Premier Pediatrics, P.A.
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PREMIER Pediatrics

11 Year Appointment

At Premier Pediatrics, we provide an age-relevant handout prior to each well-visit appointment. Please feel free to use the handout to write down questions and to take notes throughout your appointment. We will be happy to discuss questions you might have regarding anything covered in this handout or otherwise. Please continue to refer back to this handout at home. However, know that you have several options to answer additional questions and concerns that may come up at home.

1. Our staff is available by phone during our office hours: 8AM-4:30PM Monday-Friday.
2. Also, be sure to check our website: www.premierforkids.com. We have partnered with Pediatric Web to bring you a quick symptom guide in addition to a quick medicine and dosage guide.
3. Additionally, we offer triage services through Children's Mercy in the event that you need urgent assistance when we are not in the office. You may follow the prompts from our primary phone number to be connected to this line.

Immunizations

Your child will receive his/her next round of immunizations today*:

1. Boosterix (Tdap)
2. Menveo (Meningococcal Vaccine)

For detailed information about these immunizations, please refer to pages 5 and 6 of this handout.

*Gardasil (HPV9), is a series of three immunizations which are currently optional, but the AAP (American Academy of Pediatrics), and our physicians do recommend your child receive this immunization. Gardasil may be given to children 9 years of age and older. If your child receives this immunization at his/her well-visit, please be sure to get a vaccine information statement from the nurse.

Typical Reactions to Immunizations:

Like any other medicine, vaccines can cause side effects. Mostly these are mild "local" reactions such as tenderness, redness, or swelling where the shot is given, or a mild fever. They happen in up to 25% of children with most childhood vaccines. They appear soon after the shot is given and typically go away within a day or two; however, they may last up to a week.

When to Call the Doctor:

Though severe reactions to immunizations are rare, you should call the doctor if your child has any of the following symptoms within two days of a vaccine shot:

- ✓ High fever (over 104°)
- ✓ Swelling, severe pain, bleeding and redness in the arm where the shot was given
- ✓ An allergic reaction (such as difficulty breathing, weakness, hoarseness or wheezing, a fast heartbeat, hives, dizziness, paleness, or swelling of the throat)

Appointment and Immunization Schedule

Your child's next regularly scheduled well-visit will be in 1 year.

It is always a good idea to try to schedule these appointments as early as possible. We recommend 2-3 months in advance to ensure an appointment time that works best for you and your child's schedule.

*Well-visit appointments should be scheduled every year around the patient's birthday.

Vaccine Schedule

AGE	REQUIREMENT	DESCRIPTION OF SHOTS
Birth		Hep B
2 month		Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral)
4 month		Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral)
6 month	***must be 6M**	Pediarix (Dtap, IPV, HepB); Prevnar 13 (pneumococcal); Vision Screen
9 month		Hgb/HCT (finger-prick); Any catch-up shots
12 month	***must be 12M**	MMR; Varivax (Varicella); Vision Screen
15 month		Prevnar 13(pneumococcal); Hep A #1
18 month		Infanrix (Dtap); Hiberix; MCHAT
2 year		Hep A #2; Hgb/HCT/Lead (finger prick); MCHAT; Vision Screen
4 year	***must be 4YR**	Kinrix (Dtap/IPV); MMRV (MMR/Varicella); Vision Screen
5 year		Vision Screen; Hearing Screen
11 year	***must be 11YR**	Boosterix (Tdap); Menveo (Meningococcal ACWY); HPV9; Cholesterol
12 year		HPV9 #2
13 year		HPV if not completed
16 year	*** must be 16YR**	Menveo (Meningococcal ACWY); Bexsero (Meningococcal B); Cholesterol; Hgb
17 year		Bexsero #2 (Menigococcal B)
18-21 year		Tdap; Catch up on Men B or HPV9 if not complete

Immunization Notes

*We follow the CDC/AAP (American Academy of Pediatrics) guidelines for vaccinations.

*We can give the Dtap, IPV (polio) and Hep B individually and not as a combination shot if necessary.

*Flu shots do not have preservatives.

*Minimum spacing between 2M, 4M, and 6M shots is 6 weeks.

Health/Physical Forms

We have the Kansas and Missouri Department of Health forms, the Kansas and Missouri Pre-Participation forms, and Boy Scout forms available at our office. We will be happy to provide these for your child at a scheduled appointment. If for any reason you need a health form completed outside of a well-visit, we do request that you allow 3 to 5 days to process this request. You may request the Kansas and Missouri Department of Health or the Pre Participation form through the patient portal. We can send that directly through the portal for you to print at home. The Boy Scout form must be dropped off and picked up in our office if done outside of the well care appointment.

A Note about PPE (Pre-Participation Physical Evaluation) Forms

Kansas High School PPE forms state "*PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.*" At Premier Pediatrics, we recommend patients have one well-visit per year around their birthday; this allows our patients' well-visit appointments to be spread out throughout the year and avoids overflow during the summer months. We will print/prepare a PPE form *after May 1* (in accordance with the Kansas rule) for a patient who has had a well-visit in the last 12 months. This will be prepared with the understanding that our providers have followed your child medically and are aware of any health changes that may have occurred with your child since their last physical exam. Therefore, if your child is an active patient at Premier Pediatrics, he/she ***does not*** need an additional examination to prepare a PPE form.

Please note that well-visit examinations, physical evaluation, sports physical, camp physical, etc. are synonymous and refer to the same appointment that your child receives once per calendar year.

Immunization Records

We will be happy to provide a copy of your child's immunization record at any time. Please feel free to ask for one at your child's well-visit, call to request a copy, or print one from your child's patient portal. Immunization records are considered public health records; therefore, they may be faxed if requested or picked up at our office.

Child Care: 11 Years

What an exciting time this is for both you and your child! You may be noticing some physical changes, especially in girls, by the end of this period, that herald the onset of puberty. Both boys and girls appear to be physically agile. It seems as if they never stop running, skipping or jumping. This is also an age that is dangerous in that they will attempt feats that can be injury-producing, such as tricks on a skateboard or jumping out of a tree. Children this age enjoy seeing a task or project to completion.

Children this age continue to play with peers of the same sex. However, they are beginning to have transient relationships with members of the opposite sex. Sex education should be on-going with personal values and positive self-esteem emphasized. Ask your doctor for information about these very important subjects.

This age can be a relatively calm period for your child. Preadolescents are fairly easy to get along with. They enjoy being with the family and are affectionate with both Mom and Dad. However, at the end of this period, you may begin to notice a change in mood, especially in girls. Get ready! You are about to enter adolescence.

Eating

Children at this age seem to be constantly hungry. Appropriate snacks should be encouraged and junk foods allowed only in moderation. Breakfast is very important. Make sure your child has a nutritious breakfast every day.

Continue to offer your child selections from the basic food groups at all meals and snacks. Teach him/her about food. Of the major food groups, your child needs: around 24 ounces of milk and milk products; 4-6 ounces of the meat, poultry, fish, eggs, beans, and nuts group; 2-4 fruit servings; 3-5 vegetable servings; and 6-11 bread, cereal, rice, pasta group servings per day. At least one serving of fruit per day should be a citrus fruit or juice. A yellow or dark green vegetable should be served at least 3 to 4 times a week. A bread serving is one slice or a cup of cereal.

Avoid "empty" calorie snacks such as soft drinks, chips, candy, and cookies. If given, these should be in limited amounts. Encourage snacks of fruit, popcorn, peanut butter, stuffed celery, raisins, cheese strips, etc.

It is especially important during this period to evaluate your child's food consumption along with the amount of exercise he/she is doing. Obesity is quite worrisome in this age group and studies have shown that children who are overweight at this time have a greater chance of obesity in adulthood.

Sleeping

Your child may not be experiencing particular sleep problems at this age except for an occasional nightmare. However, your child may not be getting enough sleep. With the combination of homework, TV, and extra after school activities, many children are sleep-deficient. Children this age require 9-10 hours of sleep per night. It is important that your child obtain a consistent amount of sleep as sleep lost cannot be made up later.

Development/Play

You may notice how "social" your child is becoming! Even though the family is still very important, friends and their opinions are highly valued. They enjoy their friendships and spend time on the phone or write letters to distant friends. School is very important in your child's life now. Most subjects are enjoyed and they are beginning to have the ability to problem solve. Individual interests and skills vary. Some prefer reading; particularly a book series, comics, or magazines appropriate for their age (consider subscribing to some). Some enjoy writing; encourage keeping a log or diary (maybe on the home computer), but respect your child's privacy. You may notice that your child enjoys collecting articles such as stamps, baseball cards, postcards, or creating a scrapbook or photo album. Encourage these activities. Music and art interests should be cultivated.

Children this age are very industrious. You may notice that your child helps with household tasks, pet responsibilities, and small domestic projects. This is a good time to teach your child how to cook simple foods and how to use common tools, household and sewing utensils.

Children this age enjoy being together. They play board games, cards, or watch TV. "Toys" for this age include: sports equipment, music, microscopes, cameras, craft kits, equipment related to camping activities, board games and video games. Your child may join a club in your neighborhood or at school or enjoy an organized group such as scouts or a religious group. Support these kinds of activities in your community.

Safety

Because of the type of play that your child enjoys, it is extremely important to teach and reinforce the practice of activity-appropriate safety measures to prevent and limit his risk for injury. These activities include team and individual sports, bicycling, swimming, and those likely to cause bodily damage such as trampolines, skateboards, and roller blades.

Continue to teach your child that all firearms are unsafe and should be presumed loaded. **STORE ALL WEAPONS UNLOADED AND LOCKED IN CABINETS. AMMUNITION SHOULD BE SIMILARLY LOCKED BUT IN A DIFFERENT LOCATION.** Most firearm injuries occur in and about the home. Consider asking questions about the presence of firearms at a friend's house. Teach your children the **NEW** rules of gun safety: **N**ever touch a gun; **E**very gun is loaded; **W**hen in doubt; get out.

Drug education must be ongoing and should include illegal substances as well as alcohol and nonprescription medications. Tobacco temptations are everywhere. Discourage usage in any form including cigarettes and "dip." Ask your doctor for more information.

Dialogue and Discipline

An open dialogue with your child about growth, puberty and sex can help insure that they learn facts within a framework of values that your family feels is important. It is time to prepare your child for the changes of puberty and maturation. This includes not only the physical body changes but the emotional changes as well.

It is important to teach about menstruation (periods) and erections and nocturnal emissions (wet dreams) before they occur. Along with the changes of puberty, you may notice a heightened interest in sexual behaviors such as masturbation (you should know this is normal and reassure your child that this is normal). If this is uncomfortable for you, ask for help and/or additional references from your doctor.

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Td or Tdap (Tetanus-Diphtheria or Tetanus-Diphtheria-Pertussis) 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 http://www.immunize.org/vis

1 Why get vaccinated?

Tetanus, **diphtheria** and **pertussis** can be very serious diseases.

TETANUS (Lockjaw) causes painful muscle spasms and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so the victim cannot open his mouth or swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA can cause a thick membrane to cover the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells which can lead to difficulty breathing, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia and death.

These three diseases are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

The United States saw as many as 200,000 cases a year of diphtheria and pertussis before vaccines were available, and hundreds of cases of tetanus. Since then, tetanus and diphtheria cases have dropped by about 99% and pertussis cases by about 92%.

Children 6 years of age and younger get **DTaP** vaccine to protect them from these three diseases. But older children, adolescents, and adults need protection too.

2 Vaccines for adolescents and adults: Td and Tdap

Two vaccines are available to protect people 7 years of age and older from these diseases:

- **Td vaccine** has been used for many years. It protects against tetanus and diphtheria.
- **Tdap vaccine** was licensed in 2005. It is the first vaccine for adolescents and adults that protects against pertussis as well as tetanus and diphtheria.

A Td booster dose is recommended every 10 years. Tdap is given only once.

3 Which vaccine, and when?

Ages 7 through 18 years

- A dose of Tdap is recommended at age 11 or 12. This dose could be given as early as age 7 for children who missed one or more childhood doses of DTaP.
- Children and adolescents who did not get a complete series of DTaP shots by age 7 should complete the series using a combination of Td and Tdap.

Age 19 years and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should get a dose of Tdap as their next booster dose. Adults 65 and older *may* get one booster dose of Tdap.
- Adults (including women who may become pregnant and adults 65 and older) who expect to have close contact with a baby younger than 12 months of age should get a dose of Tdap to help protect the baby from pertussis.
- Healthcare professionals who have direct patient contact in hospitals or clinics should get one dose of Tdap.

Protection After a Wound

- A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap should be used for anyone who has never had a dose previously. Td should be used if Tdap is not available, or for:
  - anybody who has already had a dose of Tdap,
  - children 7 through 9 years of age who completed the childhood DTaP series, or
  - adults 65 and older.

Pregnant Women

- Pregnant women who have never had a dose of Tdap should get one, after the 20th week of gestation and preferably during the 3rd trimester. If they do not get Tdap during their pregnancy they should get a dose as soon as possible after delivery. Pregnant women who have previously received Tdap and need tetanus or diphtheria vaccine while pregnant should get Td.

Tdap or Td may be given at the same time as other vaccines.

4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your doctor if the person getting the vaccine has any severe allergies.
- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTaP should not get Tdap, unless a cause other than the vaccine was found. These people may get Td.
- Talk to your doctor if the person getting either vaccine:
  - has epilepsy or another nervous system problem,
  - had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap vaccine, or
  - has had Guillain Barré Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

5 What are the risks from Tdap and Td vaccines?

With a vaccine, as with any medicine, there is always a small risk of a life-threatening allergic reaction or other serious problem.

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls. Tell your doctor if the patient feels dizzy or light-headed, or has vision changes or ringing in the ears.

Getting tetanus, diphtheria or pertussis disease would be much more likely to lead to severe problems than getting either Td or Tdap vaccine.

Problems reported after Td and Tdap vaccines are listed below.

Mild Problems

(Noticeable, but did not interfere with activities)

Tdap

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling at the injection site (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Td

- Pain (up to about 8 in 10)
- Redness or swelling at the injection site (up to about 1 in 3)
- Mild fever (up to about 1 in 15)
- Headache or tiredness (uncommon)

Moderate Problems

(Interfered with activities, but did not require medical attention)

Tdap

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling at the injection site (up to about 1 in 16 adolescents and 1in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

Td

- Fever over 102°F (rare)

Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

Severe Problems

(Unable to perform usual activities; required medical attention)

Tdap or Td

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a severe allergic reaction or a high fever. If a severe allergic reaction occurred, it would be within a few minutes to an hour after the shot. Signs of a serious allergic reaction can include **difficulty breathing**, **weakness**, **hoarseness or wheezing**, a **fast heart beat**, **hives**, **dizziness**, **paleness**, or **swelling of the throat**.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

8 How can I learn more?

- Your doctor can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- 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**

Vaccine Information Statement (Interim)
Td & Tdap Vaccines
1/24/2012
42 U.S.C. § 300aa-26
Office Use Only

Meningococcal 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 http://www.immunize.org/vis

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf or mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

3 Who should get meningococcal vaccine and when?

Routine Vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

Other People at Increased Risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.

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

4 Some people should not get meningococcal vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

5 What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot – especially if you feel faint – can help prevent these injuries.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Severe problems

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

6 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a severe allergic reaction or a high fever. If a severe allergic reaction occurred, it would be within a few minutes to an hour after the shot. Signs of a serious allergic reaction can include **difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.**

What should I do?

- Call a doctor, or get the person to a doctor right away.
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Vaccine Information Statement (Interim)
Meningococcal Vaccines

10/14/2011

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