



# Desert Shores



P E D I A T R I C S

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# **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 basic 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 all visits.

Our website also provides a wide variety of information including specialist and mental health referral resources:

# Recommended Routine Well Care Visits

(includes recommended vaccines and screenings)

**Birth:** (Visit 1-3 days after hospital discharge) Hepatitis B vaccine (if not given in the hospital), RSV vaccine\*, Newborn screen #2 (to be done at 5-10 days of age), SDOH (Social Determinants of Health)

**1 month:** Well visit, Hepatitis B, RSV vaccine\*, SDOH, Postpartum screen for Depression (Edinburgh), TB risk assessment

**2 month:** Well visit, DTaP, Hib, Polio, PCV, Rotavirus, RSV vaccine\*, SDOH, Edinburgh

**4 month:** Well visit, DTaP, Hib, Polio, PCV, Rotavirus, RSV vaccine\*, SDOH, Edinburgh

**6 month:** Well visit, DTaP, Hib, PCV, and Rotavirus, RSV vaccine\*, SDOH, Edinburgh, TB and Lead risk assessment, Oral Health assessment starts

**9 month:** Well visit, Hepatitis B and Polio, SDOH, Developmental screen, Lead risk assessment

**12 month:** Well visit, MMR, Varicella, and Hepatitis A, Hemoglobin, Ocular photoscreening, SDOH, TB and Lead risk assessment

**15 month:** Well visit, DTaP, Hib, and PCV, SDOH

**18 month:** Well visit, Hepatitis A, SDOH, Developmental screens, Lead risk assessment

**2 year:** Well visit, immunizations if needed for catch up, SDOH, Developmental screen, Ocular photoscreening, TB and lead risk assessment

**2.5 year:** Well visit, immunizations if needed for catch up, SDOH, Developmental screening

**3 year:** Well visit, immunizations if needed for catch up, SDOH, Ocular photoscreening, TB and Lead risk assessment

**4 year:** Well visit, DTaP, Polio, MMR, and Varicella, SDOH, Vision and Hearing screens, TB and Lead risk assessment

**5-10 years:** Well visits yearly, immunizations if needed for catch up, Vision and Hearing, Lipid panel in office at 10-11 yrs, SDOH, TB risk assessment, Lead risk assessment at 5&6 yrs.

**11 year:** Well visit, MenACWY, Tdap, and HPV vaccines, Lipid screen if not done at 10 yrs, SDOH, Vision screen, TB risk assessment

**12+ years:** Well visits annually with MenACWY and MenB (16yrs), Depression screen, Screen for alcohol/drugs/nicotine use, SDOH, Vision screening, Hearing screen at 12, 15, and 18 yrs of age, TB risk assessment, Lipid testing at 18 yrs, Sexually Transmitted Infection testing universally recommended at 15 and 18 yrs, Cardiovascular questionnaire at 12 and 14 yrs.

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\*RSV vaccine one time every fall/winter for infants from birth up to 8 months of age and some children at increased risk up to age 24 months, unless appropriate maternal RSV vaccine was given

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

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

Your child will be assessed for possible fluoride varnish application at each visit as well, starting at 6 months of age or first tooth eruption

DTaP & Tdap = Diphtheria, Tetanus, & Pertussis

Hib = Haemophilus Influenza

PCV = Pneumococcal

MMR = Measles, Mumps, & Rubella

Varicella = Chicken Pox

HPV = Human Papilloma Virus

MenACWY & MenB = Meningococcal

SDOH = Social Determinants of Health screening to help assess other factors in your child's life that may be affecting their health and well-being and to help provide resources when needed

Edinburgh = Screen for Postpartum Depression given to Mom and/or Dad, if this is positive, we will provide resources and involve the parent's healthcare provider when necessary

TB risk assessment = a series of questions to determine if your child is at risk for Tuberculosis and should be screened with a PPD test

Lead risk assessment = a series of questions to determine if your child is at risk for lead poisoning, some insurances require a blood test at 12 and 24 months of age

# Office Policies

While this is not comprehensive, it should answer many of your questions. You can get our comprehensive office policy by asking our front office. These policies are subject to change.

-Providing us with your current insurance information before or at the time of your visit is of utmost importance. You will be asked to provide a copy of your current insurance upon check-in for every visit. If we do not have current information at the time of your visit, you will be responsible for the bill. We make every attempt to ensure that services are compatible with your specific insurance requirements, but ultimately it is your responsibility to verify benefits and coverage prior to having any services rendered. Our billing staff will be happy to answer any questions you may have in reference to these issues.

-Please notify us of any changes to your insurance, your address, your phone number, your email, or custody of your child immediately.

-We are an electronic billing statement only practice, and it is important that the correct cell phone and email are verified to receive our text and emailed billing statements

-Payment, including co-pays and deductibles, is expected at the time services are rendered. Patient accounts after insurance review are expected to be paid within 30 days. 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 and any account sent to collections.

-Families without insurance will be given a 50% discount on the service rate only if the amount due is paid in full on the day of service.

-Any appointment scheduled outside our normal office hours of Monday-Friday 8:00 am to 5:00 pm will be subject to an additional \$20 charge that will be billed to your insurance. If insurance does not cover this charge, you will be held responsible for payment. This includes early morning, after-hours, holidays, or weekend appts.

-There will be a charge for missed appts. (No-show) or appts. not cancelled 24 hours in advance or less than 4 hours if made the same day. Multiple no-show visits may result in discharge from the practice.

-For best care and efficiency, we ask that all patients arrive EARLY for their scheduled appointment time. Late patients will be rescheduled. New patients must arrive prior to the appointment start time to be seen. Established patients are late if the arrival time is 10 or more minutes after your scheduled appointment time.

-If you have multiple concerns, chronic conditions to discuss, or an acute illness that you would like to address during a well care visit we are happy to accommodate these concerns - please notify us at the time of scheduling. If these services are rendered together at the same visit, or a Rx, referral, imaging or labs are ordered during a well care visit, it may result in the standard well visit charge plus an additional office/sick visit charge. It may require a return visit to address these ongoing and chronic conditions so that the proper time can be given for your child's needs. Coverage for these services, if rendered together, varies greatly among insurance companies. You will be financially responsible for any services not covered by your insurance.

-We are a by-appointment-only office and do NOT accept walk-ins. There will be a strict \$150 fee if you walk in without an appointment and are seen by a provider.

- Paperwork Fees: FMLA = \$25, Sports/School/Camp Forms = \$10 (completed in 48-72 hours), if needed within 24 hours = \$25. Forms presented for completion during an office visit do not incur a charge (except FMLA \$25). Fees subject to change.

- Court orders regarding custody and medical decision making need to be provided in hard copy to the office as soon as they are executed (or at the first visit if a new patient) or the appt will need to be rescheduled.

-Neither patients, caregivers, nor their visitors, are allowed to take pictures or videotape using their cell phones and/or other electronic devices to protect the privacy and confidentiality of our patients and pediatricians.

-Medical records can be viewed and printed for free on your secure patient portal. All other record requests will require a signed record release and if requested for personal use will incur a fee. No fee will be charged for records sent to another healthcare provider.

# **DSP Statement on Immunizations**

Desert Shores Pediatrics strongly believes in the effectiveness of immunizing children to prevent serious and life-threatening illnesses. We strongly believe vaccines provide much more benefit than risk to a child. We strongly recommend all infants, children, and adolescents receive all the recommended vaccines according to the schedule published by the American Academy of Pediatrics. We strongly believe, based on literature and evidence-based medicine, that vaccines do not cause autism or developmental disabilities.

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 around the world, is very important and absolutely the right thing to do. Below is a summary of our policy as of September 10, 2024. You can see our complete policy statement on our website.

## **Web Sites with Evidence Based Information on Vaccines**

[www.healthychildren.org/english/safety-prevention/immunizations](http://www.healthychildren.org/english/safety-prevention/immunizations)  
[www.immunize.org](http://www.immunize.org)  
[www.chop.edu/vaccine-education-center](http://www.chop.edu/vaccine-education-center)  
[www.who.int/health-topics/vaccines-and-immunization](http://www.who.int/health-topics/vaccines-and-immunization)

## **Desert Shores Pediatrics - Vaccine Policy Summary**

At Desert Shores Pediatrics, our providers take great pride in offering thoughtful, compassionate, and evidence-based care. We understand that decisions about vaccines can be emotional, and we respect that parents want to make the best choices for their children. Our role is to share our medical knowledge, explain the science behind vaccines, and partner with families to support the health of their children and our community.

Vaccines are a key part of that mission. We strongly believe in their safety and effectiveness and follow recommendations from the American Academy of Pediatrics (AAP).

**Since September 10, 2024**, we no longer accept **new patients** (including newborns and new siblings) whose families do not plan to vaccinate. Children who cannot receive vaccines for medical reasons will be exempt. Families already established in our practice who choose not to vaccinate may continue care but will be asked to follow specific infection control guidelines during visits and keep all recommended well-child visits on schedule.

While alternate vaccine schedules are not encouraged, we will work with new patients who choose this option as long as they follow our **minimum vaccine timeline requirements**.

DTaP, Hib, PCV: 1 dose of each by 4 months, 4 doses of each by 18 months, 5 doses of DTaP by 6yrs old

IPV: 1 dose by 18 months, 3 doses by 6yrs old

MMR and Varicella: 1 dose of each by 18 months and 2 doses of each by 6yrs old

Tdap: 1 dose by 12yrs old

Meningitis A, C, W, Y: 1 dose by 12yrs old, 2 doses by 17yrs old

Trust and partnership are essential in caring for children. Families who are unable to follow these guidelines will be asked to establish care with another pediatric provider. We appreciate your understanding as we work together to keep all children in our care as healthy as possible.

## **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 \$20.00 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 a pediatric 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 check the website for hours and for scheduling options, including same-day appointments, which some require.

**Urgent Care Facilities:**

**Phoenix Children's Hospital Urgent Care**

Schedule appointments online:

[www.phoenixchildrens.org/specialties-conditions/urgent-care](http://www.phoenixchildrens.org/specialties-conditions/urgent-care)

Gilbert-Mesa 602-933-0002

East Mesa 602-933-3750

**All Kids Urgent Care**

Schedule appointments online or walk-in:

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

Mesa 480-633-1111

**Banner Children's Urgent Care**

Schedule appointments online or walk-in:

[www.bannerhealth.com/locations/gilbert/banner-urgent-care-higley-queen-creek](http://www.bannerhealth.com/locations/gilbert/banner-urgent-care-higley-queen-creek)

Gilbert 480-827-5790

**Emergency Rooms for Pediatric Care:**

**Phoenix Children's Hospital Downtown Phoenix**

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

Phoenix, AZ 85016

602-933-1900

**Banner Children's Medical Center**

1400 S. Dobson Rd. (Dobson/Southern) Mesa, AZ 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 100.4-104°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 temperature 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 is acting.

When your child has a fever, they should be kept comfortable. Encourage your child to drink extra fluids that are caffeine free. 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.**

[www.desertshorespediatrics.com/dosage-charts/](http://www.desertshorespediatrics.com/dosage-charts/)

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

**Normal temperature is 98.6°F rectally (range 97-100°F)**

**Birth through 2 months old -**

For an elevated rectal temperature of 100.4°F or greater - Call the office for advice as these infants will need to be seen that day in the emergency room or office.

**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 36 months -**

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.

**Children and Teens -**

For temperatures of 101°F or higher you can give acetaminophen or ibuprofen if needed for comfort. If this persists for 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.

## **Patient Portal Information**

We are excited to offer the Desert Shores Pediatrics Patient Portal. This will allow you to have 24/7 access to your children's medical information and interact with the practice electronically. Once your teen turns 13 years old, the portal belongs to them with limited proxy access for parents/caregivers, consistent with Arizona law regarding confidentiality.

To get started, go to: [www.desertshorespediatrics.com](http://www.desertshorespediatrics.com) and click Patient Portal on the left band. You can self-enable on the Patient Portal landing page from our website. Click "enroll now" to get started. If you are in-office, you can provide a personal email address, and our staff can enable your account. An informational email will be sent with your

unique username and temporary password. You can also login via your registered mobile phone number and child's date of birth to eliminate the need to remember multiple usernames and passwords (once initial setup is complete).

There is a smartphone app as well with additional features and accessibility, including linking siblings to toggle between each child with ease. Healow Kids is the app for children under 13 years old, while Healow is the app for teens 13 years and older.

Our access code is: **FDGBAA**

The portal allows you to see and print your child's medical records, including immunization records, visit notes, and labs. You can request medication refills and send non-urgent messages to providers and staff. You can see your billing statements in detail. You can update information, such as addresses, phone numbers and insurance information. The patient portal is a secure, convenient and easy way to access your child's health information!

## **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. Please call for an appointment: 480-460-4949

- Arizona Breastfeeding Hotline: 1-800-833-4642
- Info on Breastfeeding: [www.azbreastfeeding.org](http://www.azbreastfeeding.org)

### **Additional Support for Parents and Patients**

#### Perinatal and Postpartum Mental Health Resources

- Arizona Perinatal Mental Health Directory:  
[www.psidirectory.com/arizona](http://www.psidirectory.com/arizona)

(Providers in your area with perinatal mental health certification. You can sort by location and insurance provider)

- National Maternity Mental Health Hotline: 1-833-852-6262
- Postpartum Support International: [www.postpartum.net](http://www.postpartum.net)

## Free 24/7 Crisis and Suicide Prevention Resources

- Suicide and Crisis Lifeline: Dial 988
- National Crisis Text Line: Text HOME to 741741

## Nutrition Support

- [www.healthychildren.org/English/healthy-living/nutrition](http://www.healthychildren.org/English/healthy-living/nutrition)
- [www.eatright.org/for-kids](http://www.eatright.org/for-kids)
- [www.abbottnutrition.com](http://www.abbottnutrition.com)

# **Injury Prevention Guidelines**

Unintentional injuries are the leading cause of death among children in the United States.

The good news is there are many things you can do to help protect your child from these injuries. Please review the guidelines below, and we are always happy to discuss these in more detail at any visit to our office.

Please see the [Healthychildren.org](http://Healthychildren.org) site for additional information on injury prevention topics:

[www.healthychildren.org/English/safety-prevention/all-around](http://www.healthychildren.org/English/safety-prevention/all-around)

## **Car Seats:**

One of the most important things you can do to protect your child is to ensure they are properly restrained when riding in a vehicle. Here are some guidelines and resources to keep your child safe.

**Infants** - Place in a rear-facing only infant car seat in the back seat of the car, ideally in the middle seat if it fits properly. The car seat should be used for travel only (not for sleeping or feeding). The chest clip should be at the center of the chest, even with the armpits and the harness straps should be snug (no slack if you pinch the straps). Avoid heavy/bulky clothing and avoid placing padding under or behind your child unless it came with that specific seat.

Toddlers/Preschoolers - Convertible seats can be used once your infant outgrows the weight and height specifications on your infant seat. These should always be in the back seat. Keep kids in a rear-facing car seat until they have outgrown the height or weight limit on the label of the car seat and are at least 2 years old.

Keep them in the safer rear-facing position as long as possible because this position provides the best protection for their head, neck, and spine.

Once your child has grown beyond the allowed height or weight for rear-facing use and is at least 2 years old, these seats can be turned forward-facing for continued use. Keep your child in this forward-facing car seat until they reach the weight or height limits on the label of the car seat and are at least 4 years old. Use the car seat tether to secure forward-facing car seats to the car.

Children- Once your child has outgrown the forward-facing seat and is at least 4 yrs old, you can move them to a belt positioning booster seat in the back seat. They should remain in the booster seat until the vehicle seat belt fits properly. Typically, this is when they are at least 4 ft 9 inches tall (57 inches) and are 8-12 years old. Your child is ready for a seat belt alone when they pass these three tests: The child's knees should bend at the edge of the seat when their backs and bottoms are against the vehicle seat back; the vehicle lap belt fits snugly across their bony hips or upper thighs (not the soft stomach); and the shoulder belt fits across the bony shoulder and chest (not across the soft face or neck).

All children under 13 years of age should ride in the back seat of the vehicle to avoid air bag injury.

Car seats should be replaced following collisions/car accidents.

[www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx](http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx)

[www.nhtsa.gov/vehicle-safety/car-seats-and-booster-seats](http://www.nhtsa.gov/vehicle-safety/car-seats-and-booster-seats)

## **Home Hazards**

### **Poison Control - POISON HELP LINE: 1-800-222-1222**

Please put this # in your cell phone contacts.

Call this number if your child (or anyone) has ingested any concerning substance including medications, drugs, alcohol, household products, or has been stung by a venomous insect or animal.

This number can be used even for nonemergent questions about possible poisons, medications, household products, or venomous insects and animals.

This service is free, confidential, and available 24/7. They may be able to help you manage the problem at home or will direct you to emergency services.

If your child is acutely ill and needs attention, please call 911

Keep all medications out of reach of children and do not take medication in front of them - they like to copy adults. Make sure other households also have all medications out of reach, especially at a grandparent's home.

### **Safe Sleep for Infants**- how to reduce the risk of Sudden Unexplained Infant Death (SUID)

More than 90% of Sudden Unexplained Infant Deaths occur in an unsafe sleep environment. These tragic deaths can be prevented by always putting infants to sleep Alone, on their Back, in a Crib, and avoiding the use of sleep products not explicitly marked for infant sleep, such as rocking sleepers, nursing pillows, and infant loungers

Do not smoke or vape around your baby – secondhand smoke exposure can also contribute to SUID.

Here are some resources on safe sleep:

[www.safetosleep.nichd.nih.gov/](http://www.safetosleep.nichd.nih.gov/)

[www.hopkinsmedicine.org/health/wellness-and-prevention/infant-safe-sleep](http://www.hopkinsmedicine.org/health/wellness-and-prevention/infant-safe-sleep)

[www.cpsc.gov/safety-education/safety-guides/kids-and-babies/Childproofing-Your-Home](http://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/Childproofing-Your-Home)

**Childproofing** - Preparing a safe home to prevent injuries starts before your child is even born and continues throughout childhood. Here are some websites to help identify areas where you can make your home safer.

[www.nsc.org/community-safety/safety-topics/child-safety/childproofing-your-home](http://www.nsc.org/community-safety/safety-topics/child-safety/childproofing-your-home)

[www.cpsc.gov/safety-education/safety-guides/kids-and-babies/Childproofing-Your-Home](http://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/Childproofing-Your-Home)

## **Water safety**

In Arizona we have water everywhere inside and out – from bathtubs, to pools, to lakes and rivers, to irrigation canals. Drownings are the leading cause of injury-related death in children ages one to four years old in the United States, with Arizona children drowning at double the national average and most often in swimming pools. Here are a few precautions that can save your child’s life.

When swimming:

-Learn CPR and keep rescue equipment near the water.

-Always have a designated adult as “Water Watcher” who knows how to swim, is not under the influence of any drugs or alcohol

and is free of distractions (no cell phone!). Ideally this person switches duties every 15-30 minutes with another adult.

-The "Water Watcher" adult should always stay within touch distance and be able to see the faces of young children and non-swimmers, even those in life jackets. We like to tell children that if they cannot see the eyes of an adult watching them, then they should not be in the water.

-Use a U.S. Coast Guard-approved vest-style life jacket for small children and non-swimmers when in or near water. It should fit snug yet allow for movement. Check fit by picking up the shoulders of the life jacket to see if the child's chin or ears slip through - any slipping requires a smaller life vest.

#### When not swimming:

-Check to make sure all children have left the pool area and remove all pool toys from the water.

-Secure the pool fence, which should be four-sided and at least 5 feet tall with a self-latching gate. Make sure children cannot go over, under, or through the fence.

-Make sure all doors and windows to the pool are locked and secure, including doggy doors. Exterior doors with pool access should be alarmed so that when opened, there is an audible alarm.

-Having 2 barriers (such as alarms and fencing) is ideal.

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Swim classes can start after 1 year of age, with swimming lessons for kids aged 4 years and above. Remember that these are not a substitute for all the above precautions, they just add another layer of protection.

Never leave infants or children alone in bathtubs, pools, or kiddie pools, even for a moment. Empty all tubs, buckets, kiddie pools, and water containers immediately after use.

Additional local resources:

[www.phoenixchildrens.org/specialties-conditions/injury-prevention-program/programs-services/water-safety-program](http://www.phoenixchildrens.org/specialties-conditions/injury-prevention-program/programs-services/water-safety-program)

**Sunscreen Use** - we recommend using mineral-based sunscreen (zinc oxide or titanium dioxide) on all sun exposed skin in children 6 months and older and reapplying every 1-2 hours.

[www.healthychildren.org/English/safety-prevention/at-play/Pages/Sun-Safety.aspx](http://www.healthychildren.org/English/safety-prevention/at-play/Pages/Sun-Safety.aspx)

### **Firearm safety and storage**

Firearms are one of the leading causes of death for U.S. children and teens under the age of 18. Having firearms in the home increases the risk of unintentional shootings, suicides, and homicides. Even toddlers can find unlocked guns and are strong enough to pull the trigger.

Here are some precautions to learn how to keep your children safer if there are guns in the home:

-Hiding a gun is not enough. Kids are curious, and studies show they usually know where their family hides the gun.

-All the guns in your home should be locked and unloaded with ammunition locked separately. Gun trigger locks are also inexpensive and effective.

-Do not keep loaded, unlocked guns in your car, purse, or other places on your property.

-Ask about firearms in the home before a playdate and if it is not safe then invite the child to your home instead.

-Talk to your child about guns. Remind them if they ever come across a gun, they must stay away from it and tell a trusted adult immediately.

Additional resources on gun safety may be found here:

Project ChildSafe - a comprehensive firearm safety and education program with free safety kits:

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

CDC information on firearm safety: [www.cdc.gov/firearm-violence/prevention/index.html](http://www.cdc.gov/firearm-violence/prevention/index.html)

AAP information on firearm safety:

[www.healthychildren.org/English/safety-prevention/at-home/Pages/Handguns-in-the-Home.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Handguns-in-the-Home.aspx)

## **Recreational safety**

**Helmet use** - Start enforcing the use of a helmet as soon as your toddler or child starts riding a tricycle, scooter, or bicycle, even if this is just in the home or backyard. This habit is best to start right away when they are young and continue throughout their life for "anything on wheels" (besides an enclosed motor vehicle).

HealthyChildren.org has great information regarding helmet use.

Learn how to properly fit your child for their helmet here:

[www.nhtsa.gov/sites/nhtsa.gov/files/8019\\_fitting-a-helmet.pdf](http://www.nhtsa.gov/sites/nhtsa.gov/files/8019_fitting-a-helmet.pdf)

**Trampoline safety**- Trampolines are an orthopedic surgeon and emergency room's best friend...which is why we recommend keeping kids away from them.

[www.healthychildren.org/English/safety-prevention/at-play/Pages/Trampolines-What-You-Need-to-Know.aspx](http://www.healthychildren.org/English/safety-prevention/at-play/Pages/Trampolines-What-You-Need-to-Know.aspx)

# Newborn Well Visit

## **Feeding / Nutrition:**

Newborns should be fed either breast milk or a Similac™ iron fortified formula recommended by your pediatrician on demand. Initially your baby should feed 8-12 times over 24 hours. In the first 2 weeks of life, wake your baby for feeding if he/she sleeps beyond 3-4 hours. Your newborn should have at least 6-8 wet diapers in 24 hours 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 breastfed or getting less than 32 ounces of formula daily, 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 Vitamin D supplement at 6400 IU per day in consultation with her healthcare provider.

## **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 hours/day (16 hours 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

# 1 Month Well Child Visit

## **Immunizations:**

Your infant should typically receive a Hepatitis B vaccine at this visit. We will discuss side effects which may include local discomfort. However, we do NOT recommend giving any pain relievers at this age. Please call the office if your infant has a temperature of 100.4°F or greater.

## **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 daily. Stooling patterns vary a lot, between 1-8 stools/day. If breastfeeding or if formula intake is less than 32 ounces daily, continue to give your infant a Vitamin D supplement of 400 IU/day (10 mcg) or Mom can take 6400 IU daily.

## **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

# 2 Month Well Child Visit

## **Immunizations:**

Four vaccines 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 at this age. We will review potential vaccine side effects and acetaminophen dosing (which is also available on our website) with you at the visit. Please call the office with any concerns or a reaction that lasts longer than 24-48 hours.

## **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 or intake of formula is less than 32 ounces/day, 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 have better head and neck control.
- Continue to give your baby a lot of tummy time while they are AWAKE and being watched

# 4 Month Well Child Visit

## **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 or intake of formula is less than 32 ounces/day, continue to give your infant a Vitamin D supplement of 400 IU/day (10 mcg).

The first things to try can be single ingredient and iron rich foods such as infant cereal or pureed vegetables. No honey until after 12 months of age. 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.

# 6 Month Well Child Visit

## **Feeding / Nutrition:**

Begin to offer your baby more solid foods if they are sitting with support, opening their mouth for the spoon, and show interest when you eat. Offer iron fortified infant cereals and pureed fruits and vegetables. Within a few months your child should be eating a variety of foods such as cereals, all fruits and vegetables, eggs, meat, and fish. To avoid choking, make sure all foods are soft and easy to swallow. Follow your infant's cues as to when they are full and do not force your baby to eat or finish food. Do NOT give honey to your baby before 1 year of age. Please discuss with your pediatrician how to introduce 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. If your baby is drinking more than 32 ounces/day, then it's time to increase solids. 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).

## **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

# 9 Month Well Child Visit

## **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 milk yet but they can have dairy products. Start giving them a sippy cup with water at mealtimes to learn how to use a cup. Start gently brushing your baby's teeth when they have arrived.

They should be eating solids three times a day now - breakfast, lunch, and dinner just like you. Have them sit in a highchair at the table and eat with the family. Build your child's palate and offer all types of foods. They should be finger feeding soft, small, easily swallowed pieces of food- soft fruits, cooked vegetables, nut butters, legumes, meats, chicken, fish, and eggs. We also suggest yogurt (made with whole milk) and cheese. Choking hazards to avoid include hot dogs, nuts and seeds, chunks of meat or cheese, whole grapes, popcorn, chunks of nut butter, raw vegetables, fruit chunks such as apple, and hard, gooey or sticky foods or candy. Continue to avoid honey until 12 months of age. Do not give soft drinks, tea, coffee or flavored drinks and we recommend little to no juice.

## **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 may be starting to crawl and explore
- Play with your baby using balls, blocks, containers, and music, and read to them often

# 12 Month Well Child Visit

## **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 or a non-dairy alternative – drinking 16-20 oz/day on average. If you are breastfeeding, make sure to give food and milk to increase fat and protein intake. Continue to offer water in a sippy cup and generally avoid juice. 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 taking a few steps 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 use 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

# 15 Month Well Child Visit

## **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 of whole/unprocessed foods 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 cow's milk or a non-dairy alternative, about 16 oz/day, unless otherwise directed. Do not exceed 24 oz of milk/day. If your child is still using a bottle, this is a good time to wean them from 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 taking a few steps independently, 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

# 18 Month Well Child Visit

## **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 or non-dairy alternative 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 shaking their head “No”
- They should be able to point to some 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

# 2 Year Well Visit

## **Nutrition:**

Your child should be self-feeding a wide variety of foods including fruits and vegetables at each meal. Remember to continue to offer non-preferred 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. Going to the refrigerator instead of the pantry for snacks generally offers healthier options.

## **Development:**

- Your child should be putting two 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 and being creative
- 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 positive experience
- 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

## 2.5 Year Well Visit

### **Nutrition:**

Your child should be self-feeding and experimenting with more utensils. Try to offer a wide variety of foods including fruits and vegetables at every meal, even if your child refuses them. Teach them to eat fruits and vegetables of all the colors of the rainbow. Encourage dairy or dairy alternative products 2-3 times per day as well as other Vitamin D rich foods like fish, yogurt, and egg. Make sure protein, plant or animal based, is part of every meal and snack. Avoid junk food, fast food, soda, and juice, and limit sweets to only special occasions.

### **Development:**

- Your child should be putting two to three 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 and make them interactive
- 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 very important to maintain including a bedtime routine

# 3 Year Well Visit

## **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 or dairy alternative 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. Continue to limit sweets and desserts.

## **Development:**

- Your child should be putting at least 3 word 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

# 4 Year Well Visit

## **Nutrition:**

Your child should be eating meals similar to your own with a good variety of foods - try to avoid serving the same foods repeatedly just to get them to eat. Have relaxed family meals without distractions from TV or electronics. Involving your child in shopping, growing, and preparing food will make them more eager to try new things. Hit up the refrigerator for snacks instead of the pantry. 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
- Many children can count to at least 10, recognize letters and start to write their name
- They should hop, begin 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 and can learn a parent's phone number for safety

# 5-10 year well visits (annually)

## **Nutrition:**

Good nutrition helps children ages 5-10 grow, learn, and stay energized throughout the day. Aim to offer regular meals and snacks that include a variety of fruits, vegetables, whole grains, lean proteins, and low-fat dairy or dairy alternatives. This is a great age to build healthy eating habits—encourage kids to listen to their hunger and fullness cues, try new foods without pressure, and enjoy family meals when possible. Encourage them to go to the refrigerator and not the pantry when snacking to help avoid processed foods. Limiting added sugar, sodium, and processed foods will support overall well-being long term. Avoid sugary drinks and make water the main source of hydration. Remember, parents decide *what* foods are offered and *when*, and children decide *how much* to eat—keeping mealtimes relaxed and positive goes a long way in supporting lifelong healthy habits.

## **Development:**

- Children typically have clear speech and use more complex sentences to share ideas, tell stories, and ask questions. Reading together, encouraging conversation, and limiting recreational screen time to no more than 2 hours per day support language and learning
- School-age children need support at home and school for learning. Consistent contact with your child's teacher will help identify any learning difficulties and should prompt further assessment by the school if learning is falling behind.

- Physical skills improve steadily. Children can run, jump, climb, ride a bike (remember that helmet), and participate in organized sports. Encourage them to try many different activities but keep their schedule from getting overfilled to allow free play time as well
- Social and emotional skills expand as children learn to cooperate, follow rules, take turns, and manage emotions. Friendships become more important, and children begin to understand empathy and problem-solving. Encourage friendships outside of school
- Children develop a stronger sense of self, including body awareness and personal boundaries. Parents are encouraged to use correct terms for body parts, talk openly about safety, and reinforce respect for self and others
- For safety and independence, children should know their full name, address, and a parent or caregiver's phone number. We do not recommend access to social media or the internet without supervision at this age. Make sure your child only "chats" with known friends online

# Welcome to the Tween and Teen Years

As part of your routine health care, it is important for us to be able to have honest and upfront conversations with your tween/teen about subjects that can be difficult to discuss, like drugs, smoking, alcohol, depression, suicide risk, and sex.

It is important to start these conversations early - both at home and at our office - to protect their health, help them safely navigate through the teen years, and to encourage your teen to take charge of their own well-being.

Our patients aged 12 years and older will be asked to complete confidential screening tools at each well visit asking about these topics. We will use this information to help provide additional counseling and resources. The screens we use are a modified CRAFFT-N and a PHQ-A and information can be found on these websites:

[www.crafft.org/about-the-crafft](http://www.crafft.org/about-the-crafft)

[www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials](http://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials)

Your tween/teen will be asked to complete these screens electronically and on their own to ensure honesty and confidentiality. We will not share this information with a parent or guardian as mandated by teen confidentiality laws, except for any concerns about self-harm or harm to others.

As recommended by the American Academy of Pediatrics, we may spend part of the visit speaking with your tween or teen privately. This confidential time supports healthy development and allows adolescents to discuss sensitive topics and ask questions in a safe, supportive setting.

During visits starting at 11 yrs old, we will also be immunizing against Human Papilloma Virus and several strains of meningococcal meningitis. FAQ on HPV vaccine can be found on our website under "Services".

## **Additional Screening for Tweens and Teens**

### **Cholesterol screening:**

While cardiovascular disease is rare in children, risk factors present in childhood can greatly increase the likelihood a child will develop heart disease as an adult. In response, guidelines sponsored by the National Institutes of Health, and endorsed by the American Academy of Pediatrics (AAP) recommend **ALL children between 9-11 years old and 17-21 years old undergo universal screening for high blood cholesterol levels regardless of risk factors.**

There is convincing evidence that children with cholesterol problems become adults with high cholesterol. Less than 1% of children with high cholesterol will require medication, but it will be important to limit cholesterol dense foods, incorporate heart-healthy, cholesterol lowering foods and increase activity/exercise in those children with elevated levels.

Here at DSP, a simple fingerstick will be performed, if covered by your insurance, at the 10-11 year well visit and again between 16-18 yrs. If your insurance does not cover the in-office lab, or these results are abnormal, then you will be directed to a local lab to have a fasting lipid panel completed.

### **Sexually Transmitted Infection (STI) Screening:**

We follow current public health guidelines for screening adolescents for sexually transmitted infections using blood or urine tests. These guidelines often recommend routine screening for teens, even if they do not report sexual activity. Screening may be ordered through a local laboratory when indicated. We also provide age-appropriate counseling on abstinence, healthy relationships, and safe sex practices.

## **Substance Use in Teens:**

- While many U.S. teens do not use drugs, opioid misuse and overdose among adolescents has been a serious concern, especially with powerful drugs like fentanyl
- Even if drug use isn't currently a problem in your home, having **naloxone (Narcan)** available and knowing how to use it can be lifesaving
- Naloxone is also important to have in the home if you or your child take a prescription opiate based medication
- Naloxone is a safe, effective medication that can quickly reverse an opioid overdose and is recommended for families to have on hand in case of an emergency
- Naloxone is available without a prescription in Arizona
- Nicotine use has increased significantly with vaping/electronic devices and often leads to substance use disorder
- Nicotine is a stimulant and has adverse effects on your teen including learning and attention problems and has been linked with anxiety and depression

## **Additional resources for Teens and Parents of teens:**

Young Women's Health [www.youngwomenshealth.org](http://www.youngwomenshealth.org)

Young Men's Health [www.youngmenshealthsite.org](http://www.youngmenshealthsite.org)

Substance Use and Mental Health [www.crafft.org/resources](http://www.crafft.org/resources)

Nicotine Use, Dangers, and Cessation resources:

[www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Alternative-Forms-of-Tobacco.aspx](http://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Alternative-Forms-of-Tobacco.aspx)

[www.az.mylifemyquit.org/](http://www.az.mylifemyquit.org/)

[www.azdhs.gov/prevention/chronic-disease/tobacco-vape-e-cigarettes](http://www.azdhs.gov/prevention/chronic-disease/tobacco-vape-e-cigarettes)