

PARKSIDE PEDIATRICS, S.C.

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Hours: Mon. and Tues. 9 – 5
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Name _____ Date _____

Height _____ Weight _____

15 MONTHS TO 4½ YEARS OLD INSTRUCTIONS

DIET:

Now is the time to establish proper habits so as to minimize the risk of future weight and heart disease problems.

1. Use whole milk until your child is 24 months old, then skim and non-fat milk products become preferred. 14 to 20 ounces of milk per day or the equivalent in milk products is recommended until 3 years old when it increases to 24 to 28 ounces per day. This includes cheese (1 slice = 4 oz. of milk) and yogurt (4 oz. yogurt = 4 oz. of milk). Until age 3, do not exceed 20 ounces of milk products per day, instead encourage intake of a variety of other healthy nutritious foods. If your child is consuming less than the recommended amount of milk products on a regular basis, contact us during office hours.
2. Juice has **minimal** nutritional value and therefore should be limited to no more than 4 ounces per day. A good way to monitor your child's juice intake and to make a small amount go a long way is to pour 4 ounces of juice into a pitcher and fill the rest with water. Tell your children that this is "their" juice pitcher. They will be thrilled!! It is preferable to give juice only from a cup and not the bottle. This way your child considers it a snack and not a part of the meal. At meal time, your child should drink only milk or water.
3. Make sure your child drinks at least 8 ounces of water **with fluoride** per day so as to maximize the protection of the growing teeth and bones. The best option is filtered tap water. Ideally, the filter removes at minimum lead and chlorine with a refrigerator filter or a faucet mounted filter such as those from Brita or PUR being appropriate options. Make sure to change the filter cartridge as per the instructions. Check with the manufacturer if you are unsure if the filter removes fluoride. Carry liquids in hard plastic, aluminum, or stainless steel containers – glass containers are acceptable if they can be used safely in light of potential breakage – avoid cheap plastic bottles.
4. Minimize added salt.

5. Eggs 2 to 3 times per week or less. Eggs and red meat are not necessary for a well balanced diet.
6. Give at least two servings each of fruits and vegetables every day. Watermelon and iceberg lettuce do not count because they are mainly water. Potatoes, rice, and corn count as starches and not vegetables.
7. Limit fast foods and fried foods as much as possible due to their high fat content.
8. Limit “junk food” snacks, including chips, to a maximum of one per day. Healthy snacks, such as apples and carrots are far preferable.
9. Most children do not start to adequately chew their food until they are 2 to 3 years of age. Therefore, avoid peanuts and hard candy due to the risk of choking. For the same reasons, be careful with pieces of hot dogs, whole grapes and popcorn.
10. Children mimic the behavior in their environment. Good parental eating habits, including fruits and vegetables, are very influential in establishing a well balanced diet in the children.

VITAMINS:

At about 24 months of age you may change from a liquid to a chewable multivitamin with iron for children. This should be given every day. Most gummy vitamins do not contain iron and are therefore not an appropriate supplement.

SLEEP:

The average child is sleeping from 10 to 11 hours at night and will frequently stop naps between 3 and 4 years of age. Some children sleep more or less. If the opportunity to sleep is available, your child will get all they need. Notify us during office hours if you feel your child is not getting enough sleep and this is associated with frequent napping, low energy levels, or irritability.

DEVELOPMENT:

Keep in mind there are wide variations in development, some milestones being reached before others. Below is a brief outline:

15 months – walks without help, can get into standing position without support, builds tower of 2 cubes, feeds self and uses cup well, and has several intelligible words. We encourage you to read to your child daily.

18 months – goes up and down stairs well without help, builds tower of 3 or 4 cubes, throws ball without falling, unzips jacket, manages spoon well, scribbles, points to 2 or 3 body parts, points to picture of car or dog. Visual acuity is 5/20 (adult is 20/20). The bottle should be stopped by this age.

24 months – walks up and down stairs well (2 feet per step), kicks ball, runs well, washes and dries hands, 6 to 7 cube tower, puts on socks and pants, says at least 50 words with some 2-word combinations, points to 4 body parts, uses I/me/you, puts doll to bed. Visual acuity is 10/20. Begin teaching your child his or her full name. The pacifier should be stopped by this age.

2½ years – jumps with both feet, builds 8 cube tower, will make a vertical and horizontal stroke with a pen, knows full name and sex, names one color. Have your child tell stories, begin to learn the alphabet, and to start simple counting. Drawing and finger painting are fun activities at this age. Encourage your child to describe things to you.

3 years – goes upstairs one foot per step, rides tricycle (if opportunity to learn is available), sets table, dresses and undresses if helped with buttons, copies circle, draws a stick man, knows nursery rhymes, may count to 10, speaks to doll which they dress and undress, constantly asking questions. Encourage your child to help with bathing and dressing. Fun activities at this age include stories where your child fills in the blanks and “catch.”

Now is the time to establish proper entertainment habits. Television viewing should be in moderation with an emphasis on non-violent, creative, and educational shows. Excessive television exposure has been associated with such negative traits as obesity, aggressive behavior, and poor school performance. We strongly encourage you to frequently read books to your child.

By instinct we tend to discipline our children in a manner which is opposite to that which is most effective. When they are playing quietly we go about doing our daily routine, but when they misbehave we shower a lot of attention, mainly negative, upon them. Although no discipline method is perfect, children respond better to proper role models and positive reinforcement. For this reason, discipline which involves spanking and other types of physical punishment should be nearly eliminated since they send the wrong message to the child. A verbal explanation of our displeasure with the child’s behavior teaches them how to resolve conflicts without violence. We should try to praise our children when they are behaving properly and withdraw this praise using a method such as “time out” when they deviate from previously defined acceptable behaviors. There are many good books in the library dealing with these issues.

For discipline and child rearing techniques consider reading:

1. *The One Minute Mother* by Dr. Spencer Johnson
2. *Little People* by Edward Christopherson — usually needs to be ordered at the bookstore.
3. *Teaching Values To Your Children* by Linda and Richard Eyre
4. *Time Out For Toddlers* by James W. Varnie
5. *TMA Guide to Toys and Play* — a free booklet available by calling 1-800-851-9955 which gives information about toy safety and selecting, how to read toy labels, and parental involvement in play.

The most important aspect of child rearing is love and consistency from all the caregivers.

TOILET TRAINING:

Children need to be emotionally as well as physically ready to toilet train effectively. We recommend that training begin when the child is 2 years old and/or shows an interest. The basic principle involves trying to catch your child with a success by putting them on the toilet on a regular basis during the day for brief periods of time. This is not the time to tell stories or watch television. Every time the child has a success, shower praise and congratulations upon them. Every few days mention that big girls/boys use the toilet. Do not say, “Are you a baby? Only babies use a diaper!” If you do, the child will frequently respond with, “But I am a baby!” and then you’ve lost the battle. Bowel and night time training tend to take longer with up to 15% of the children in Kindergarten still wetting the bed at night. Some children do not learn to use the toilet during the day until they are 4 years old. If this is the case with your child, we will discuss behavioral reward methods with you. At all costs, avoid power struggles.

HYGIENE:

- Never insert Q-tips into your child’s ears.
- Brush your child’s teeth twice a day using a toothbrush and toothpaste which contains fluoride but no peroxide, whiteners, or tartar control agents. Since children tend to swallow the toothpaste, use only a small amount of toothpaste. Excessive fluoride ingestion can be harmful. Your child is not old enough to brush his/her own teeth. In general, routine dental exams should begin at 3 years of age. Let us know if you need a dental referral.
- Whenever the sun is capable of burning the skin, a sunblock should be applied to exposed areas taking care to avoid the eyes, mouth, and palms. Utilize clothing including

- For more information about seafood health information with regards to mercury and other toxins refer to:
www.environmentaldefense.org/article.cfm?ContentID=3576
- The common practice of giving sips of alcohol to young children is much more dangerous than it would seem. Only two teaspoons of rum will produce toxic levels in the average one year old child. The “sampling” of adult beverages should not be allowed. Also, get in the habit of cleaning up alcoholic beverages after a party. On numerous occasions, children awaken the next morning and begin to imitate adults by drinking left over beverages. This can lead to disastrous consequences.
- Keep the species name labels for houseplants or know what is growing in your pots around the house. When your child decides to snack on a houseplant you can knowledgeably speak to the poison control center about what they ingested.
- It is recommended that double-hung windows be opened from the top, rather than the bottom, to avoid having your child fall when they lean on the screen.

hats to protect your child from the sun as much as possible. Remember, it doesn't have to be hot outside to get a sunburn. Choose a water resistant sunblock that has broad UVA coverage and a SPF of 30 or higher to protect against UVB rays. Favorite summer clothes can be given sun protection factor (SPF) by using SunGuard in the washing machine, which lasts for at least 10 washings throughout the summer. JoAnn fabrics and Walgreens carry it, or see www.sunguardsunprotection.com for information.

- A good quality insect repellent should be applied to exposed areas when there is a possibility of insect bites. Skin-So-Soft Bath Oil® made by Avon and citronella oil lotions are good nontoxic options even recommended for infants under one year due to their low risk of toxicity. Cutter Advanced® (picaridin is the active ingredient) is a good DEET-free product suitable for even young children. If these are ineffective, consider using a DEET containing insect repellent spray on clothes and a repellent lotion on exposed skin surfaces. Avoid using repellent products with greater than 10% DEET on children's skin. Skintastic® for children is readily available and has less than 5% DEET. Be careful to avoid the eyes, mouth, and hands. All these products must be washed off the skin in the bath or shower the same day they are applied.
- To decrease the risk of urinary tract infections in girls, the vaginal area should be always wiped with toilet tissue from front to back. **Bubble bath and powders should not be used.** Supervision by the parent is required, at least periodically, up until 6 years old.

ILLNESS MANAGEMENT:

Most illnesses are viral and may be managed at home. Antibiotics are frequently not helpful and therefore not indicated for viral infections. Over-the-counter medications are no longer recommended and simple measures to make your child more comfortable are the most important. Remember, your child is just like us. They will be more cranky, sleep more, and eat less when they are ill. Symptoms frequently seem worse at bedtime. Keep these things in mind when you evaluate your child.

We recommend:

1. Temperature management: see next section.
2. Cool-mist humidifiers or vaporizers may help if the nasal secretions are thick. These must be cleaned and disinfected daily. Do not add chemicals such as Vicks to the vaporizer.
3. Encourage liquids – the appetite will probably be below normal for 5 to 7 days. The most important thing is to prevent dehydration.
4. Do not self-medicate with antibiotics prescribed for other children or from prior illnesses.

Reasons to call us include:

1. Symptoms are not improving after 8 days or persist longer than 2 to 3 weeks.
2. Temperature persists beyond the first 96 hours (4 days) of the illness or goes over 104° by rectum (103° orally).
3. Persistent rash, especially if it itches.
4. Trouble breathing, wheezing, or turning blue around the lips.
5. Significant vomiting or diarrhea.
6. Your child is acting worse than just having a ‘bad cold’, especially if the symptoms are progressing. This includes excessive irritability or lethargy (subdued but arousable), is expected with most illnesses.
7. Any time you as a parent are concerned.
8. Shaking chills are noted. Occasional ‘goose bump’ shivers are OK.
9. Urinating less than 3 times during a 24 hour period.

FEVER MANAGEMENT:

A fever is usually an indication of an infection. Teething does not cause a fever. Aside from being a sign of illness, a fever is also bothersome because it makes the child feel uncomfortable and is a source of fluid loss through evaporation. A fever even up to 106° by rectum, for short periods of time, causes no permanent injury to the body as far as we are aware. In fact, this is the body’s way of combating an illness and is beneficial. The risk of seizures is small and related to rapid temperature change, either up or down, not the absolute temperature. We worry more about the lethargic, ill appearing child than one with a 104° temperature who is active and playful. The **only reason** to treat the fever is to make the child more comfortable.

A true fever is a temperature greater than 100° by rectum and 99.6° by mouth. The temperature tends to be ½° higher at noon, so 100.5° by rectum in an otherwise healthy appearing child may be normal. Axillary temperatures tend to underestimate the temperature and are not recommended. For example, if the child’s temperature is 100° under the arm, the rectal temperature may be 100° or 101° or 102°. A warm forehead frequently does not represent a true fever and forehead fever strips are very unreliable. We discourage the use of electronic ear thermometers (i.e. Thermoscan®) since they are potentially unreliable in children under the age of 3 years old. Utilizing a “pacifier” thermometer is a reasonable option if you opt not to obtain a rectal temperature.

SAFETY:

- For younger children, car seats are much safer than booster seats. When using a car seat make sure the straps come out of the back of the seat at or above the child’s shoulder. Your child should be kept in a car seat until they are 4 years old, at which time they can be switched to a booster seat until age 9. This enables the shoulder harness and lap belt to fit the child properly. Up-to-date federal guidelines regarding the proper type of seat to use for your child can be found at <http://www.nhtsa.dot.gov>. Use “quick clicks” about child seats or the drop down menu “Information on...” to access information on child safety seats. The American Academy of Pediatrics has their Car Safety Seat Guide on-line at <http://aap.org/family/carseatguide.htm> and other information about car seats at <http://www.aap.org/healthtopics/carseatsafety.cfm>.
- Make sure all medicines and cleaners are **locked away** from your child’s reach. Up high is **not** adequate. Keep all medications in their original containers. Survey your medicine cabinet every 6 months and discard expired medications.
- The phone number of the Illinois Poison Control Center downtown is 800-222-1222. This number should be readily available at all times, including in your cell phone, along with the number for the nearest emergency room and our office. In case of accidental ingestion of potential toxic substance, telephone **Poison Control immediately**. Feel free to contact us, **BUT** we should be called **after** you have spoken with Poison Control.
- Whenever your child is on a bike, either the back of yours or learning on a tricycle, they should be wearing a protective helmet. Look for the ANSI (American National Standards Institute) or Snell sticker to indicate safety testing and approval. This not only prevents injuries, but also establishes the habit early. Since children learn by imitation, a stronger message is sent to your child if you also wear a helmet.
- Do not leave your child alone in the tub or pool even for a moment.
- Be careful with industrial size buckets (5 gallons). These are one of the most common places for deaths due to drowning and suffocation.
- When your child is 2 ½ years old, 35 inches tall, starts to climb out of the crib, or can get their leg up on top of the crib rail, you should consider getting an approved netting or extension bars for the sides. Another option is to transfer your child to a twin bed with or without a mesh type bed rail. The crib mattress and pillows can be used to cushion any fall. Children usually tolerate this transfer well.
- Due to a significant risk of injury, bunk beds are not recommended.
- An excellent resource for inexpensive lead testing of household tap water, painted surfaces or outside soil is the non-profit service Clean Water Lead Testing Inc. (www.leadtesting.org) in Asheville, NC. They also supply kits to test for arsenic in soil and pressure treated wood.

DIARRHEA:

Diarrhea is the frequent passage of watery stools or a significant consistent increase in the frequency of stools from the child's usual pattern. Most diarrheal illness is caused by a virus and is therefore self-limited. The main concern is to prevent dehydration. Medicines play only a small part in controlling diarrhea with dietary measures being the most important. If there is no vomiting for 12 hours, you should offer your child a constipating diet which includes lean meats such as boiled chicken, fish, ripe bananas, rice, potatoes, toast, crackers, apples, pears and active culture plain or vanilla yogurt such as Dannon® or Yoplait®. Clear liquids including broths, Pedialyte, water and very dilute juice (not red or green) should be continued to ensure adequate hydration as the loose stools persist for several days. Avoid high sugar foods such as sweetened store bought applesauce and juice in excess of 4 ounces per day. Oily or greasy foods and added fats should also be avoided because these may exacerbate the diarrhea. Cow's milk in limited quantities is acceptable but may need to be stopped if the diarrhea persists or becomes excessive. The use of a good probiotic, such as Florastor Kids (info on Florastor.com) or Culturelle, may reduce the severity and duration of the diarrhea. If vomiting is present, follow the instruction in the previous paragraph. Call us during office hours if the diarrhea is not improving within 7 days or lasts longer than 4 weeks. Call us sooner if there are signs of dehydration (dry eyes, dry mouth, lethargy, urinating less than 4 times per day) or increased illness symptoms.

INJURY MANAGEMENT:

1. For simple scrapes and cuts, keep the wound clean and dry. A topical ointment such as Polysporin® or Bacitracin® applied 3 times per day will help minimize the risk of infection. We do not recommend using Neosporin® due to potential allergic reactions in some individuals. Call us for any sign of infection which includes pus, increasing redness, increasing pain, or fever.
2. You should call us for any lacerations that continue to bleed after attempts at applying direct pressure or that gape open. If it is during office hours, we will repair most common injuries rather than sending you to the emergency room.
3. You need to check the teeth after any injury involving the head or mouth. Contact your dentist (or us if you need a referral) anytime you note the tooth to be loose, painful to touch, or discolored.
4. Call us during office hours if your child sustains what you feel is a sprain or pulled muscle but after 24 hours they continue to complain of pain, there is persistent swelling, or decreased use of the injured body part. Call sooner for any significant injury, especially if there appears to be a deformity, or a loss of sensation/circulation.
5. Immediately place cold water on a burn and then call us.

To treat the fever, we recommend:

1. Acetaminophen (i.e. Tylenol®) every 4 hours as needed. Ibuprofen (Motrin®, Advil®) may be used every 6 hours as needed instead of Tylenol® for discomfort including temperatures over 102° or pain unrelieved by Tylenol®. Do not wake a child to give either acetaminophen or ibuprofen. Remember, the goal is to make your child more comfortable. Ibuprofen should NOT be given during the same four hour time period in which acetaminophen was given unless the fever or pain does not respond to the acetaminophen, in which case it can be given early once. Do **not** however, continue using Tylenol® together with ibuprofen within the same six-hour interval to keep your child comfortable. If you need additional fever reduction beyond that achieved with the Tylenol® alone or ibuprofen alone, oral fluids and a bath (see below) are recommended.
2. A tepid bath with the water not too warm or too cold, (85° like in a swimming pool) will cool your child if the Tylenol® or ibuprofen has not brought the temperature under 102° within 1 hour of giving the dose. Wet your child's hair and keep pouring water over the head, shoulders, and trunk for 15 to 20 minutes. Do not use alcohol to sponge off your child as the fumes or absorbed alcohol may be intoxicating. Water is equally as effective for temperature control. If the bath seems too cool, warm the water to make it more comfortable. A child shivering or vigorously resisting a cooling bath will frequently raise the body temperature which is counterproductive.
3. Fluids are very important in fever management. The body is unable to adequately cool itself if it is dehydrated. Two or four ounces of fluid per hour is usually adequate to prevent dehydration with a fever. Cold liquids such as popsicles and juices (not red or green) are especially palatable and effective in cooling a warm child.

Medication Dosages

Tylenol® - Given No More Often Than Every 4 Hours (maximum of 5 doses/24 hours)

Weight (lbs.)	Dose (mg)	Suspensions Drops (80mg/0.8cc)	Elixir (160mg/tsp.)	Regular Chewables (80mg)	Junior Chewables (160mg)
6-8	40	0.4cc			
9-11	60	0.6cc			
12-14	80	0.8cc			
15-17	100	1.0cc			
18-23	120	1.2cc	¾ tsp.		
24-29	160	1.6cc	1 tsp.	2	1
30-35	200	2.0cc	1¼ tsp.		
36-40	240	2.4cc	1½ tsp.	3	1½
41-46	280	2.8cc	1¾ tsp.		
47-52	320		2 tsp.	4	2
53-58	360		2¼ tsp.		
59-64	400		2½ tsp.	5	2½
65-70	440		2¾ tsp.		
71-73	480		3 tsp.	6	3
74-94	500				
>94	650		8		4

Ibuprofen (Motrin®, Advil®) - Given No More Often Than Every 6 Hours

Weight (lbs.)	Dose (mg)	Suspensions Drops (50mg/1.25cc)	Elixir (100mg/tsp.)	Regular Chewables (50mg)	Junior Chewables (100mg)
11-16	50	1 dropper	½ tsp.	1	½
17-21	75	1½ droppers	¾ tsp.	1½	
22-27	100	2 droppers	1 tsp.	2	1
28-32	125	2½ droppers	1¼ tsp.	2½	
33-38	150	3 droppers	1½ tsp.	3	1½
39-43	175		1¾ tsp.	3½	
44-49	200		2 tsp.	4	2
50-54	225		2¼ tsp.	4½	
55-60	250		2½ tsp.	5	2½
61-65	275		2¾ tsp.	5½	
66-71	300		3 tsp.	6	3
72-76	325		3¼ tsp.	6½	
77-82	350		3½ tsp.	7	3½
83-87	375		3¾ tsp.	7½	
>87	400		4 tsp.	8	4

** These are maximum dosages

** These medications should not be used for longer than 3 days (72 hours) without a physician's order

Benadryl® - No More Often Than Every 6 Hours

Weight (lbs.)	Dose (mg)	Liquid (tsp.)	Chewable Tablets	Softgel Tablets
11 - 16	6.3	½	½	
17 - 21	9.4	¾		
22 - 27	12.5	1	1	½
28 - 32	15.6	1¼		
33 - 38	18.8	1½	1½	
39 - 43	21.9	1¾		
44 - 49	25	2	2	1
50 - 54	28.1	2¼		
55 - 60	31.3	2½	2½	
61 - 65	34.4	2¾		
66 - 71	37.5	3	3	1½
72 - 76	40.6	3¼		
77 - 82	43.8	3½	3½	
83 - 87	46.9	3¾		
≥88	50	4	4	2

** These are maximum dosages

** This medication should not be used for longer than 3 days (72 hours) without a physician's order

** This medication should not be used in children less than 1 year old without a physician's order

VOMITING:

The main treatment for simple vomiting is not to eat. Therefore, the child should be given **nothing** by mouth for ½ to 1 hour after vomiting. After that point, start small amounts of clear liquids such as water, very diluted juice (not red or green) or Pedialyte (infant oral rehydration solution) at frequent intervals. For example, 1 to 2 ounces every 30 to 60 minutes. Once the vomiting has been under control for 12 hours, you may gradually introduce boiled chicken, rice, crackers, rice cereals, soups, broths and active culture plain yogurt (Dannon®, Yoplait®). Do not reintroduce other milk products, butter, margarine, fatty foods, or heavy spices until there has been no vomiting for 4 days. Contact us if the vomiting is excessive despite the above measures or isn't settling down after 12 to 18 hours, your child does not urinate at least 4 times in 24 hours, the eyes and mouth become dry, your child becomes excessively sleepy or irritable, or your child appears to be getting more ill.