

KNOXVILLE PEDIATRIC ASSOCIATES, P.C.

6 MONTH VISIT

NAME _____ DATE _____

WEIGHT _____ lbs _____ oz (_____ %) LENGTH _____ in (_____ %)

HEAD CIRCUMFERENCE _____ in (_____ %)

THINGS TO KEEP IN MIND BETWEEN NOW AND THE NEXT VISIT

- Childproof your home. Keep small and sharp objects, plastic bags, hot liquids, poisons, medications, outlets, cords, and guns out of reach.
- Take an infant/child CPR course if you have not already done so. These are offered by Children's Hospital, The American Red Cross, and The American Heart Association.
- Keep the baby's environment smoke-free.
- Do not use a baby walker. Babies can sustain serious head injuries in them. This usually occurs from falls down stairs. Walkers also may delay the ability to walk independently. A stationary play center (i.e. exersaucer) is a better choice.
- Do not give your baby foods that could cause choking, such as peanuts, popcorn, carrot sticks, whole grapes, raisins, whole beans, and hard candy.
- Provide opportunities for exploration.
- Keep in touch with friends and family.
- Talk, sing, and read to your baby daily.
- Set hot water heater temperature to less than 120 degrees Fahrenheit.
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DEVELOPMENT

- Stretches out arms to be picked up.
- Sits briefly with little support.
- Knows familiar faces and voices.
- Reaches for objects.
- Makes sounds to get attention.
- Copies sounds made by others.
- Sleeps through the night.
- Turns to sounds.
- Reaches in small objects.
-

DENTAL CARE

- Usually the lower front teeth come in first, followed by the upper front teeth. The standard is usually one tooth by 6 months of age and 6 teeth by 1 year of age. But, this can vary by as much as 12 months.
- Early dental care involves cleaning the mouth and teeth at bath time with a washcloth. This can be done effectively without disturbing the child.
- Please ask us for a fluoride prescription if your child's water contains inadequate fluoride. This includes most well and bottled water. Most municipal water supplies contain adequate fluoride.

Well Child Care at 6 Months

Feeding

Your baby should keep having breast milk or infant formula until 1 year of age. Your baby may soon be ready for a cup but it will be messy at first. Try giving a cup sometimes to see if your baby likes it.

Make cereal with formula or breast milk only. Use a spoon to give your baby cereal, not a bottle or an infant feeder. Sitting up while eating helps your baby learn good eating habits.

If you haven't started giving your baby other baby foods, you can start now. Start each meal by breastfeeding or giving formula before solid food. Start with pureed fruits, vegetables, and meats. Wait at least 2 days before you start each new food or juice so you have time to make sure your baby is not allergic to the new food. Diarrhea, rash, or vomiting are signs of a possible food allergy.

If your child has an allergic reaction to a food, have your child checked by his healthcare provider. There is no evidence that restricting foods after 6 months of age helps to prevent food allergy. If your child does not have allergies, asthma, eczema or hives, or has mild allergies, some studies suggest that eating small amounts of foods such as peanuts may help prevent severe allergies. Talk with your child's healthcare provider if you have questions about foods or food allergies.

Do not give foods that require chewing. Avoid foods that can choke your child, such as candy, hot dogs, and popcorn.

Don't give your baby a bottle just to quiet him when it's unlikely that he is hungry and don't put your baby to bed with a bottle. Babies who spend too much time with a bottle in their mouth start to use the bottle as a security object. This makes it harder for them to give up the bottle and start eating solid food. Babies who spend too much time with a bottle in their mouth are also more likely to have ear infections and tooth decay problems. Find another security object like a stuffed animal or a blanket.

Development

At this age babies are usually rolling over and starting to sit by themselves and soon will be scooting and crawling. Babies squeal, babble, laugh, and often cry very loudly. They may be afraid of people they don't know. Meet your baby's needs quickly and be patient with your baby.

Six-month-olds may not want to be put in bed. Don't put your baby to bed with a bottle. Your baby will use the bottle as a security object and this will make it hard to wean your child from the bottle.

Develop a bedtime routine like playing a game or reading a book, singing a lullaby, turning the lights out, and giving a goodnight kiss. Make the routine the same every night. Be calm and consistent with your baby at bedtime. If your baby wakes up a lot at night, ask your healthcare provider for advice.

Reading and Technology

Books help you and your child grow closer. Make reading fun for your child by making sound effects for animals, cars, or trains, and by looking like you enjoy the story. Pick books with bright colors and large simple pictures. Reading the same books over and over will help your baby recognize and name familiar objects.

Limit how much time your child spends with technology. Play games, read, or watch TV with your child and communicate with your child while you do. Children this age need to be active because it helps their brains and bodies to develop. Play and interact with your child, and be a role model by limiting your own use of technology.

Dental Care

While getting teeth, your baby may drool and chew a lot. It may help to massage your baby's swollen gums with your finger. A teething ring may be useful. As your baby's teeth start coming in, you can clean them by wiping them with a damp washcloth.

It's important to take care of your child's baby teeth because they help your child chew food and speak clearly. They also help save space for the permanent teeth that will come in later.

The best time for children to start seeing a dentist is by 1 year of age. Your child may need to see a dentist at a younger age if he has:

- Special healthcare needs
- Stains on his teeth or white spots in his mouth
- A habit of sleeping with a bottle or drinking a lot of sweet drinks, which can cause tooth decay
- Any other dental problem

Safety Tips

If you find yourself getting annoyed or angry with your baby, or if your baby is crying too much and you cannot cope with it, call a friend or relative for help. NEVER shake a baby.

Child-Proofing Your Home

- Install safety gates to guard stairways.
- Lock doors that lead to dangerous areas like the basement or garage.
- Check drawers, tall furniture, and lamps to make sure they cannot fall over easily.
- Cover unused electrical outlets with outlet covers to keep your child from sticking things into the outlet.
- Throw away cracked or frayed electrical cords.

Choking and Suffocation

- Keep soft objects, toys, and loose bedding out of your baby's crib. Also keep plastic bags, balloons, baby powder, and small hard objects out of reach.
- Keep cords, ropes, or strings away from your baby, especially near the crib. Remove hanging mobiles or toys before your baby can reach them. Ropes and strings around your baby's neck can choke him.
- Use only unbreakable toys that don't have any sharp edges or small parts that can come loose.
- Don't let your baby sleep in a bed or on a couch, and don't sleep with your baby.

Falls

- Never leave your baby on a high place, like a changing table, bed, or couch. Your baby should never be left alone except in a playpen or crib with the sides up.
- Do not use a baby walker.
- Always buckle the safety belts or straps when your baby is in an infant carrier or shopping cart.

Car Safety

- Car seats are the safest way for babies to travel in cars and are required by law. Place infant car seats in the back seat with your baby facing toward the back of the car. If you are not sure how to install the seat in your car, contact your local fire department.
- Never leave children alone in a parked car, even for a few minutes. Children are at risk for heat illness and injury when left alone. Always check to make sure your child is not still in the car when you leave your car.

Water Safety

- NEVER leave your baby or toddler in a bathtub or sink alone.
- Stay within arm's reach of your child around any water, including toilets and buckets. Keep toilet lids down, never leave water in an unattended bucket, and store buckets upside down. Infants and toddlers who have completed swimming programs are still not safe from drowning.

Fires and Burns

- Keep hot foods and liquids out of your child's reach.
- Turn down your water heater to 120°F (49°C) or lower.
- Install smoke detectors. Check your smoke detectors as often as recommended by the manufacturer or at least once a month to make sure they work. For all detectors that use batteries, replace batteries at least once a year or when they are low.
- Keep a fire extinguisher in or near the kitchen.

Smoking

- Children who live in a house where someone smokes have more respiratory infections, like colds, flu, and throat infections. Their symptoms are also more severe and last longer than those of children who live in a smoke-free home.
- If you smoke, set a quit date and stop. Ask your healthcare provider for help in quitting. If you cannot quit, do NOT smoke in the house or car or near children. It helps keep your child healthy **and** sets a good example.

Immunizations

Immunizations protect your child against several serious, life-threatening diseases. At the 6-month visit, your baby should have a:

- Diphtheria, tetanus, and pertussis (DTaP) shot

- Hepatitis B (hep B) shot
- Polio shot
- Pneumococcal (PCV13) shot
- Rotavirus (RV) oral vaccine
- Influenza (flu) shot

Some children also get a Haemophilus influenza type B (Hib) shot.

Some vaccines may be combined to reduce the total number of shots for your baby.

Your baby may have a fever and be irritable for a few days after getting shots. Your baby may also have some soreness, redness, and swelling where the shots were given. Ask your healthcare provider what symptoms or problems you should watch for and what to do if your child has them.

Bring your child's shot record to all visits with your child's healthcare provider.

Next Visit

Your baby's next routine visit should be at the age of 9 months.

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Solid Foods (Baby Foods)

When should I start feeding my child solid foods (baby foods)?

The best time to begin using a spoon to feed your child is when your baby can sit with some support and move his head to participate in the feeding process. This time is usually between 4 and 6 months of age. Breast milk and commercial formulas meet all of your baby's nutritional needs until 4 to 6 months of age. Introducing strained foods earlier just makes feeding more complicated. Research has shown that in most cases solid foods won't help your baby sleep through the night. The only exceptions are those few breastfed babies who are not getting enough calories or gaining enough weight.

The American Academy of Pediatrics recommendation is to exclusively breastfeed until 6 months. For formula fed infants, it's fine to start baby foods at 4 months.

What types of foods should I feed my child?

- **Cereals**

Cereals are usually the first solid food added to your baby's diet. Babies who are only getting breast milk and no other solids can develop an iron deficiency. This is prevented by starting cereal at 6 months. Most baby cereals are iron-fortified.

Mix the cereal with breast milk or formula. The cereal mixture needs to be a semi-liquid. It can be mixed a little thicker as your baby becomes better at swallowing it.

Cereals should be fed with a small spoon and should not be given in the baby's bottle. This is because an infant should be taught to differentiate between what he eats and what he drinks.

Start with rice or oatmeal cereal. Other types of cereal may be tried 2 or 3 weeks later. A mixed cereal should be added to your baby's diet only after each kind of cereal in the mixed cereal has been separately introduced.

- **Vegetables and fruit**

Strained or pureed vegetables and fruits are the next solid foods introduced to your baby. The order in which you add vegetables and fruits to your baby's diet is not important. However, you should introduce only one new food at a time and no more than 3 new foods per week.

- **Meat and protein alternatives**

Next give strained or pureed meats and protein alternatives (such as beans, peas, lentils, cottage cheese, and yogurt). These solids will add to your infant's iron intake.

- **Homemade Baby Foods**

Between 8 and 12 months of age, introduce your baby to mashed table foods or junior foods (also called stage 3 foods). If you make your own baby foods in a baby-food grinder or electric blender, be sure to add enough water to get a consistency that your baby can easily swallow. For individual portions, pour these homemade baby foods into ice cube trays, freeze them, then remove them and store them in plastic freezer bags.

How much baby food should I give?

Start with a few small spoonfuls. At first your baby may just want a taste. Then gradually work up to larger portions. A good rule of thumb during the first year of life is 2 to 4 tablespoons (1 to 2 ounces) of each kind of food per meal. If your child is still hungry after finishing that amount, serve her more.

Are there foods I should not feed my child?

Never give your child honey during the first year of life because it can cause infant botulism. Never give any baby foods before 4 months of age. The advice for preventing food allergies has changed. Recent studies have shown that delaying the introduction of high risk foods (such as eggs, fish or peanut butter) does not reduce the risk of becoming allergic to that food. Some studies have even shown that early introduction of high risk foods before a year of age actually reduces the rate of food allergies.

How do I spoon feed my child?

Place food on the middle of the tongue. If you place it in front, your child will probably push it back at you. Some infants get off to a better start if you place the spoon between their lips and let them suck off the food.

Some children constantly bat at the spoon or try to hold it while you are trying to feed them. These

children need to be distracted with finger foods or given another spoon to hold.

By the time they are 1 year old, most children want to try to feed themselves and can do so with finger foods. By 15 to 18 months of age, most children can feed themselves with a spoon and no longer need a parent's help to eat.

When can my child have finger foods?

Finger foods are small, bite-size pieces of soft foods. They can be introduced between 9 and 10 months of age or whenever your child develops a pincer grip (the ability to pick objects up between the thumb and first finger).

Most babies love to feed themselves. Since most babies will not be able to feed themselves with a spoon until 15 months of age, finger foods keep them actively involved in the feeding process.

Good finger foods are dry cereals (Cheerios, Rice Krispies, etc.), slices of cheese, pieces of scrambled eggs, slices of canned fruit (peaches, pears, or pineapple), slices of soft fresh fruits (especially bananas), crackers, cookies, and breads.

Should I give my child snacks?

Once your baby goes to 3 meals a day, or eats at 5-hour intervals, he may need small snacks to tide him over between meals. Most babies begin this pattern between 6 and 9 months of age. The midmorning and midafternoon snack should be a nutritious, nonmilk food. Fruits and dry cereals are recommended. If your child is not hungry at mealtime, cut back on the snacks or eliminate them.

Can my child eat table food?

Your child should be eating the same meals you eat by approximately 1 year of age. This assumes that your diet is well balanced and that you carefully dice any foods that would be difficult for your baby to chew. Avoid foods that he could choke on such as raw carrots, candy, peanuts or other nuts, and popcorn.

What foods contain iron?

Throughout our lives we need iron in our diet to prevent anemia. Certain foods are especially good sources of iron. Red meats, fish, and poultry are best. Some young children will only eat lunch meats, and the low-fat ones are fine. Adequate iron is also found in iron-enriched cereals, beans of all types, egg yolks, peanut butter, raisins, prune juice, sweet potatoes, and spinach.

Does my child need vitamins?

If your child is between 2 weeks and 12 months old and you are breastfeeding, you will need to give your child a vitamin D supplement, starting at 2 weeks of age. Formula fed infants get all the vitamins they need from the formula. After your child is 1 year old and is eating a balanced diet, added vitamins are not necessary. If your child is a picky eater, give him 1 chewable vitamin pill at least twice a week.

Written by Barton D. Schmitt, MD, author of "My Child Is Sick," American Academy of Pediatrics Books.

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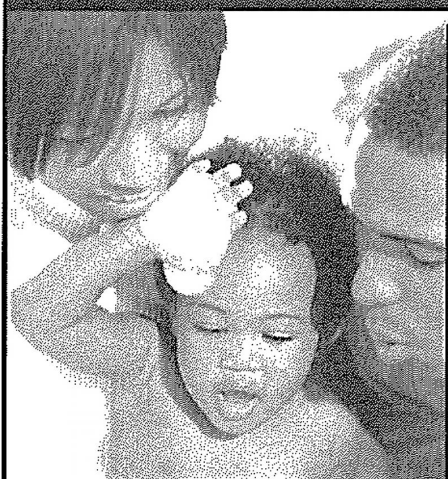
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Healthy Minds:

Nurturing Your Child's Development from 6 to 9 Months

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



► Key findings from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Anne is the mother of 8-month-old Jenna. Anne's best friend, Claudia, is coming into town to meet Jenna for the first time. When Claudia arrives, Jenna will have nothing to do with her. Every time Claudia tries to talk to or play with Jenna she whimpers, turns away and clings to Anne. Anne feels frustrated and embarrassed. While tempted to just hand Jenna to Claudia, she stops, and instead holds Jenna on her lap and asks Claudia to sit next to them and read Jenna's favorite book. Slowly Jenna starts to look at Claudia and shows increasing interest. Soon Jenna starts to crawl off Anne's lap to get closer to Claudia.

This shows how all areas of Jenna's development are connected, and how her mother's

response supports her healthy development. Jenna's strong bond with her mother, the trust she shows as she clings to her for safety and her fear of strangers are all signs of her **social and emotional development**. Her **intellectual development** enables her to tell the difference between who she knows and who she doesn't, and helps her take steps to get the comfort and protection she wants. She uses her sounds (**language development**), facial expressions and gestures (**motor development**) first to communicate to Anne that she is uncomfortable and wants support. Later she uses them to communicate that she is ready to interact. Anne's sensitivity to Jenna's need to warm up slowly to new situations and people helps Jenna feel loved and secure, which will help her feel more comfortable meeting new people as she grows.

Relationships are the foundation of a child's healthy development.



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Charting Your Child's Healthy Development: 6 to 9 months

The following chart describes many of the things your baby is learning between 6 and 9 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
Babies this age are big communicators. They use many sounds, gestures and facial expressions to communicate what they want. Their actions are their communications. They may be starting to put consonants and vowels together to form words like "dada" and "mama."	<ul style="list-style-type: none"> • Talk a lot with your baby. For example, label and narrate. "You're eating a big banana!" Give her time to respond. • Respond to her communications. See how long you can keep a back-and-forth conversation going. For example, she makes a sound, you imitate it, she makes another sound and so on. 	<ul style="list-style-type: none"> • How does your baby let you know what she wants; what she's feeling and thinking? • What, if anything, do you find frustrating about understanding your baby's communications? Why?
As her brain grows, your baby will start to imitate others, especially you. This leads to the development of lots of new skills. Babies this age can also use toys in more complex ways. For example, instead of just holding a plastic cup, a baby this age may use it to pour water in the bathtub.	<ul style="list-style-type: none"> • Give your baby time to take in what you did and then copy you. Push a button on the jack-in-the-box, then wait for your baby to do it before you do it again. This teaches your baby cause and effect. Seeing that she can make things happen builds her self-confidence and makes her want to take on new challenges. • Provide a variety of safe toys for the bath—containers, rubber toys, plastic bath books, plastic ladles. These will encourage your baby to explore and experiment with the different ways to use objects. Of course, never leave your baby alone in the bath. 	<ul style="list-style-type: none"> • How have you seen your baby imitate? • What kind of play does your baby most enjoy? What does this tell you about her?
Babies' motor skills are advancing by leaps and bounds at this stage. But all babies grow at their own rate. Many babies at this age can roll over both ways, scoot, crawl and even stand. Their motor skills allow them to make the ideas in their head happen, for example, getting the ball that rolled away.	<ul style="list-style-type: none"> • Encourage your baby to use her body to get what she wants. If she's showing you with her sounds and gestures that she wants the toy that is out of reach, don't just get it for her. Help her get it for herself by bringing it close enough for her to grab. This builds her confidence. • Create an environment that is safe for exploration. Make sure only safe objects are within your baby's grasp, and that anything she might use to pull herself up to her feet is sturdy and fastened down to the floor or wall. This kind of baby-proofing of your house also will reduce conflicts between you and your baby. 	<ul style="list-style-type: none"> • How does your baby use her body—to explore, to express her feelings? • What do you need to do to make your home safer for your "little explorer?"

*The report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.

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Enhancing the quality of life of infants and young children



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For more information go to:
www.zerotothree.org
www.aap.org

Your Child's First Vaccines:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

Your child is getting these vaccines today:

☐ DTaP ☐ Hib ☐ Hepatitis B ☐ Polio ☐ PCV13

(Provider: Check appropriate boxes.)

1. Why get vaccinated?

Vaccines can prevent disease. Childhood vaccination is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases.

Diphtheria, tetanus, and pertussis (DTaP)

- **Diphtheria (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **Tetanus (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **Pertussis (aP)**, also known as "whooping cough," can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

Hib (*Haemophilus influenzae* type b) disease

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections

or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called "invasive Hib disease," requires treatment in a hospital and can sometimes result in death.

Hepatitis B

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Polio

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis. Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

A smaller group of people will develop more serious symptoms: paresthesia (feeling of pins and needles in the legs), meningitis (infection of the covering of the spinal cord and/or brain), or paralysis (can't move parts of the body) or weakness in the arms, legs, or both. Paralysis can lead to permanent disability and death.

Pneumococcal disease

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Besides pneumonia, pneumococcal bacteria can also cause ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (infection of the blood). Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines

Infants and children usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

Older children, adolescents, and adults with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines may be given as stand-alone vaccines, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

3. Talk with your health care provider

Tell your vaccination provider if the child getting the vaccine:

For all of these vaccines:

- Has had an **allergic reaction after a previous dose of the vaccine**, or has any **severe, life-threatening allergies**

For DTaP:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

For PCV13:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP)

In some cases, your child's health care provider may decide to postpone vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

Your child's health care provider can give you more information.

4. Risks of a vaccine reaction

For all of these vaccines:

- Soreness, redness, swelling, warmth, pain, or tenderness where the shot is given can happen after vaccination.

For DTaP vaccine, Hib vaccine, hepatitis B vaccine, and PCV13:

- Fever can happen after vaccination.

For DTaP vaccine:

- Fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

For PCV13:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13 vaccination.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



Rotavirus Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Rotavirus vaccine can prevent **rotavirus disease**.

Rotavirus commonly causes severe, watery diarrhea, mostly in babies and young children. Vomiting and fever are also common in babies with rotavirus. Children may become dehydrated and need to be hospitalized and can even die.

2. Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called "porcine circovirus" can be found in one brand of rotavirus vaccine (Rotarix). This virus does not infect people, and there is no known safety risk.

Rotavirus vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any **severe, life-threatening allergies**
- Has a **weakened immune system**
- Has **severe combined immunodeficiency (SCID)**
- Has had a type of bowel blockage called "**intussusception**"

In some cases, your child's health care provider may decide to postpone rotavirus vaccination until a future visit.

Infants with minor illnesses, such as a cold, may be vaccinated. Infants who are moderately or severely ill should usually wait until they recover before getting rotavirus vaccine.

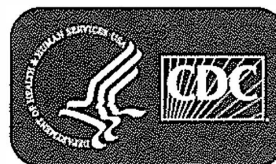
Your child's health care provider can give you more information.

4. Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 U.S. infants to 1 in 100,000 U.S. infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

5. What if there is a serious problem?

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

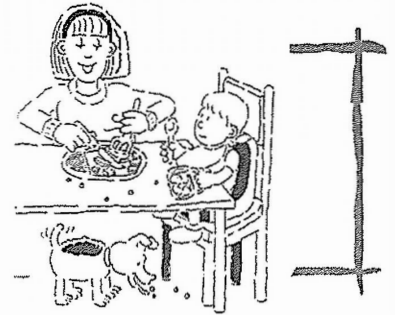
The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
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Choking Prevention and First Aid for Infants and Children



When children begin crawling, or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur. Many children die from choking each year. Most children who choke to death are younger than 5 years. Two-thirds of choking victims are infants younger than 1 year.

Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous foods

Do not feed children younger than 4 years round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum

Dangerous household items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What you can do to prevent choking

- *Learn CPR (cardiopulmonary resuscitation)* (basic life support).
- *Be aware that balloons pose a choking risk* to children up to 8 years of age.
- *Keep dangerous foods from children* until 4 years of age.
- *Insist that children eat at the table*, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.
- *Cut food for infants and young children* into pieces no larger than one-half inch, and teach them to chew their food well.
- *Supervise mealtime* for infants and young children.
- *Be aware of older children's actions.* Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- *Avoid toys with small parts*, and keep other small household items out of the reach of infants and young children.
- *Follow the age recommendations on toy packages.* Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- *Check under furniture and between cushions* for small items that children could find and put in their mouths.
- *Do not let infants and young children play with coins.*

First aid for the child who is choking

Make a point to learn the instructions on the following pages of this publication. Post the chart in your home. However, these instructions should not take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtime and identifying dangerous foods and objects.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.HealthyChildren.org

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CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

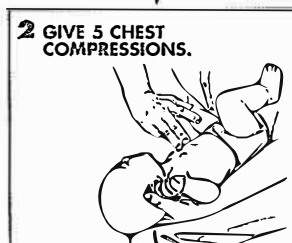
FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.



ALTERNATING WITH



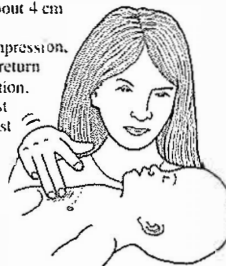
Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

INFANT CPR

To be used when the infant is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place infant on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least $\frac{1}{2}$ the depth of the chest, or about 4 cm (1.5 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



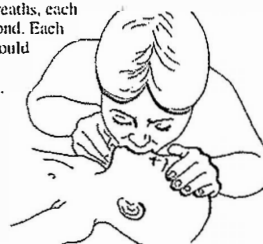
2 OPEN AIRWAY.

- Open airway (head tilt–chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



3 START RESCUE BREATHING.

- Take a normal breath.
- Cover infant's mouth and nose with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths.
- After 5 cycles of compressions and breaths (about 2 minutes), if no one has called 911 or your local emergency number, call it yourself.



If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

Childproofing Your Home

KEY POINTS

- Many parts of your home may pose a danger to young children.
- Taking steps to make your home safe can prevent serious and even life-threatening injuries.

One of the most important steps you can take to protect the health and life of your child is to childproof your home.

The following is a checklist for childproofing areas in your home. Remember that every child and home is different. Check your home carefully. One easy way to check your home is to get down on your hands and knees and crawl around each room. This will allow you to see things as your child sees them.

Kitchen

- Turn all pot and pan handles to the back of the stove so your child can't reach them. Use the back burners of the stove when possible. The best way to avoid accidents is to keep your baby in his playpen or high chair while you cook. Do not allow children to play on the kitchen floor while you are cooking or baking.
- Keep fire extinguishers in the kitchen and near any fireplaces. Keep matches and lighters out of children's reach.
- Avoid using tablecloths that can be pulled down.
- Keep appliances and their cords away from the edges of counters or table tops. Keep all cords coiled up and tied.
- Keep chairs and step stools away from counters and stoves.
- Put safety latches on drawers and cabinets. If you have room, put lightweight pots, pans, large plastic bowls, and spoons in a bottom cupboard for your child to play with.
- Store cleaning products and all other poisonous chemicals in their original containers. Keep them in a high cupboard out of a child's reach. Make sure it has a lock or safety latch.
- Keep knives and sharp objects in a drawer or cupboard out of your child's reach.
- Vacuum up broken glass right away and then use a wet paper towel to clean up small slivers of the glass on your floor.
- Keep hot drinks out of reach of your child. When handling hot liquids or foods, check to see where your child is before you pick up the tea kettle or pan. You do not want to trip and spill anything hot on your child.
- Keep aluminum foil, plastic bags, and plastic wrap out of your child's reach.
- To help prevent choking, remove refrigerator magnets once your baby or toddler can reach them.

Bathroom

- Keep all drugs in a locked cabinet out of your child's reach. Medicines are a common cause of childhood poisoning. Keep all medicines in the original containers and put them in the cabinet after you use them. Make sure that all medicines have child safety caps.
- Keep shampoo, mouthwash, cosmetics, and soap out of your child's reach.
- Keep purses, bags and suitcases that contain medicines and toiletries out of your child's reach.
- Keep hairdryers and curling irons unplugged and out of your child's reach. Keep all electric appliances away from water to avoid electric shock. Have an electrician install Ground Fault Circuit Interrupters (GFCIs) to replace outlets near water. This helps prevent electric shocks.
- Lower the hot water heater temperature to 120°F (49°C) to prevent burns. Always check water temperature before putting your child into bath water or under a faucet.
- To help prevent falls, install non-slip strips or use a bathmat in the tub.
- To help prevent drowning, always stay with your child while he is in the tub. If you need to leave the bathroom, wrap your child in a towel and take him with you. Once bath time is over, drain the tub right away.
- Dispose of pills, razor blades, and other dangerous items in a covered wastebasket out of your child's reach. Children like to explore wastebaskets.

- Always leave the toilet lid closed. Install lid locks or keep the bathroom door closed to help keep children safe. Put a hook on the outside of the bathroom door or a safety cover designed to prevent children from opening doorknobs.
- Use plastic or paper cups and containers in the bathroom so there is less chance of broken glass.

Furniture

- Don't allow children to jump or stand on furniture. This helps prevent falls.
- Put corner and edge bumpers on sharp edges of furniture such as coffee tables, end tables, and your fireplace hearth.
- Put away all delicate, breakable, and valuable items from tables and shelves until your child is 4 to 5 years old.
- Move computers and electronics out of your young child's reach. Push heavy objects such as TVs, lamps, or stereo equipment back from the edge of furniture and fasten them to the wall so children don't accidentally knock them over when trying to crawl, climb, or stand. Fasten bookcases and top heavy furniture to the wall with a wall anchor so your child can't pull the piece of furniture over on himself.
- Keep all dresser drawers firmly closed. This prevents children from climbing on drawers, and protects little fingers from being crushed.
- Remove or tighten all loose knobs on cabinets or furniture.
- Be aware of recliners and hideaway beds. Children's hands or heads may get trapped as the chair or bed closes.
- Empty all ice chests, buckets, or other liquid containers right away to prevent drowning.
- Never leave your baby alone in a carrier, high chair or changing table.
- Keep plants out of your child's reach. Cover the top of a large plant with a nylon screen to prevent a child from playing in or eating the soil.
- Lock the liquor cabinet. When you set an alcoholic drink down, make sure it's out of your child's reach.

Floors, Carpets, and Rugs

- Avoid shag carpeting and thick rugs because pins, buttons, and scraps can get lost in the fabric.
- Check the floor area daily for small objects such as pins or small bits of food such as popcorn and peanuts that a baby could choke on.
- Do not put scatter rugs near the top of a staircase.
- Put non-skid backing on scatter rugs to hold them in place.

Outlets, Cords, and Appliances

- Cover unused electrical outlets with outlet covers to prevent a child from sticking things into the outlet. Be sure to look for outlets behind furniture and cover them also.
- Make sure electrical plugs fit tightly into wall outlets.
- Avoid using extension cords unless absolutely necessary. Keep all cords completely out of children's reach by tacking them under pieces of furniture, taping them to walls, or wrapping them around cord shorteners or legs of heavy tables.
- Keep chargers and cords for your cell phone, MP3 player, tablet and other electronic devices out of your child's reach.
- Replace burned out light bulbs immediately. Never leave a lamp without a bulb.
- Store batteries out of reach.
- Make sure portable heaters are well ventilated and protected by safety guards. Unplug them when not in use.
- Install a smoke or heat detector and a carbon monoxide detector on each floor in the house and in every bedroom. Test the alarms monthly and replace batteries every 6 months.
- Cover hot radiators or make them hard for a child to reach by placing furniture in front of them.

Nursery and Bedrooms

- Never put your baby to sleep in an adult-size bed or waterbed.
- Make sure that crib slats are not wider than 2 and 3/8 inches apart. Keep soft objects, toys, and loose bedding out of your baby's crib. They can cause choking or suffocation. Always

place your baby on his back to sleep.

- Use a night light in the nursery.
- Consider getting a room intercom to help monitor activities in the nursery and other bedrooms.
- Store ointments, creams, safety pins and all other baby changing items out of reach.
- Do not use baby powders or talcum powder. Babies can choke on the dust.
- Hang mobiles and dangling toys out of the baby's reach. The string should be no more than 12 inches long. Remove the mobile as soon as your baby can reach it.
- For bedrooms shared by two young children, set the crib mattress at its lowest point and keep the crib side up so the older child cannot reach the baby or try to lift him out. Remove any furniture the older child can use to climb into the crib.
- Use non-locking doorknobs to reduce any chance of children locking themselves in the room.
- Never place a crib or child's bed near a window.
- Store toys on shelves or in plastic boxes in another part of the house. An older child's toys can be dangerous to a younger child. A young child may choke on small parts, and many toys for older children have sharp edges.
- Make sure that lids on toy chests cannot fall shut and that the lid is not so heavy that it could trap your child inside.
- Bunk beds are not recommended and many models have been recalled. Only children over 6 years of age should be allowed to sleep in a bunk bed. Make sure there are top railings the length of both sides of the top bed.

Gates, Stairs, and Doors

Most safety gates are between 24 and 32 inches tall and can be adjusted to fit spaces about 27 to 42 inches wide. Some can fit up to 20 feet wide. Safety gates with hardware that fastens to the wall are safer than gates held against the wall by pressure.

- Use gates fastened with hardware to block off stairs, forbidden rooms, and areas where safety and security is most important. Carefully read the directions and make sure the gate is secure when the job is done.
- You can also use a safety gate in the doorway of an older child's room to protect the baby from the older child's toys.
- Check the space between posts on a stair rail. The gap should be less than 4 inches wide to avoid the chance of a child's head getting caught. If the gap is too wide, install a fine, heavy netting or Plexiglas along the railing.
- Keep stairs free of clutter or anything someone could trip over.
- Use toddler-proof locks on doors and screens. Special guards are available to keep patio doors locked. Keep doors closed and outside doors locked at all times, even when you are at home.
- Install safety glass in large windows and patio doors. They are shatter-proof if a child runs or falls into them.
- Put decals on glass doors or low windows to prevent your child from bumping into them.
- Replace door stoppers that have rubber caps. The caps can be removed and swallowed by young children.
- Keep folding doors open fully or closed completely so that they can't pinch a child's fingers.
- Use safety covers on door knobs to prevent your child from opening doors.

Windows

- Keep all cords from drapes or blinds out of reach or use a cord wind-up device. Contact the Window Covering Safety Council at <https://windowcoverings.org/> to get a free kit with safety tassels, tie-down devices, and installation instructions. Consider replacing blinds with a pull cord with cordless blinds (available at most home improvement stores).
- Hang curtains out of crawling reach so they can't be pulled down.
- Don't leave any furniture or objects near a window that a child could climb up on.
- Install window guards or netting to protect your child from falling out of a window. Regular window screens will not protect your child. If you have sash windows, get window locks that will only allow the window to open to a safe height.

Outside Areas, Garages, and Workshops

- Store tools and lawn equipment out of reach of young children. Cover sharp edges. Unplug

electrical tools when not in use.

- Check your yard for poisonous plants. The Poison Help Line (800-222-1222) can give you a list of poisonous plants common to your area.
- Keep paints, gasoline, pesticides, and other chemicals out of your child's reach. Label properly and dispose of unused chemicals. Keep garbage cans tightly closed.
- Check swing sets and outdoor furniture for rust, splinters, and cracks that could pinch or trap a child's fingers.
- Never use a power mower or work on a vehicle with a small child present. The mower may throw sticks or stones with enough force to injure children.
- Never store an unused or broken freezer or refrigerator where a child could climb inside.
- Never use a gas grill or camp stove inside the house.
- Lock any car parked in the garage or driveway so a child cannot get inside.
- Use only a garage opener that reverses when it touches any object. Check the door by closing it on a heavy cardboard box to be sure it works. Keep garage door openers locked up or in the glove compartment.
- If you have a gun, keep it locked away and unloaded. Store the gun and the ammunition in separate, locked cupboards.
- If you have a pool, make sure it has fencing all the way around it that's at least four feet high. Use a self-closing, self-latching gate and keep it locked when not in use. Always supervise your child when he is in the water.
- Watch children and never leave them alone around water, including wading pools, swimming pools, spas or hot tubs, ponds, lakes, streams, or any other open water. If a child is in the water, an adult should also be in the water and close enough to reach and grab him if needed.

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Protect Your Child From Poison



Children can get very sick if they come in contact with medicines, household products, pesticides, chemicals, or cosmetics. This can happen at any age and can cause serious reactions. However, most children who come in contact with these things are not permanently hurt if they are treated right away.

The following is information from the American Academy of Pediatrics on how to prevent and treat poisonings in and around your home.

Prevention

Most poisonings occur when parents are not paying close attention. While you are busy doing other things, your child may be exploring closets or under bathroom sinks, where dangerous household items are often stored. Children are at risk for poisoning because they like to put things into their mouths and taste them. Remember to always keep a close eye on your child. Watch your child even more closely when you are away from home—especially at a grandparent's home, where medicines are often left out and within a child's reach.

The best way to keep your child safe from poisoning is to lock up dangerous household items out of your child's reach, including:

- Medicines (especially those that contain iron)
- Cleaning products like dishwasher detergents, bleach, ammonia, and furniture polish
- Antifreeze, paint thinners, and windshield washer fluid
- Gasoline, kerosene, lamp oil
- Pesticides
- Alcohol

Always store medicines and household products in their original containers. Children can get confused if you put them in containers that were once used for food, especially empty drink bottles, cans, or cups. Also, many dangerous items look like food or drinks. For example, your child may mistake powdered dish soap for sugar or lemon liquid cleaner for lemonade.

Poison Help

- 1-800-222-1222 is a nationwide toll-free number that directs your call to your local poison center.
- Call 1-800-222-1222 if you have a poison emergency. This number will connect you right away to your nearest poison center. A poison expert in your area is available 24 hours a day, 7 days a week. Also call if you have a question about a poison or poison prevention. You can find prevention information at <http://poisonhelp.hrsa.gov>.
- Be prepared. Post the Poison Help number by every phone in your home and program the number in your cell phone. Be sure that caregivers and babysitters know this number.

How to make your home poison-safe

In the kitchen

- Store medicines, cleaners, lye, furniture polish, dishwasher soap, and other dangerous products in locked cabinets, out of sight and reach of children.
- If you must store items under the sink, use safety latches that lock every time you close the cabinet.

In the bathroom

- Keep all medicines in containers with safety caps. But remember, these caps are child resistant, not childproof, so store them in a locked cabinet.
- Throw away any leftover prescription medicines. See if your community has a disposal site or program for getting rid of unwanted medicines. If not, flush them down the toilet.
- Store everyday items like toothpaste, soap, and shampoo in a different cabinet from dangerous products.
- Take medicine where children cannot watch you; they may try to copy you.
- Call medicine by its correct name. You don't want to confuse your child by calling it candy.
- Check the label every time you give medicine. This will help you to be sure you are giving the right medicine in the right amount to the right person. Mistakes are more common in the middle of the night, so always turn on a light when using any medicine.

In the garage and basement

- Keep paints, varnishes, thinners, pesticides, and fertilizers in a locked cabinet.
- Read labels on all household products before you buy them. Try to find the safest ones for the job. Buy only what you need to use right away.
- Open the garage door before starting your car to prevent carbon monoxide poisoning.
- Be sure that coal, wood, or kerosene stoves and appliances are in good working order. If you smell gas, turn off the stove or gas burner, leave the house, and call the gas company.

In the entire house

- Install smoke alarms and carbon monoxide detectors. Contact your local fire department for information on how many you need and where to install them.

Treatment

Swallowed poison

If you find your child with an open or empty container of a dangerous nonfood item, your child may have been poisoned. Stay calm and act quickly.

First, get the item away from your child. If there is still some in your child's mouth, make him spit it out or remove it with your fingers. Keep this material along with anything else that might help determine what your child swallowed.

Do not make your child vomit because it may cause more damage. If your child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away.

If your child does not have these symptoms, call the Poison Help number, 1-800-222-1222. You may be asked for the following information:

- Your name and phone number
- Your child's name, age, and weight
- Any medical conditions your child has
- Any medicine your child is taking
- The name of the item your child swallowed (Read it off the container and spell it.)
- The time your child swallowed the item (or when you found your child), and the amount you think was swallowed

If the poison is very dangerous, or if your child is very young, you may be told to take him to the nearest hospital. If your child is not in danger, the Poison Help staff will tell you what to do to help your child at home.

Poison on the skin

If your child spills a dangerous chemical on her body, remove her clothes and rinse the skin with room-temperature water for at least 15 minutes, even if your child resists. Then call Poison Help at 1-800-222-1222. Do not use ointments or grease.

Poison in the eye

Flush your child's eye by holding the eyelid open and pouring a steady stream of room-temperature water into the inner corner. It is easier if another adult holds your child while you rinse the eye. If another adult is not around, wrap your child tightly in a towel and clamp him under one arm. Then you will have one hand free to hold the eyelid open and the other to pour in the water. Continue flushing the eye for 15 minutes. Then call the Poison Help number, 1-800-222-1222. Do not use an eyecup, eyedrops, or ointment unless Poison Help staff tells you to.

Important information about syrup of ipecac

Syrup of ipecac is a drug that was used in the past to make children vomit (or throw up) after they had swallowed a poison. Although this may seem to make sense, this is not a good poison treatment. You should not make a child vomit in any way, including giving him syrup of ipecac, making him gag, or giving him salt water. If you have syrup of ipecac in your home, flush it down the toilet and throw away the container.

Poisonous fumes

In the home, poisonous fumes can come from

- A car running in a closed garage
- Leaky gas vents
- Wood, coal, or kerosene stoves that are not working right
- Space heaters, ovens, stoves, or water heaters that use gas

If your child is exposed to fumes or gases, have her breathe fresh air right away. If she is breathing, call the Poison Help number, 1-800-222-1222, and ask about what to do next. If she has stopped breathing, start cardiopulmonary resuscitation (CPR) and do not stop until she breathes on her own or someone else can take over. If you can, have someone call 911 right away. If you are alone, wait until your child is breathing, or after 1 minute of CPR, then call 911.

Remember

You can help make your home poison-safe by doing the following:

- Keep all medicines and household products locked up and out of your child's reach.
- Use safety latches on drawers and cabinets where you keep objects that may be dangerous to your child.
- Be prepared for a poisoning emergency. Post the Poison Help number by every phone in your home and program the number in your cell phone. 1-800-222-1222 will connect you right away to your nearest poison center. (Be sure that your babysitter knows this number.)

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

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Dosing for Infants and Children

Dosing for infants and children from your healthcare professional

DOSE: Every 4 hours as needed. **DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**
If possible, use weight to dose; otherwise, use age.

DOSE: Every 6-8 hours as needed. **DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.**
If possible, use weight to dose; otherwise, use age.

(mL = milliliter)





Infants' **TYLENOL**® Oral Suspension

Active ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in:



Use only as directed.

WEIGHT	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs
AGE	0-3 months	4-11 months	12-23 months	2-3 years
DOSE	1.25 mL 	2.5 mL 	3.75 mL 	5 mL 

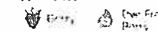
(mL = milliliter)

Infants' **MOTRIN**® Concentrated Drops



Active ingredient: Ibuprofen (NSAID)* 50 mg (in each 1.25 mL)

*Nonsteroidal anti-inflammatory drug

Available in:



Use only as directed.

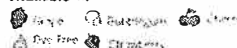
WEIGHT	12-17 lbs	18-23 lbs
AGE	6-11 months	12-23 months
DOSE	1.25 mL 	1.875 mL 

(mL = milliliter)






Children's **TYLENOL**® Oral Suspension

Active ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in:



Use only as directed.

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL 	7.5 mL 	10 mL 	12.5 mL 	15 mL 

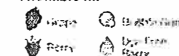
(mL = milliliter)

Children's **MOTRIN**® Oral Suspension






Active ingredient: Ibuprofen (NSAID)* 100 mg (in each 5 mL)

*Nonsteroidal anti-inflammatory drug

Available in:



Use only as directed.

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL 	7.5 mL 	10 mL 	12.5 mL 	15 mL 






Children's **TYLENOL**® Chewables

Active ingredient: Acetaminophen 160 mg (in each tablet)

Available in:



Use only as directed.

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet 	1½ tablets 	2 tablets 	2½ tablets 	3 tablets 

All infants' **TYLENOL**® and Children's **TYLENOL**® products have the same strength of acetaminophen: **160 mg** (in each 5 mL or tablet).

IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: _____
This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all **MOTRIN**® products.
- Repeat dose **every 6-8 hours** as needed.
- Do **NOT** give more than **4 doses in 24 hours**
- Use only the dosing device (syringe or dosing cup) that came with the product. Do not use any other dosing device.

Be sure to keep **TYLENOL**® and **MOTRIN**® on hand for pain and fever relief that's

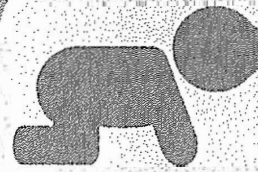
Always On Call

IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: _____
This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all **TYLENOL**® products.
- Repeat dose **every 4 hours** while symptoms last.
- Do **NOT** give more than **5 doses in 24 hours**.
- Do **NOT** use with any other product containing acetaminophen.
- Use only the dosing device (syringe or dosing cup) that came with the product. Do not use any other dosing device.

Is your baby crawling?



As your child grows, think about **water safety** around the house!

infant

crawler

toddler

child

teen



Children can drown in just 1-2 inches of water. Each year, about **500 children** under 5 drown.

Stay within **arm's reach** whenever your baby is near water.

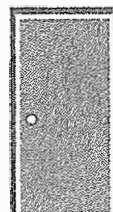
Empty **buckets, bathtubs, and wading pools** after each use.

Have a pool?

Be sure you have a **fence around all four sides**, especially the side between the pool and house.



Never leave a child **alone in a bathtub** or in the care of another child, even for a moment.



Keep the **bathroom door closed**. Install a latch or doorknob cover.

Watch children closely near wells, open post holes, or irrigation or drainage ditches.



Avoid burns.

Set your water heater so the **hottest temperature** at the faucet is **120° F**.



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