

Four Month Check Up

www.cedarparkdoctors.com



**Cedar Park Pediatric
& Family Medicine**
Complete Medical Care for your Family

345 Cypress Creek Rd. Suite 104
Cedar Park, Tx 78613
Phone: 512-336-2777

LENGTH _____ WEIGHT _____ HEAD CIRCUMFERENCE _____

IMMUNIZATIONS

It is common for children to experience some discomfort from today's Vaccine. The Following are **NORMAL side effects.**

- _ Soreness, redness, swelling, tenderness where shot is given
- _ Fever (usually low grade)

For relief, you may apply ice for first 24 hours/and Tylenol _____ dosage

Received vaccines to prevent:

- Dtap Hib Hepatitis A Hepatitis B Prevnar Polio Rotateq Other
- _____

SHOULD YOUR CHILD EXPERIENCE

- _ Streaking @ Site of Injection
- _ Difficulty breathing
- _ Hoarseness or Wheezing
- _ Swelling of the throat
- _ Weakness
- _ Fast heart beat
- _ Dizziness
- _ Hives

CONTACT THIS OFFICE IMMEDIATELY 512-336-2777

NUTRITION

Feeding Patterns

Breast Fed Infants: Most infants need at least 6 breast-feedings in a 24-hour period until solid feedings are well established. You may introduce solid foods to your infant anywhere from 4 to 6 months, but exclusive breast-feeding is ideal nutrition to support optimal growth and development for up to 6 months of age.

Formula Fed Infants: Most formula fed infants take 4 to 5 bottles a day of 6 to 8 ounces each. If your infant consistently takes more than 32 to 36 ounces of formula a day he may be ready for solid foods.

Vitamin D Supplementation – Starting soon after birth, the American Academy of Pediatrics recommends that 400 IU of Vitamin D supplementation be given to all infants. You can purchase solely Vitamin D drops or Poly-Vi-Sol, which is a multivitamin at grocery or pharmacy stores. If your baby is exclusively formula fed with Enfamil newborn and takes more than 27 oz in a day, you do not need Vitamin D supplementation.

Solid Foods

When to Start: There are no hard and fast rules for when to begin solid foods. Your goal should be to notice when your baby is reaching his limit of a milk-only diet. One common clue that your baby is ready for solids is an obvious increase in appetite. Your baby may start to feed more frequently and may even start waking more during the night. Some parents feel like they are going back to the newborn days. A single day or night of increased feeding may only mean a growth spurt, but a growth spurt that is “endless” probably means that your baby is ready for solid foods.

Spoon-Feeding: Between 4 & 6 months of age, the tongue thrust reflex disappears. This enables an infant to master spoon feeding. If you infant is unable to spoon feed, then she is not ready for solids.

Sitting: Being able to sit without assistance occurs closer to 6 months of age. This helps your infant to lean forward to food and indicate hunger. Sitting makes feeding easier.

Another clue: Your infant may start to show an interest in food. He may start watching you intently as you eat. Some infants will even open their mouths as you eat. Having a consistent family centered (i.e. not television centered) mealtime will help with feeding your baby.

SOLID FOODS- HOW TO START

Spoon-feeding: Spoon-feeding teaches your child the process of eating and allows your child to stop when full. Initially, you may need to partially breast-feed or give part of a bottle to take the edge off your baby’s hunger prior to attempting to spoon-feed. Use a spoon that will easily fit into your baby’s mouth and at first place only a half a teaspoon or less on the spoon. Keep trying even if your baby doesn’t like it and turns her head. She will catch on. Increase the amount on the spoon and of the feeding as your baby gets used to spoon-feeding. If your baby absolutely refuses or is unable to spoon-feed after a reasonable trial then stop, go back to exclusive breast or bottle feeding for a week or so, and then try the spoon again. After spoon-feeding is mastered, your baby can have a breast or bottle feeding after eating. (As solid intake increases, milk intake will decrease.)

Frequency of meals: Once spoon-feeding is mastered, two meals a day with solids are sufficient. Once your child has eaten well for a month or two, you may move up to 3 meals a day. Most babies are up to 3 meals a day by 6 to 8 months of age.

Cereal: Infant cereals are generally the 1st solid foods given. They are easy to digest and are iron-fortified. Infants are at higher risk for iron deficiency anemia between 9 and 18 months of age. This is a period of rapid growth when newborn iron stores are depleted and dietary iron intake is frequently inadequate. The AAP recommends that 2 servings of infant cereal a day be given, starting 4 to 6 months until a year of age, to prevent iron deficiency anemia. A serving is considered 4 tablespoons (1/4 cup, 2 ounces) of dry cereal.

In the 2nd year, one serving a day of infant cereal may be continued to help prevent anemia. Premixed cereals are easier to use, but the dry cereals are richer in iron and allow you to control the thickness of cereal. The first cereals are usually offered in this order: rice, oatmeal, barley. The infant cereals contain more iron than regular cereals. Wheat and mixed cereals are more allergenic and should be introduced last. With new foods watch for diarrhea, stool changes, vomiting, skin rashes, or unusual fussiness as possible food responses.

Fruits and Vegetables: It is not important whether or not you give fruits or vegetables first. Babies are born with a preference for sweets & the order of introducing foods does not change this. Wait 3 to 7 days between introducing new foods. For vegetables, start with carrots, 1-2 teaspoons per feeding. The yellow vegetables (carrots, squash, and sweet potatoes) are thought to be easier to digest. For fruits, start with applesauce. The white fruits (apples, pears, bananas) are thought to be easier to digest. Avoid citrus until 12 months of age. Cooked vegetables can be pureed or put in a blender. Fresh fruits such as apples, pears, bananas, or peaches can be peeled, mashed, or strained. Do not add seasoning such as salt or sugar.

Warning: Do not home prepare beets, turnips, carrots, spinach, or collard greens. In some parts of the country, these vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young infants. Baby food companies are aware of this and screen for nitrates. Avoid buying these vegetables in areas where nitrates have been found. Because you cannot test for this chemical yourself, it is safer to use commercially prepared forms of these foods. If you choose to prepare them at home anyway, serve them fresh and do not store them. Storage of these foods may actually increase the amount of nitrates.

Meats: Wait until at least 6 months of age or older to start meats. Avoid seafood until a year of age. Egg yolk can be added & is a good source of iron. Egg whites are considered allergenic & can be added at a year of age.

What is a typical meal?

On average, after 2 to 3 months on solids, your baby's diet should include breast milk or formula, cereal, vegetables, fruit, and possibly meat. The solids will be distributed between 2 to 3 meals. At this point, a daily meal is about 4 ounces of solids. This is an average. Your baby will guide you on how much he needs. If your child is growing and developing well, his nutrition is likely adequate.

CARE OF YOUR CHILD

Prevention of Sleep Problems

As discussed in the 2 month visit newsletter, establish a soothing bedtime routine and place your baby to bed drowsy, but not asleep. Your baby must learn to put herself to sleep. It is unsafe to place pillows, bulky covers, & large stuffed toys in your infant's crib.

Make any middle of the night contacts brief and boring. Try to discontinue middle of night feeding. All children have 4 or 5 partial awakenings each night. They must learn to go back to sleep on their own. Most babies learn to self-soothe at this age. If your baby cries more than 5 minutes, visit, but do not turn on the light or pick him up. Comfort your baby with soothing words & keep contact to under a minute. Try patting him. If crying continues, repeat your visits at increasingly longer intervals, but no longer than 10 minutes at this age.

Teething

Your child's first teeth usually appear around 6-8 months of age. There is a lot of variability and first teeth may appear as early as 3-4 months of age or as late as 12-15 months of age. Your child may begin to drool excessively or put everything in her mouth months before the first tooth erupts. Teething rings and cool washcloths (wet wash clothes placed in freezer for 5-10 minutes) are usually sufficient. Another method of relief is gum massage with your finger or ice.

The first teeth need proper cleaning. Clean the gums and first teeth with a soft wet washcloth or a soft infant toothbrush. You may use just water or a tiny dab of toothpaste on the toothbrush without fluoride.

DEVELOPMENT

- **Language:** Baby should be able to laugh & turn her head to voices. Some babies will even mimic sounds.
- **Social:** Babies this age enjoy looking around and are entertained by social interactions.
- **Gross Motor (Movement):** Your baby will start rolling over soon. While on her stomach, she should start raising her trunk and supporting herself with her wrists.
- **Fine Motor (hand & finger):** Babies at this age reach out with both arms in unison. She may grasp a rattle well, but will not reach out with one hand very well.
- **Suggestions for Play:** Clap your hands together while singing. Hold her on your lap and make interesting noises. See if she copies you. Play peek-a-boo. Hold her in front of a mirror and ask “who’s that baby?” Point & call her by name.

EARLY CHILDHOOD INTERVENTION (ECI) PROGRAMS:

The State of Texas has a network of local community programs that provide services to Texas families and their children, birth to age 3, with developmental delays. The costs of services provided are based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down Syndrome, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-250-2246 or visit the ECI website at www.eci.state.tx.us for the ECI program closest to you.

SAFETY

Falls:

Since your baby will roll over any day now, never leave your baby on a changing table, bed, sofa or chair. If left unprotected, he will fall. Put him in a safe place, such as a playpen or crib when you cannot hold him. If he is in an infant seat or stroller, make sure that he is buckled in properly, even if it is “just a minute.” It does not take long for an unprotected or unbuckled infant to fall off the couch or out of a stroller or infant seat. Infants can be unintentionally “thrown” out of infant seats if the seat is picked up & the baby is not buckled in place properly.

Childproofing your home

The time to be sure your house is safe is before your baby is mobile. Put all medicines, poisons, cleaning supplies, and vitamins in locked cabinets. Plug up electric outlets and be sure electric cords are secured behind furniture so your baby will not pull on a cord, bit on it, or pull a lamp off a table. Put gates at the top and bottom of stairs. Close the doors to other rooms, especially bathrooms. Become accustomed to keeping books, magazines, newspapers, and waste baskets out of your baby’s reach.

Car injuries

Most injuries can be prevented by the use of a car safety seat. Make certain that your baby’s car seat is installed correctly. Read and follow the instructions that come with the car seat and the sections in the owner’s manual of your car on using a car safety seat correctly. Use the car safety seat every time your child is in a car. Your infant should ride in the back seat in a rear-facing car seat until at least a year of age and at least 20 pounds. For questions about car safety seats you may also call the Safe Riders program @ 1-800-252-8255 or 1-800-SEAT-CHECK (www.seatcheck.org).



Burns

At 3 to 5 months, babies will wave their fists and grab at things. Never carry your baby and hot liquids, such as coffee or foods at the same time. To protect your family from tap water scalds, reduce the maximum temperature of your hot water heater to 120 F.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water until she quits crying, then cover the burn loosely with a bandage or clean cloth and call your baby's doctor.

To protect your baby from house fires, be sure that you have a working smoke alarm in your home. Test the batteries in your alarm every month. Change the batteries at least twice a year on dates that you'll remember, such as Daylight Savings and Standard Time.

Avoid direct sun exposure, especially from 10am to 4pm. Use a wide brim hat to shield the face and cover arms and legs with lightweight clothing.

Sleep on your back

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby should always sleep on his or her back. Never put your baby on a water bed, bean bag, or anything that is soft enough to cover the face up and block the nose.

Smoking

If your or another family member is a smoker, one of the best ways to protect your family's health is to quit smoking. Smoking increases your baby's risk of respiratory illnesses, cancer, and SIDS.

**For more helpful tips and information regarding your child's health,
check out our website at**

www.cedarparkdoctors.com

Your baby's next appointment is at **6 months of age.**

**Please bring your baby's immunization record with you to
each Well Child Visit.**

Car Safety Seats: Information for Families

Motor vehicle crashes remain the leading cause of death for children ages four and older. New research into the effectiveness and safety of car seats found that children are safer in rear-facing car seats. Because of this, the American Academy of Pediatrics has recently updated their recommendations regarding car seat use. They now advise that children should ride rear-facing until age two and that older children use a booster seat until at least age eight.

The American Academy of Pediatrics also recommends the following overall guidelines regarding car safety use:

Infants should ride rear-facing until age two or until they reach the highest weight or height allowed by the car seat's manufacturer. When children reach the highest weight or length allowed by the manufacturer of the infant-only seat, they should continue to ride rear-facing in a convertible seat. We no longer advise facing forward at twelve months of age and twenty pounds, as was the previous recommendation.

It is best for **toddlers/preschoolers** to ride rear-facing as long as possible to the highest weight and height allowed by the manufacturer of their convertible seat, preferably until age two. When they have outgrown the seat rear-facing, they should use a forward-facing seat with a full harness as long as they fit.

Booster seats are for older, **school-aged children** who have outgrown their forward-facing car safety seats. Booster seats help position the lap and shoulder belt properly. Children should stay in a booster seat until adult belts fit correctly. Most children will need a booster seat until they are 4 feet 9 inches tall and are between the ages of eight and twelve.

Older children who have outgrown their booster seats should ride with a lap and shoulder seat belt in the back seat until thirteen years of age. The shoulder belt should lie across the middle of the shoulder and chest and should not be against the neck. The lap belt should fit low and snug over the child's hips and upper thighs, not across the abdomen.

Not only are the above guidelines for your child's safety, it's **TEXAS LAW!**

Under the "Child Passenger Safety Seat Systems" Law, it is an offense if an adult transports a child who is shorter than 4'9" tall and does not keep the child secured in a safety seat system. In addition, it is also an offense if a child who is greater than 4'9" tall is not restrained with a seat belt. A violation of this law can lead to a hefty fine.

It is absolutely essential that **ALL CHILDREN YOUNGER THAN 13 YEARS OF AGE RIDE IN THE BACK SEAT!** An air bag deployed in the front seat can seriously injure or kill children younger than 13 years of age. Remember, even a low velocity "fender-bender" can deploy a front airbag and seriously injure a child in the passenger seat.

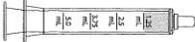
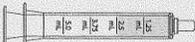
Children should ride restrained for EVERY trip, no matter how short. Remember, it's your child's life you could be saving so **buckle up!**

Infants', Children's and Jr. TYLENOL®

Dosing Information for Healthcare Professionals

Use this chart to determine the proper dose of TYLENOL® for your patient. If possible, use weight to dose; otherwise use age.

DOSE — Give your patient the dose indicated below every 4 hours as needed. Do not give more than 5 doses in 24 hours.

		 Infants' TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) Use only as directed.	 Children's TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) Use only as directed.	 Children's TYLENOL® Meltaway Chewable Tablets Active Ingredient: Acetaminophen 80mg (in each tablet) Use only as directed.	 Jr. TYLENOL® Meltaway Chewable Tablets Active Ingredient: Acetaminophen 160mg (in each tablet) Use only as directed.
Weight (lbs)	Age				
6-11 lbs	0-3 mos	1.25 mL 	—	—	—
12-17 lbs	4-11 mos	2.5 mL 	—	—	—
18-23 lbs	12-23 mos	3.75 mL 	—	—	—
24-35 lbs	2-3 yrs	5 mL 	5 mL (1 tsp) 	2 tablets 	—
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 	3 tablets 	—
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 	4 tablets 	2 tablets 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 	5 tablets 	2½ tablets 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 	6 tablets 	3 tablets 

Remind parents and caregivers to:

- Read and follow the label on all TYLENOL® products
- Take every 4 hours as needed
- Do NOT exceed more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Keep all medicines out of the reach of children
- Do NOT administer adult medicines to children
- Use only the dosing device that comes with a specific product:
 - Infants' TYLENOL® Oral Suspension — enclosed SimpleMeasure™ syringe
 - Children's TYLENOL® Oral Suspension — enclosed measuring cup
- Children's TYLENOL® Meltaway Chewable Tablets are not the same concentration as Jr. Strength TYLENOL® Meltaway Chewable Tablets. Jr. TYLENOL® Meltaway Chewable Tablets contain 160mg of acetaminophen, while Children's TYLENOL® Meltaway Chewable Tablets contain 80mg of acetaminophen
- All Infants' and Children's TYLENOL® Oral Suspension products in stores have the same acetaminophen concentration (160mg/5mL)

