP, Hib, Prevnar, and Rotavirus
- 9 month:** Well visit, Hepatitis B and Polio
- 12 month:** Well visit, MMR, Varicella, and Hepatitis A
- 15 month:** Well visit, DTaP, Hib, and Prevnar
- 18 month:** Well visit, Hepatitis A
- 2 year:** Well visit, immunizations if needed for catch up
- 2.5 year:** Well visit, immunizations if needed for catch up
- 3 year:** Well visit, immunizations if needed for catch up
- 4 year:** Well visit, DTaP, Polio, MMR, and Varicella
- 5-10 years:** Well visits yearly, immunizations if needed for catch up
- 11 year:** Well visit, Menquadfi, Tdap, and HPV vaccines
- 12+ years:** Well visits annually with Menquadfi and Trumenba (16yrs)

\*\*Flu vaccines every Fall/Winter (6 months of age and older)

\*\*COVID vaccines available (6 months of age and older)

DTaP & Tdap = Diphtheria, Tetanus, & Pertussis

Hib = Haemophilus Influenza

Prevnar = Pneumococcal

MMR = Measles, Mumps, & Rubella

Varicella = Chicken Pox

HPV = Human Papilloma Virus

Menquadfi & Trumenba = Meningococcal

# Desert Shores Pediatrics

## Statement on Immunizations

Desert Shores Pediatrics strongly believes in the effectiveness of immunizing children to prevent serious and life-threatening illnesses. We strongly believe our vaccines are safe. We strongly recommend all infants, children, and adolescents receive all the recommended vaccines according to the schedule published by the American Academy of Pediatrics and Centers for Disease Control. We strongly believe based on literature and evidence-based medicine that vaccines do not cause autism or developmental disabilities.

Vaccines, in some respect, have become a victim of their own success. Many people have never seen a child with whooping cough, polio, tetanus, bacterial meningitis, measles, or even chicken pox. Nor do you know or hear of children dying from these diseases in the United States due to preventative vaccines. These are all vaccine preventable diseases that could become more common if more people delay or stop immunizing their children.

We at Desert Shores Pediatrics know that vaccinating your child on schedule and according to the schedule that has been studied extensively by medical experts is very important and absolutely the right thing to do. You can see our complete policy statement on our website.

### Web Sites with Evidence Based Information on Vaccines

[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

[www.healthychildren.org](http://www.healthychildren.org)

[www.vaccine.org](http://www.vaccine.org)

[www.immunize.org](http://www.immunize.org)

[www.vaccine.chop.edu](http://www.vaccine.chop.edu)

[www.who.int/health-topics/vaccines-and-immunization](http://www.who.int/health-topics/vaccines-and-immunization)

## OFFICE POLICIES

This is written for your information and hopefully will answer any questions you may have about our policies and procedures.

-Payment is expected at the time services are rendered unless prior financial arrangements have been made. We accept cash, checks, Visa, MasterCard, Discover, and American Express.

-A charge of \$25.00 will be made for personal checks drawn on insufficient funds.

-If you do not provide current insurance information at the time of visit, you will be responsible for the bill. If your insurance company decides not to pay for our services for any reason, you are responsible for the bill. Patient accounts are expected to be paid within 60 days.

-Our billing staff will be happy to answer any questions you may have in reference to these issues.

-Please immediately inform us of any changes to your address, phone number, or insurance.

-Any appointment scheduled outside our normal office hours (Mon thru Fri 8a.m. to 5p.m.) is subject to an additional \$15.00 after-hours charge.

-There will be a charge for missed appointments or appointments not cancelled 24 hours in advance or less than 4 hours if made the same day.

-If your child is seen for a well and sick appointment at the same visit, or a procedure/lab requires follow-up care, your insurance company may charge an additional co-pay, deductible, or co-insurance.

## Poisons, Ingestions, Stings

Call the **Poison Help Line:1-800-222-1222**

if a poison emergency is suspected.

Post the Poison Help Line number near your phone or program the number into your cell phone.

Seek help through the Poison Help Line if your child swallows a substance that is not food. Don't make your child vomit. Poison control can be contacted for advice after scorpion stings as well.

Teach children not to drink or eat anything unless an adult they know well gives it.

Do not take medicine in front of small children. Children tend to copy adult behavior.

Check your home often for old medications. Get rid of them by mixing with moist coffee grounds and placing in the trash.

There is more of a danger of poisoning when you are away from home, especially at a grandparent's home.

## Emergencies After Hours

At Desert Shores Pediatrics, we conveniently offer after-hours on-call services. Parents who call in the late afternoon and are unable to be scheduled by 4:50PM will be offered an after-hours appointment if available. On Saturdays, one office is open with one or more providers to see sick patients from 8:00AM to 12:00PM. An after-hours fee of \$15.00 will be assessed to your insurance company; however, if the fee is not covered by insurance, you will be billed for the after-hours service fee.

In the case of a very urgent health care concern when the office is closed, we provide an emergency on-call service reserved only for questions regarding sick or injured children who may need to be seen before the office opens again. Call our office at 480-460-4949 for after-hours advice. Your information will be taken by our answering service and forwarded to an advice nurse who will call you back within 30-60 minutes. Please be prepared to provide an unblocked phone #, your child's name, birth date, and health concern. From your history, the advice nurse will offer medical advice and will attempt to guide you as to whether your child may need to be seen urgently, whether an on-call physician needs to be contacted, or whether we can address your needs in the office the next day.

Please be aware that we cannot call in antibiotics after a phone consultation. This is a strict office policy, which we feel is important to ensure we are providing the most appropriate medical care. If you feel your child may need an antibiotic, please have them evaluated at a qualified urgent care if your concern cannot wait until they can be seen in the office.

If more immediate assistance is needed or for life-threatening emergencies, please call 9-1-1.



Desert Shores Pediatrics prefers to take care of our patients' medical needs whenever possible. However, we realize that illnesses and injuries often occur after business hours. If urgent medical care is needed, we recommend the following facilities:

Please call to ensure the facility is open first.

### [Urgent Care Facilities:](#)

#### **Phoenix Children's Hospital East Valley Urgent Care**

602-933-0002

5131 E. Southern Ave, Mesa, AZ 85206

#### **Phoenix Children's Hospital Urgent Care at Legacy**

602-933-3750

6321 S Ellsworth Rd, Ste 114, Mesa, AZ 85206

#### **All Kids Urgent Care**

480-633-1111

1455 S Stapley Dr Ste 1, Mesa, AZ 85204

#### **Banner Children's Urgent Care**

480-827-5770

3160 E. Queen Creek Rd, Gilbert, AZ 85297

### [Emergency Rooms for Pediatric Care](#)

#### **Phoenix Children's Hospital Downtown**

1919 E. Thomas Rd. (Thomas/51 Freeway)

Phoenix 85016      602-933-1900

\*Phoenix Children's Mercy Gilbert location opens 2024\*

#### **Banner Children's Medical Center**

1400 S. Dobson Rd. (Dobson/Southern)

Mesa 85202      480-412-5437

## Fever Guidelines:

Fever is a symptom of illness and is the body's normal response to infection. Fever helps fight infections by turning on the body's immune system. Most fevers 100-104°F are not harmful. Fevers are most often caused by viral illnesses such as colds or flu. Some fevers are caused by bacterial illnesses such as strep throat or a bladder infection. Teething does not often cause a fever over 100°F.

Most fevers will last 2-4 days in duration. In general, the height of the fever does not correlate to the seriousness of the illness. The most important thing to monitor is how ill your child acts. A high fever does not cause permanent brain damage unless it is over 108°F. While all children get fevers, only 4% will develop a brief seizure from the fever called a febrile seizure. If your child has a 103-104°F temperature and there are no signs of seizure type symptoms, they most likely will not have a febrile seizure.

When your child has a fever, they should be kept comfortable. Encourage your child to drink extra fluids. Popsicles and iced drinks are helpful since the body loses fluids due to sweating from the fever. Clothing should be kept to a minimum since most of the body's heat is lost through the skin. Remember that fevers help your child fight infection. Use fever reducers, such as Ibuprofen and Acetaminophen, only if your child is uncomfortable. Acetaminophen can be used for children over 2 months of age. Ibuprofen can be given if the child is over 6 months of age. Consider rectal acetaminophen if your child cannot tolerate the oral dosing.

**Dosage charts are located on our website and should be dosed according to weight, using the dispenser that comes with the medication.**

You should contact the office if your child has any fever and is less than 2 months of age. You should contact the office if your child is having any problems with breathing, is in pain, has a rash with the fever, seems listless, appears dehydrated, has stiff neck, severe headache or other symptoms that concern you.

## **Normal temperature is 98.6°F rectally (range 97-99°F)**

### **Birth to younger than 3 months old -**

For an elevated temperature of 100.4°F rectally or greater-Call the office for advice as the baby must be seen that day in the office or at a pediatric emergency department.

### **Infants 3 months to 5 months old -**

For a mild temperature of 100.5°F or higher you may give acetaminophen (NO ibuprofen) if your child is uncomfortable. If the fever persists for more than 2-3 days or is over 102°F call the office for advice.

### **Infants 6 months to 18 months old -**

For mild temperatures of 100.5-103°F - give acetaminophen or ibuprofen if they are uncomfortable. If fever persists for more than 2-3 days or your child has pain, is not acting normally, or has symptoms that concern you, please call for an appointment.

For elevated temperatures of 103°F or higher- administer medication and call the office for advice or a same day appointment.

### **Toddlers 18 months to 3 years old -**

For mild temperatures of 101-103°F - give acetaminophen or ibuprofen if your child seems uncomfortable. If the fever persists for more than 2-3 days, your child is complaining of pain or is not acting normally please call for an appointment.

For elevated temperatures of 103 °F or higher - administer medication and call the office for advice or to schedule an appointment.

### **Children and Teens -**

For temperatures of 101°F or higher you can give acetaminophen or ibuprofen if needed for comfort. If this persists more than 2-3 days, the temperature is higher than 104°F, or your child is complaining of pain or is not acting normally call the office for advice.

## Websites for Parents

[www.desertshorespediatrics.com](http://www.desertshorespediatrics.com) Desert Shores Pediatrics

[www.healthychildren.org](http://www.healthychildren.org) Children's health/development by the AAP

[www.aap.org](http://www.aap.org) The American Academy of Pediatrics

[www.aapd.org](http://www.aapd.org) The Academy of Pediatric Dentistry

[www.aapa.org](http://www.aapa.org) American Academy of Physician Assistants

[www.aanp.org](http://www.aanp.org) American Academy of Nurse Practitioners

[www.cdc.gov](http://www.cdc.gov) Centers for Disease Control and Prevention

[www.cdc.gov/travel](http://www.cdc.gov/travel) Travel information

[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) Vaccine info from Centers for Disease Control

[www.who.int/health-topics/vaccines and immunization](http://www.who.int/health-topics/vaccines-and-immunization) WHO info

[www.swhd.org/programs](http://www.swhd.org/programs) Programs for early childhood development

[www.azbreastfeeding.org](http://www.azbreastfeeding.org) Information on breastfeeding

[www.cdc.gov/vitalsigns/childhood-asthma-index/html](http://www.cdc.gov/vitalsigns/childhood-asthma-index/html) Info on asthma

[www.safecar.gov/parents](http://www.safecar.gov/parents) Car seat safety Information

[www.poolsafely.gov](http://www.poolsafely.gov) Water safety

[www.eatright.org](http://www.eatright.org) Information on nutrition

[www.aapcc.org](http://www.aapcc.org) Poison control website

[www.cpsc.gov](http://www.cpsc.gov) Information on product recalls

## Additional Services in Arizona

### Lactation Services:

Desert Shores Pediatrics is proud to offer dedicated lactation services with our own providers who have obtained additional lactation counseling certifications. This service is billed like a typical office visit. 480-460-4949

Arizona Breastfeeding Hotline: 1-800-833-4642

### Southwest Human Development:

Free Hotline for questions dealing with health, sleep, discipline/tantrums, safety, nutrition, child development, fussiness/colic (talk to a child development specialist).

1-877-705-KIDS

[www.swhd.org](http://www.swhd.org) & [www.birthtofivehelpline.org](http://www.birthtofivehelpline.org)

### My Child is Ready Developmental Program:

Free home visits and developmental assessments  
480-304-9440

[www.childcrisis.org/mychildisready](http://www.childcrisis.org/mychildisready)

### Parent Partners Plus

Free family support, developmental screenings, and school readiness activities for families with a child from birth to 5 years old in Maricopa County.

602-633-0732

[www.swhd.org/PPP](http://www.swhd.org/PPP)

## **Newborn Well Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect at the Visit:**

*Immunizations:* If not received in the hospital, we will recommend a Hepatitis B vaccine

*Screenings/Labs:* You will receive an order for the second newborn screen for metabolic disorders to be done at 5-10 days of age, Social Determinants of Health (SDOH) screening

### **Feeding / Nutrition:**

Newborns should be fed either breast milk or Similac™ iron fortified formula on demand. Initially your baby should feed 8-12 times over 24 hrs. In the first 2 weeks of life, wake your baby for feedings if he/she sleeps beyond 4 hrs. Your newborn should have at least 6-8 wet diapers in 24hrs by the 4<sup>th</sup> day of life and frequent, soft, bowel movements that transition from dark and thick to loose and yellow by the 3<sup>rd</sup> to 5<sup>th</sup> day of life. If your baby is exclusively or partially breastfed, we recommend giving your baby daily Vitamin D drops at a dose of 400 IU/day (10 mcg). An alternative to infant dosing is for mom to take a Vit D supplement at 6400 IU per day.

### **Development:**

- Your baby should slowly begin to focus on your face over the next month; eye crossing can be normal, but if it seems persistent, please discuss with us.
- He/she should respond to sound by way of a blink, turning their head, a startle, or a cry.
- Your baby should hold their arms and legs in a flexed position and move their limbs equally.

- Newborns sleep a lot during the first month of life - anywhere from 12 to 20 hrs/day (16 hrs is average), most newborns awaken 1-3 times during the night.
- Tummy time is great for your infant and helps them to learn neck control and avoid flattening of the back of the head. Only put your baby on their tummy when they are awake and being watched.

### **Safety Issues:**

- We recommend placing your baby, alone, in a firm crib or bassinet to sleep without pillows, thick blankets, bumpers, or toys and always on their back to sleep.
- Never sleep with your baby. Co-sleeping is not recommended because it puts your child at higher risk of injury or death. The AAP does not recommend bed sharing with your baby under any circumstances, including twins or multiples. Also, if your baby falls asleep in the car seat, swing or sling, please move to a firm flat surface as soon as possible.
- Ensure that anyone touching or holding your baby washes their hands with soap and water first.
- If you are concerned your newborn may have a fever, use a rectal thermometer. A reading of 100.4F/38.0C is considered a fever, and we advise you to call our office and have your baby seen right away in a pediatric emergency department.
- Infant car seats should be rear facing in the back seat, ideally in the middle. You can contact your local fire department to check for the proper placement and fit of the car seat. The shoulder harness should be snug and the chest buckle should be just at the level of the nipples.
- Set your hot water heater lower than 120F and never leave your toddler alone in the bathtub

### **Notes:**

## **1 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* Hepatitis B

*Screenings/Labs:* Results of the second newborn metabolic screen should be available, SDOH screening, and Mom will be screened with our Edinburgh Post-Partum Depression screening tool - if you are feeling sad or blue, please be sure to call us or your OB for help! TB Risk assessment will be done as well.

### **Feeding / Nutrition:**

Continue to feed your baby only breast milk or Similac™ iron fortified formula. Most babies feed 8-10 times each day. If breastfeeding, be sure to continue to take your prenatal vitamins, get 2,000 calories/day and drink plenty of fluids. You might consider pumping and offering a bottle of breastmilk at this time as well. If formula feeding, anticipate about 2-4 ounces every 2-3 hrs. Do not prop bottles. Expect 6-8 wet diapers and 3-6 stools/day. If breastfeeding, continue to give your infant a Vitamin D supplement of 400 IU/day (10 mcg). An alternative to infant dosing is for mom to take a Vit D supplement at 6400 IU per day.

### **Development:**

- Your baby will start to be more awake and alert at times.
- Your baby should be starting to make eye contact with you. They can focus on objects about 12 inches away and eyes may still cross at times.
- Read, talk, & sing to your baby daily



- Tummy time is great for your infant and helps them to learn neck control and avoid flattening of the back of the head. ONLY put your baby on their tummy when they are AWAKE and being watched.

### **Safety Issues:**

- Put your baby to sleep on his/her back in a crib or bassinet with a firm mattress, NOT in your bed. Continue to avoid loose or heavy blankets, pillows, bumpers, and toys in the crib.
- Crying is a normal part of infancy and peaks around 4-6 weeks of age. Comfort your baby by holding, patting, walking and talking to them. NEVER shake your baby. Please talk with us if you think your baby cries excessively or you are feeling overwhelmed or unsafe, we are here to help!
- Continue to use a rear-facing infant car seat in the back seat. Never put the car seat in the front.
- Have your baby seen in a pediatric emergency department if their rectal temperature is 100.4F/38.0C or higher. Call the office if they are excessively fussy or not feeding well.
- Keep necklaces and bracelets off your baby, they can be choking and strangulation risks.

### **Notes:**

## **2 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* DTaP, Hib, Prevnar, IPV, Rotavirus

Four are administered by injection in the thighs, while the Rotavirus vaccine is a liquid given by mouth. It is ok to give Infant Acetaminophen (Tylenol) if needed for pain or fever. We will review dosing and possible side effects of the vaccines with you at the visit, however most infants have little to no side effects. Please call the office with any concerns or a reaction that lasts longer than 24-48 hours.

*Screenings/Labs:* SDOH screening and Mom will be screened with our Edinburgh Post-Partum Depression screening tool - if you are feeling sad or blue, please be sure to call us or your OB for help! TB Risk Assessment

### **Feeding / Nutrition:**

Continue to give your baby only breast milk or Similac™ iron fortified formula. Solids, juice, or water are not recommended at this age. Your baby will eat about 6-8 times per day, sometimes more if breastfeeding. If giving infant formula or a bottle of pumped milk, expect them to take about 3-5 ounces each feeding. Some babies will start to sleep 6-8 hours at night and this is ok if they are feeding well during the day and have at least 6 wet diapers per day. If breastfeeding, continue to give your infant a Vitamin D supplement of 400 IU/day (10 mcg). An alternative to infant dosing is for mom to take a Vit D supplement at 6400 IU per day.

## **Development:**

- Your baby should start to smile at you and become more aware of their surroundings.
- Your baby should be cooing in response to others talking to them. Read, talk, & sing to your baby daily.
- You might notice more arm and hand coordination starting and they may bat at objects and bring their hands to their mouth.
- Your baby should be having better head and neck control.
- Continue to give your baby a lot of tummy time while they are awake and being watched.

## **Safety Issues:**

- Continue to use a rear-facing infant car seat in the back seat. Remember your local fire department is a good resource to check for proper installation and fit.
- Older siblings and pets are one of the biggest safety concerns at this age. Teach older siblings to be gentle and not pick up the baby without help. Supervise all siblings and pets when they are around your baby.
- Never leave your baby unattended in the bathtub or on a changing table, bed, or furniture, even for a few seconds.

## **Notes:**

## **4 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* DTaP, Hib, Prevnar, IPV, Rotavirus

*Screenings/Labs:* SDOH

### **Feeding / Nutrition:**

Your baby should still be taking breastmilk or Similac™ iron-fortified formula for their main source of nutrition. Most babies taking bottles consume about 4-6 oz every 4 hours, but more or less may be normal for your child as long as he/she is growing appropriately. The introduction of solid foods is not necessary until 6 months of age, but some babies may show readiness signs earlier. These signs might include: opening mouth for the spoon, sitting with support with good head and neck control, and interest in watching you eat. Exclusive breastfeeding is recommended for the first 6 months unless otherwise recommended by your pediatrician. If breastfeeding, continue to give your infant a Vitamin D supplement of 400 IU/day (10 mcg). An alternative to infant dosing is for mom to take a Vit D supplement at 6400 IU per day.

The first food most often recommended is iron fortified infant oat cereal because it is easily digested and has low allergy risk. Follow your baby's cues as to how much they want to eat, stopping when they will not open for the spoon or spit it out. We will discuss introduction of highly allergenic foods like peanut products between 4-6 months of age.

## **Development:**

- Laughing and babbling in response to smiling faces and gentle voices
- Tummy time while your baby is awake is important at this age to strengthen muscles; babies may begin to prop themselves up on their elbows or even begin rolling over
- Reaching for toys/objects and bringing their hands and toys to their mouths
- Your baby will still cry when hungry, tired, or soiled and will learn to trust you when you promptly respond to their needs.

## **Safety Issues:**

- Babies are often rolling over at this age, so never leave yours alone on a high surface
- Encourage floor time and avoid walkers, always strap babies into swings and infant sitting seats (which should only be placed on the floor)
- Continue to place your baby in a rear-facing infant car seat in the back seat and replace it if ever in an accident
- Avoid taking your baby in direct sunlight. If unavoidable, use lightweight clothing that covers the skin, hats with brims, and sunscreen with SPF 30-45 made with zinc oxide or titanium dioxide.

## **Notes:**

## **6 Month Well Child Visit**

Weight\_\_\_\_\_ (      %)

Length\_\_\_\_\_ (      %)

Head Circumference\_\_\_\_\_ (      %)

### **What to Expect:**

*Immunizations:* DTaP, Hib, Prevnar, Rotavirus (Flu Vaccine in Fall)

*Screenings/Labs:* SDOH and Mom will be screened for post-partum depression, TB Risk Assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Begin to offer your baby more solids foods if they are sitting with support, opening their mouth for the spoon, and show interest when you eat. Offer iron fortified infant cereals, pureed fruits and pureed vegetables. Initially offer 1-2 tablespoons of food up to 1-2 times/day but follow your infant's cues as to when they are full. Do not force your baby to eat or finish foods. It may take 10-15 different times of offering your baby a food to try before they will like it. Do NOT give honey to your baby before 1 year of age. Please discuss with your pediatrician how to introduce highly allergenic foods such as dairy, peanut, wheat, egg, soy, nuts, and shellfish.

Continue to give breast milk or iron fortified formula as well. Most babies will take 24-28 oz/day. Start to offer your baby water in a sippy cup as well so they begin to learn to drink from a cup. If breastfeeding, continue to give your infant a Vitamin D supplement of 400 IU/day (10 mcg). An alternative to infant dosing is for mom to take a Vit D supplement at 6400 IU per day.

## **Development:**

- Place your baby in a sitting position, they like to look around; some may need support while others will sit alone or propped on their hands
- Talk and sing to your baby and read books to them often. They will babble and laugh along
- Your baby should be using their hands together and passing toys back and forth in their hands
- Your baby may be starting to have some separation and/or stranger anxiety; playing peekaboo and hiding and finding objects can help with this
- Your baby should be rolling and wanting to bear weight on their legs with support

## **Safety Issues:**

- Never leave your baby alone on high surfaces such as the changing table or bed and never leave them alone in the bathtub, even for a few seconds
- Lower the crib mattress all the way and keep the side rail up and locked at all times
- Lock up medications, cleaning supplies and chemicals-  
**TIME TO CHILDPROOF YOUR HOME!**
- Continue to use a rear facing car seat in the back seat - larger babies need to move into a convertible car seat by this age (check your car seat guidelines for weight and height limits)
- Consider taking a CPR class to learn how to respond to choking or other emergencies

Notes:

## **9 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* Hepatitis B and IPV, (Flu Vaccine in Fall)

*Screenings/Labs:* SDOH, Developmental Screening, TB Risk Assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Your baby should still be breastfeeding or taking Similac™ formula, approximately 6-8 oz about 4 times/day or breastfeeding about 4-5 times/day. No cow's milk yet. Start giving them a sippy cup with water at mealtimes to learn how to use a cup. Start gently brushing your baby's teeth if they have arrived.

They should be eating solids three times a day - breakfast, lunch, and dinner just like you. Have them sit in a highchair at the table and eat with the family. They can eat a larger variety of foods and should be finger feeding soft, small pieces of food- fruits, vegetables, meats, chicken, fish, and avocado. We also suggest yogurt (made with whole milk) and cheese. Continue to avoid honey until age 1. Talk with your pediatrician about introducing highly allergenic foods such as nut butters, shellfish, and eggs. Provide healthy foods - no soft drinks, tea, coffee or flavored drinks and avoid juice under 1 year of age.



## **Development:**

- Babies like routines, be consistent, especially at bedtime. Crying when you leave is normal
- Your baby should be making consonant sounds such as mama and dada
- They should be using their thumb and first finger to make a “pincer grasp” and pick up small objects
- Your baby should be sitting alone, pulling to a stand, and starting to crawl and explore
- Play with your baby using balls, blocks, containers, and music, and read to them often

## **Safety Issues:**

- Avoid choking hazards with foods, always stay with your baby when they are eating
- Use a rear facing convertible car seat (5-point restraint) in the back seat of all vehicles
- Always stay with your baby while in water (bathtub, pool), put away your phone and turn off the TV so your baby has your undivided attention when in the water
- Place gates on stairs
- Keep poisons, medications and cleaning supplies up high and locked
- Avoid walkers, they are dangerous and can delay independent walking

## **Notes:**

## **12 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* MMR, Varicella, Hepatitis A (Flu Vaccine in Fall)

*Screenings/Labs:* Hemoglobin (toe-poke) to screen for anemia, ocular photoscreen, SDOH, TB and Lead risk assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Your child should be eating 3 meals and 2-3 snacks spaced evenly over the day. Have them eat at the table along with the family and they should be transitioning to table foods – small soft pieces of a variety of healthy foods including fruits, vegetables, meats/fish, yogurt, cheese, beans, eggs, breads, pasta, and cereal. You can introduce honey to your child now. Avoid small, hard, or chewy foods that can cause choking such as nuts, popcorn, raisins, whole grapes, and hot dogs.

Your child should also be ready to transition from formula to whole cow's milk – drinking 16-20 oz/day on average. If you are breastfeeding, you will still want to introduce cow's milk to get your baby more fat and protein. Continue to offer water in a sippy cup and keep 100% juice to a minimum (4-6 oz/day). Talk with your pediatrician about seeing a dentist for the first time and continue to brush teeth at least once daily.

\*Be patient as they learn to eat on their own, it may be a bit messy.

## **Development:**

- Your child should be walking with support or maybe even alone
- They should be clapping and waving and starting to point at objects they want you to look at
- Your child should be babbling often using consonants and may be using 1 or 2 words
- Establish a simple bedtime routine. They should be napping 1-2 times/day
- Keep rules short and simple. Praise your child for good behavior and use distraction to minimize negative behaviors. Read to them often, at least daily, and point to pictures.

## **Safety Issues:**

- Avoid choking hazards with foods and supervise your child at all times when eating
- Keep them in a rear facing convertible car seat in the back seat as long as possible, up to the limits of your specific car seat. This is often beyond age 2
- When in or near water, always keep your child close enough to touch
- Keep poisons, medications and cleaning supplies up high and locked and keep poison control # handy at all times:1-800-222-1222
- If there are guns in the house, LOCK them away separate from ammunition

## **Notes:**

## **15 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* DTaP, Hib, and Prevnar (Flu Vaccine in Fall)

*Screenings/Labs:* SDOH, TB and Lead risk assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Your child should be demonstrating some independence and want to feed themselves either with a spoon or their hands (it will be messy!). Their diet will consist of what you are eating - a nutritionally balanced meal with lots of fresh fruits and vegetables along with proteins, but still avoiding choking hazards. Sweets, junk food, soda and juice should not be given to your child. Try to include fruits and vegetables in snacks rather than just crackers/cereal products. They should be drinking whole milk, about 16 oz/day, unless otherwise directed. Do not exceed 24 oz of milk/day. If still using a bottle, this is a good time to wean them off of it.

Brushing your child's teeth twice a day with a rice grain size of fluoride toothpaste should be a habit already developed at this age. Make sure your child is starting to see a dentist every 6 months.

## **Development:**

- Your toddler should be walking alone, stoop and stand again; some are running and climbing
- Your child should be saying about 3-5 words but should be able to understand you well and follow simple commands. Keep reading to them daily and associate words with pictures
- They should be imitating activities, indicating wants by pointing, and be playing ball
- They should start to put items in a cup, scribble, start to use utensils, and stack 2 blocks
- Tantrums are normal at this age - distract and redirect your toddler, provide simple choices between 2 options, and develop a routine to help teach your child. Never hit your child

## **Safety Issues:**

- Use gates to keep toddlers out of dangerous areas like the kitchen and stairs
- Avoid letting your toddler walk around while eating to avoid choking
- Watch them around furniture, stairs, parks, and water as they like to climb and are risk takers
- Set your hot water heater lower than 120F and never leave your toddler alone in the bathtub
- Keep them in a rear facing convertible car seat in the back seat as long as possible, up to the limits of your specific car seat. This is often beyond age 2
- Use mineral based sunscreen with SPF 45 and made with zinc oxide or titanium dioxide on all sun exposed skin, use hats and protective clothing to avoid burns

## **Notes:**

## **18 Month Well Child Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* Hepatitis A (Flu Vaccine in Fall)

*Screenings/Labs:* Developmental Screening(s), TB and Lead risk assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Your toddler will become even more independent in their eating and will be using utensils fairly well to feed themselves a wide variety of foods. Continue to offer whole milk and water in a cup while avoiding sugary drinks and juices. They may develop what we call a “toddler diet” in which they skip meals, start to become pickier, do not eat much some days and eat more than you other days.

Tips to avoid having a picky eater include:

- continue to offer healthy well-balanced meals 3 times a day as well as snacks 2 times each day, though avoid over snacking by keeping the portions small and avoiding excess crackers/cereals
- If they choose not to eat the healthy meal offered, offer it again a little later. Do not make them another meal of their favorite foods - by being a short order cook for them, they will never learn to eat a variety and will just wait until you offer them their favorites (they are smart like this!)
- It can take 20-30 times of offering a new food before some kids will try it - Do not give up!

## **Development:**

- Your toddler should be saying at least 5-10 words and saying and shaking their head "No"
- They should be able to point to body parts when named
- Your toddler should be running and may walk up steps, they will start to help undress themselves
- They will start simple pretend play (such as feeding a doll or using the phone)
- Temper tantrums will become more common - do not give them an audience, continue to distract and redirect them

## **Safety Issues:**

- Call poison control with ingestions, stings or bites: # 1-800-222-1222
- Continue using a rear facing car seat in the rear of vehicle, remember to replace if in an accident
- Protect them from drowning by keeping doors locked and pool gates closed at all times, stay within reach at all times when around water and turn off distractions like phones and TVs
- If boating or on waterways, always use a fitted life jacket
- Keep medications, vitamins, and cleaning supplies, as well as all guns, out of reach and locked - even at grandparent's and caregiver's homes

Notes:

## **2 Year Well Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* Catch up + Flu Vaccine in Fall

*Screenings/Labs:* Developmental screening, ocular photoscreen, SDOH, TB and Lead risk assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Your child should be self-feeding a wide variety of foods including fruits and vegetables at each meal. Remember to continue to offer foods even if your child refuses them several times. Make meals a social time, eating together at the table with the TV and electronics turned off. Most children should transition to drinking low-fat cow's milk - discuss with your pediatrician if whole milk is still recommended. Avoid junk food, fast food, soda, and juice.

### **Development:**

- Your child should be putting 2 word phrases together and have a rapidly expanding vocabulary
- They should be walking up and down stairs, hopping, and working to undress themselves
- They should be interested in playing near other children, but do not expect sharing



- Read to your child every day and ask them to point to things as you read. Limit TV and electronics to 1-2 hours or less each day - your child will learn more by playing and interacting with others
- Your child may be showing interest in toilet training by telling you he/she is wet, being willing to use the toilet, and pulling pants down - follow their cues and make it a fun time.
- Children thrive on knowing what to expect -try to maintain a routine, give warning when things are changing (“we need to leave the park in a few minutes”), and use praise when behaving well

### **Safety Issues:**

- Keep child in a rear-facing convertible car seat in the back seat as long as possible, up to the limits of your specific car seat. This is often beyond age 2.
- Be sure the car seat is correctly installed in the back seat, the harness is tight fitting, and seats are replaced after an accident
- Have your child wear a good fitting helmet when riding tricycles, bikes, or scooters. This habit is best to start right away when they are young
- If you have a gun in the home, store it unloaded and locked with the ammunition locked separately from the gun
- Always keep pool fences and gates closed and stay within touching distance when around water. Never leave your child alone in the bathtub, even for a few seconds

### **Notes:**

## **2.5 Year Well Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

Head Circumference\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* Catch up + Flu Vaccine in Fall/Winter

*Screenings/Labs:* Developmental screening, SDOH, possible fluoride varnish

### **Feeding / Nutrition:**

Your child should be self-feeding and experimenting with utensils. Try to offer a wide variety of foods including fruits and vegetables at every meal, even if your child refused them.

Encourage dairy products 2-3 times per day. Make sure protein is part of each meal. Avoid junk food, fast food, soda, and juice.

### **Development:**

- Your child should be putting 2-3 word phrases together and should have new words or small phrases frequently
- They should be trying to dress and undress themselves.
- They should be interested in other children but may still struggle with sharing.
- Read to your child daily and ask them to point to things as you read. Limit TV and electronics to 1-2 hours or less each day
- You may notice a true interest in toilet training. Follow their cues and make it fun, not stressful for either of you.
- Routines are still important.

## **Safety Issues:**

- Be sure the car seat is correctly installed in the back seat, the harness is tight fitting, and seats are replaced after an accident
- Have your child wear a good fitting helmet when riding tricycles, bikes, or scooters.
- If you have a gun in the home, store it unloaded and locked with the ammunition locked separately from the gun
- Always keep pool fences and gates closed and stay within touching distance when around water. Never leave your child alone in the bathtub, even for a few seconds

Notes:

### **3 Year Well Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

#### **What to Expect:**

*Immunizations:* Catch up + Flu Vaccine in Fall/Winter

*Screenings/Labs:* Ocular photoscreen, SDOH, TB and Lead risk assessment, possible fluoride varnish

#### **Feeding / Nutrition:**

Involve your child in preparing meals to encourage eating a healthy variety of foods (keeping knives safely put away, of course). Growing fruits and vegetables in a small garden with them is a great way to get them to try more foods. Avoid juice and sweetened drinks - water and milk are best. Try to encourage a serving of dairy 2-3 times/day, use whole grain breads and cereals, provide many different proteins including eggs, nuts, beans, and fish, and offer fruits and vegetables of all colors to get the nutrients required. Continue to be cautious of choking hazards such as whole grapes and nuts, and do not let your child run around while eating.

#### **Development:**

- Your child should be putting at least 3 words sentences together and speech should be understandable most of the time
- They should be starting to pedal a tricycle (with a helmet on!) and dressing themselves
- Your child should be able to copy a circle and may be recognizing many shapes and colors
- They should be interacting well with other children and be involved in pretend play and dress-up

- Your child will test their boundaries often at this age. Be consistent and reinforce rules and consequences. Allow limited choices. Ignore tantrums. Use time-outs or take away items causing problems. Do not spank or allow hitting as a form of punishment. Remember to use positive reinforcement and praise for good behavior as often as possible

### **Safety Issues:**

- Keep your child in a forward facing five-point harness car seat in the back seat
- Never leave your child alone in the car, house, or yard, and require them to hold your hand in parking lots and near streets
- Your child may be getting more comfortable in water, but can still drown very quickly, even if they know how to swim- continue to always be within reach when they are near water or the pool and avoid distractions such as the telephone or electronics
- Keep poisons, medications, cleaning supplies and guns up high and locked

### **Notes:**

## **4 Year Well Visit**

Weight\_\_\_\_\_ (        %)

Length\_\_\_\_\_ (        %)

### **What to Expect:**

*Immunizations:* DTaP, IPV, MMR, Varicella (Flu Vaccine in Fall)

*Screenings/Labs:* SDOH, vision and hearing screen, TB risk assessment, possible fluoride varnish

### **Feeding / Nutrition:**

Your child should be eating meals similar to your own with a good variety of foods - try to avoid serving the same foods over and over just to get them to eat. Have relaxed family meals without distractions of TV or electronics. Involving your child in shopping, growing, and preparing food will make them more eager to try new things. Make sure they are eating fruits and vegetables of all colors and if not, discuss a daily multivitamin with your pediatrician. Keep helping them to brush their teeth twice a day using a pea-sized amount of fluoride toothpaste and see the dentist every 6 months.

### **Development:**

- Your child should have good speech clarity and be able to tell longer stories. Read with them often and limit screen time (TV, tablets, computer, video games) to no more than 2 hours/day
- They should count to at least 10, recognize letters and be starting to write their name
- They should hop, start to skip, and be able to dress and undress themselves
- They become aware of their gender - use correct terms for all body parts as your child asks or becomes interested
- Your child should know their full name and address

## **Safety Issues:**

- Teach your child your names and phone numbers
- Your child should ride in a forward facing 5-point harness car seat as long as possible until they exceed the height and weight limits of your specific seat and are at least 4 years old. When ready to transition to a booster seat, the seat belt should be properly placed across the shoulder/chest and low across their laps. Your child should stay in a booster seat until they are 57 inches (4 ft 9 in) tall and at least 8 years old.
- Teach your child how to be safe with other adults: No one should ask for a secret to be kept from parents, No one should ask to see private parts (without a parent present), No one should ask for help with their private parts.
- Never leave your child alone in the car, house, yard or near water
- Keep firearms unloaded and locked away with ammunition stored and locked separately

## **Notes:**