



**Premier Pediatrics, P.A.**  
8675 College Boulevard, Suite 100  
Overland Park, KS 66210  
913-345-9400  
913-345-9408 fax



## 18 Month 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](http://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. Infarix: Diphtheria-Tetnus-Pertussis (Dtap)
2. HIB (Haemophilus influenza type b)

*You should have received specific details about these immunizations in the 2 month handout. However, please let us know if you would like an additional copy of this information and we will be happy to provide it for you.*

#### 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 after an Immunization:

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

- ✓ High fever (over 104°)
- ✓ Crying for more than three hours at a time (not to be confused with colic)
- ✓ Seizures or convulsions – often related to high fever
- ✓ Severe, persistent seizures or major alterations in consciousness
- ✓ Listlessness, unresponsiveness, excessive sleepiness
- ✓ An allergic reaction (such as swelling of the mouth, face, or throat; breathing difficulties; rash)
- ✓ Behavior changes – you know your little one best, so if you notice any type of behavior that's not normal for your child, it's always smart to check with your pediatrician – just to be on the safe side

### Appointment and Immunization Schedule

Your child's next regularly scheduled well-visit will be at 2 years of age. Please try to schedule this appointment 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	<b>*must be 6M</b>	Pediarix (Dtap, IPV, HepB); Prevnar 13 (pneumococcal); Vision Screen
9 month		Hgb/HCT (finger-prick); Any catch-up shots
12 month	<b>*must be 12M</b>	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	<b>*must be 4YR</b>	Kinrix (Dtap/IPV); MMRV (MMR/Varicella); Vision Screen
5 year		Vision Screen; Hearing Screen
11 year	<b>*must be 11YR</b>	Boosterix (Tdap); Menveo (Meningococcal ACWY); HPV9; Cholesterol
12 year		HPV9 #2
13 year		HPV if not completed
16 year	<b>* must be 16YR</b>	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

### **Daycare Forms**

We have the Kansas Department of Health 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 or daycare 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. It can be mailed if you provide a self-addressed-stamped-envelope.

## **Toddler Care: 18 Months**

Your toddler continues to have boundless energy and much curiosity. He/she is able to run but falls often. Your child's vocabulary increases daily as does his/her ability to imitate actions and behaviors. You may notice that while your toddler is tolerating periods of separation from you, he/she may develop dependency on "transitional objects" such as a stuffed animal, favorite blanket, or an old purse of Mom's. This is normal and relates to the fluctuating state of the toddler-self. Do not discourage your toddler from using a transitional object. He/she will give it up willingly when other coping skills are learned.

### **Feeding**

Your toddler is on all table foods and whole milk now. His/her normal requirements include three meals with two snacks a day. Some may snack more often. Of the major food groups, a toddler needs: around 16-24 ounces of milk and milk product (2-3 servings); 2 ounces of meat; poultry or fish group; 2-4 fruit servings; 2-4 vegetable servings; and 4 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 3 to 4 times a week. A bread serving is ½ slice or ¼ cup cereal. Remember: a tablespoon of each food group per year of life at a meal is adequate. A decreased appetite or "picky eater" at this age is normal, but if you offer the appropriate foods at each meal, your toddler will have an adequate diet. Your toddler can drink easily from a cup and use a spoon; neither very neatly. Some toddlers can use a fork quite well and safely. Watch him/her carefully. Do not be surprised at the use of fingers which are still the preferred method of getting food quickly.

Continue good dental care. Brush your child's teeth twice a day using a small, soft toothbrush and plain water. Floss between teeth afterward. It is important that this become part of your toddler's routine to instill good habits for a lifetime. Between the ages of 2 and 3, he/she will need to be taken to the dentist for his/her first checkup. Be sure to continue the fluoride supplement if your drinking water is not fluoridated. The dose increases after 24 months. Some dentists recommend fluoride through at least age 8.

### **Sleeping**

An afternoon nap may still be required for your toddler as well as an early bedtime. Bedtime should be consistent and follow a particular routine (brush and floss teeth, stories, lullabies, kisses and hugs. etc.). Because of your toddler's need for independence, bedtime problems can surface. Occasionally, sleep problems can occur. If so, please ask your doctor for additional information.

### **Elimination**

Although toilet training is usually not advocated much before the age of two, parents need to know signs of readiness to look for in their toddlers. These include: a dry diaper upon awakening from naps or in morning; a regular time for bowel

movements; an ability to say appropriate words for bowel movements and urination; and an ability to recognize and say he/she is ready or has the urge to have a bowel movement or to urinate; an ability to pull clothing up and down or on and off; have a desire to please parent. These signs develop throughout the toddler years and can vary greatly. Ask for information about training.

### **Development/Play**

Your toddler is a great imitator and this should be encouraged. Provide safe toys that allow for the expression of feelings and imitation. These include: dolls, safe tools, houseware articles. Appliance boxes make great pretend houses, etc. Make sure objects have no sharp edges or small removable parts. Water play, such as washing plastic dishes, a bath, or small pool (all with supervision) also provide for imaginative plays.

Your toddler can throw a ball overhand without falling and may enjoy push-pull toys. He/she may be able to climb stairs holding on to your hand but usually only one step at a time. Your child is able to put blocks on top of each other, perhaps 3 or 4 at a time. Toddlers continue to enjoy drawing or "scribbling."

As your toddler's vocabulary increases he/she is able to identify parts of the body, and is often beginning to use directional words such as "up, down, go, in, out, and come." Because he/she is also becoming aware of sexual differences, you should use and teach correct terms for bodily functions and parts. Curiosity with sexual anatomy is common, as is genital exploration. Self-touching of the genitals is a pleasurable activity for toddlers but not a true sexual experience. Toddler masturbation is normal. The less attention that the parent pays to this activity, the less the child will use this to get attention. If frequent in public, then encourage in private.

Toddlers do not know how to share yet. In fact, they play side by side but not together. Therefore, toys taken from each other will cause great disturbances including biting, pinching, hitting and temper tantrums. Removal from the situation for a short period of time-out and a firm verbal reprimand usually alleviates the problem. Remove the toy if all else fails. Continue to read to your toddler to increase vocabulary, instill a love of reading, and provide the closeness of one on one. This is especially important if you have more than one child. Now is the age to start trips to the library.

### **Safety**

Continue to monitor your toddler's environment for safety factors. Accidents are his/her greatest threat. Plant ingestions represent an increasing hazard. The most common plant ingestions involve house plants. Frequently, fatal plant ingestions involve the extremely dangerous poisons contained in many berries and seeds. Your child should be taught not to touch or ingest these and other plant materials including mushrooms without first checking with you. If you are not sure about the potential danger a plant may represent, then contact your poison control center.

Still the greatest risk to your child's health is a motor vehicle accident. It is impossible for you to protect your child during an accident by just holding him/her. Always use an approved safety seat in your car in the recommended manner; anchored properly positioned and secured.

Review safety literature about the house, yard and pool. If your toddler has started to crawl out of his/her crib, lower the mattress to the lowest rung with the side down. This may be time to think about moving your toddler to a regular bed.

### **Communication and Discipline**

Your child's behavior will in part be guided by which of your expressions of feelings he/she wants to obtain. Children should be permitted to express their own feelings. At the same time parents, too, must express feelings. This teaches your child that having and expressing emotions is important for effective communications. Discipline is as important as safety training. Discipline should be used in a consistent manner. Toddlers develop and learn through exploration and require particularly close observation. Discipline should not be stifling to your child's chance for new experiences: instead it

should set safe limits. The word “no” becomes important to success but may not always get the desired response from your child.

Often the natural or logical outcome of an act provides enough reward for your child. When reality’s pressure is not sufficient, then your positive reinforcement is the desirable behavioral guidance your child needs.

From Anticipatory Guidance Sheets for Parents by Cohen, Hansen, and Skilling, copyright 1994. May be reproduced for patient use carrying this notice by permission Sunbelt Medical Publishers, P.O. Box 13512, Tallahassee, FL, 32317-3512.