



Premier Pediatrics, P.A.
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16 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-4:30 PM 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 final round of pediatric immunizations today*:

1. Menveo (Meningococcal Booster)

For detailed information about this immunization, please refer to page 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 and 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. This information is considered protected health information and is available to be picked up at our office or printed off at home, after it has been requested, from the patient portal. Scout forms must be turned into our office and completed by hand, then picked up at the office. These cannot be generated through the patient portal.

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 one may be printed off at home from the patient portal. Immunization records are considered public health records; therefore, they may be faxed if requested or picked up at our office.

Adolescent Care: 15 thru 17 Years

Parents, please remember, times today are different than when you were a teenager! Your teenager has many more and new obstacles to overcome than you did. In addition, they still are going through the same physical and emotional growth that you did. So bear with them. It can be a wonderful learning experience! AND have a sense of humor, it can take you far!

Females attain adult physical maturity during this time. It may be a little longer for males. Since sexual experimentation with peers and/or homosexual episodes may occur at this age, it is of utmost importance that adolescents have thorough sexual and reproductive knowledge including normal physical and psychological development, birth control and AIDS prevention. If you are uncomfortable talking with your adolescent about sex, then seek help through your health care provider or community.

Adolescents develop the ability to problem solve and think abstractly. Although this permits them to hypothesize about particular ideas, they are unable to think of themselves in a futuristic manner and are still egocentric with interests only in

the here and now. This can present problems for their safety in that they think that “it can’t happen to them”. It also means that they are not always thinking of others and can be somewhat inconsiderate. Fortunately, this improves with age.

Sports activities remain very important in the life of an adolescent. Social activities often center around sports events and can be a means of meeting together in groups or pairs. Jobs after school and weekends can also be a part of an adolescent’s life. This can be out of necessity or to provide extra income for car expenses or savings. One point to remember is that it shouldn’t interfere with school.

Peer acceptance remains extremely important. The group sets the standards for behavior. Rejection can be devastating. One thing you can do is to listen to your child when situations occur that separate him/her from the group. You don’t necessarily have to offer advice, just allow him/her to vent. Although it is often difficult for parents to accept or adjust to the variations in hair and clothing styles, try to be flexible.

Eating

Many adolescents seem to eat continuously! However, there are also many that consume an inadequate diet as well as those who are always “on a diet”. The fact that many females are obsessed with physical appearance makes this a worrisome problem for all concerned. It is important that your teen understand that genetics also plays a major role in determining body build.

Adolescents often consume fast food and eat snacks that are high in calories and fat. Appropriate snacks should be encouraged and junk food consumed only in moderation. Continue to offer your child selections from the basic food groups at all meals and snacks. Teach him/her about foods. Of the major food groups, your teen needs: 4-6 servings of the milk, yogurt and cheese group; 2-3 servings of meat, poultry, fish, eggs, beans and nuts group; 2-4 fruit servings; 3-5 vegetable servings; and 6-11 bread, cereal, rice and pasta group 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 important during this time to evaluate your teen’s food consumption in relation to the amount of exercise that he/she does. While obesity is becoming quite worrisome in this age group, those adolescents participating in sports activities require an increase in calories.

Girls may also develop anemia during this time from a lack of sufficient iron in their diet to replace menstrual loss. Crash and fad dieting are common responses to the obsession with self-image and appearance. This may result in thinness or obesity; eating disorders, such as bulimia or anorexia, are common during adolescence. If you need information on foods which are high in iron, appropriate dieting, or suspected eating disorder then consult with your health care provider.

Sleeping

While you may think that your adolescent “sleeps” his/her life away, (especially on weekends), in actuality many adolescents are frequently sleep deprived. Children this age require 8-9 hours a night and sleep lost cannot be made up later.

Developmental Play

By now you are very aware of how “social” your adolescent is! Even though the family is still important, friends (individuals, classmates, and group members) and their opinions are highly valued. Teens enjoy these interactions and spend a great deal of time with their peers. They will begin dating during this time.

School remains very important in your child’s life now. Some subjects are enjoyed (as hopefully are some teachers). Children this age are capable of problem solving and by middle adolescence may begin to think abstractly. They begin to

show some concern for political and social problems by the end of this stage and are often idealistic and altruistic in intellectual capabilities. The adolescent may also begin activities that relate to a career choice for them later in life, or begin a part-time job.

Adolescents enjoy board, video and computer games, sports activities, crafts, sewing, music, art (and hopefully music or art studies), computers, video/audio equipment, and just “hanging out”. Your child may join a club in your neighborhood or at school (band, chorus, and service clubs) or enjoy an organized group such as scouts or a religious group. Team sports both in and out of school are good for channeling some of the boundless energy and teaching discipline. Support these kinds of activities in your community. Make sure your child’s activities are properly supervised or chaperoned. Some teens enjoy reading; particularly book series, comics, or magazines appropriate for their age (consider subscribing to some). Others enjoy writing; encourage keeping a log or diary (maybe on the home computer). You may notice your child enjoys collecting things such as stamps or baseball cards or creating things like collages, building models, cooking. This is a good time to help your child improve in his/her use of tools, utensils, and other household equipment.

Safety Dialogue and Discipline

It is important that the adolescent have increasing independence and freedom with appropriate limit setting for their safety and well-being. However, because there is a tendency toward risk taking, especially with peers, effective education regarding injury prevention must be taught. These areas should include: motor vehicles, water safety, sunburn, guns, sports injuries, drugs/alcohol, cigarettes/chewing tobacco, and sex and contraceptives. Encourage your adolescent to consider consequences BEFORE acting.

Effective education in the areas of sex, contraceptives, drugs/alcohol, and cigarettes/chewing tobacco is extremely important. AIDS prevention has magnified the importance of educating your child. It is appropriate and important to impart your own moral values about these subjects, but try to be flexible and open-minded enough to let your child ask questions and express feelings without fear of judgment or punishment. If you are just too uncomfortable to talk about these areas, make this known at an annual exam so your health care provider can help with this. Education such as this requires additional reinforcement from the school, the community, and other role models. This is an extremely difficult time for parents who must cope with their adolescent while trying to keep the channel of communication open. Try to love with no strings attached!!!

Do you know signs and symptoms of drug abuse or childhood depression? Ask for a handout on these subjects as well as those mentioned above.

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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.



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.
- 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) Meningococcal Vaccines

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