



**Premier Pediatrics, P.A.**  
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## 2 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 first round of immunizations today:

1. Pedarix: Polio (IPV), Hepatitis B, Diphtheria-Tetanus-Pertussis (Dtap)
2. PedVaxHib: HIB (Haemophilus influenza type b)
3. Rotarix (an oral vaccine): Rotavirus
4. Pneumococcal 13

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

### 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; whole body 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
- ✓ Severe reactions to the Rotavirus vaccine: high fever, vomiting, diarrhea, bloody stool, abdominal distention, stomach pain (the baby brings his/her knees to their chest while screaming)

### A Note about Tylenol, Immunizations, and Patient Portal

Your child will be receiving his/her next round of immunizations today. The record of shot dates are available to you through the patient portal as soon as the shot has been given to your child. You may print this at home at any time.

Because receiving immunizations can cause a mild fever, many parents and pediatricians routinely give acetaminophen (Tylenol) to children when they receive their vaccinations. However, we know that a fever is one sign that our body is generating an immune response. A recent study indicated that receiving acetaminophen before vaccines could *possibly* reduce that immune response and thus make the vaccines less effective. This means having a fever could make the vaccines work better!

Giving Tylenol prior to immunizations does not reduce the discomfort associated with the injection. Therefore, the best advice is to wait and see how your child reacts to the immunizations. Many children act fine after receiving their immunizations even if they have a vaccine-related fever. If, however, your child is acting sick after receiving vaccines, it is then worth talking to your pediatrician to see if acetaminophen would be helpful. (Adapted from [www.healthychildren.org](http://www.healthychildren.org) by the American Academy of Pediatrics.)

### Appointment and Immunization Schedule

**Your child's next regularly scheduled well-visit will be at 4 months of age.** Please schedule this appointment as soon as possible. A patient care coordinator will be happy to help you schedule appointments at checkout or by phone.

\*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 after a scheduled appointment. Please let the patient care coordinator know you need a daycare form at check out. Once the provider has completed the patient note, the well care form will be pushed out to your patient portal. If you are in need of a daycare form at any time outside of the well care visit in the office, please request this form through the portal or call the office and it will be pushed out to the portal. These well care forms are good for one year once your child reaches the age of two years of age.

## **Infant Care: 2 Months**

Your baby will continue to surprise you with new developmental milestones! He/she will be smiling and making cooing sounds in response to being talked to and played with. You may also notice that his/her cry becomes differentiated according to his/her needs. That is, his/her cry to be fed is different from the cry that tells you that he/she just wants to be held. This is an individual personality developing communication skills. It is important to remember that development follows the same sequence in all children but the rate of acquisition of these skills varies with each individual. Also, no baby is average. Each is special and advances in his/her own way. These truly are very exciting times!

### **Feeding**

Continue breast-feeding (or bottle-feeding) only. Infant feeding demands will continue to vary from day to day just as yours do. This is normal. At this age infants require breast milk or commercial formula only. No solid food is necessary. In fact, feeding solid foods at this age may be dangerous.

### **Sleeping**

Your infant will continue to sleep a large portion of every 24 hours. You may begin to notice periods of wakefulness in the morning, late afternoon, and early evening. This is the start of a more predictable sleep pattern. Begin to establish a

bedtime routine as your child sleeps longer intervals at night. If your child seems unusually fussy at a particular time of day discuss this with your physician. It is permissible to give yourself a break, consider hiring a babysitter or getting some assistance from relatives or friends.

### **Elimination**

The stool pattern will be more regular and predictable. The "normal" pattern can vary from one at each feeding to a soft stool every few days. The number of wet diapers may decrease slightly as your infant's kidneys become more mature and are able to concentrate urine.

### **Development/Play**

Continue to play with your baby. Remember, the interaction that he/she has with you and other care givers is important for his/her social and emotional growth. When awake, bring him/her into the room where you are. You will begin to notice that his/her unique personality is becoming more evident!

Your baby should have a little more head control now. He/she is able to hold his/her head up when in a sitting position, but the head still bobs forward and may need extra support sometimes. Your baby may also visually follow a dangling toy from side to midline. Encourage this development by providing a mobile above his/her crib. This needn't be expensive, just safe.

Continue to talk, read, and sing to your baby. Respond enthusiastically to his/her coos and babbles. Although it is tempting to use "baby talk," try to talk to your baby in adult language. Take turns listening and responding to each other to encourage communication skills. Introducing him/her to others and bringing him/her to events where infants are tolerated will stimulate intellectual and social development.

### **Safety**

Remember always to use your child's infant safety seat when in a motor vehicle for any length trip. If you always use it, your child will think that is where he/she should always be, which is, in fact, where he/she must be.

Keep your infant away from unsupervised young children and animals, especially dogs and cats because serious injuries can occur. Supervised play is safer. Do not leave your child unattended. Do not cover crib mattresses with plastic and always put up rails. Do not use a bottle nipple for a pacifier. Make sure the pacifier is of one piece and U.S. Consumer Product Safety Commission approved. This is a time in your baby's development where sucking is important so a pacifier or thumb sucking is all right. However, do not tie the pacifier on a string around your infant's neck as this could choke your baby.

Burns are a very common type of accident and can result in permanent disfigurement or death. You may be bathing your infant in the tub now. If so, remember to check the water temperature and always keep one hand on the baby. Hot water heaters should be set at less than 120 degrees as this greatly decreases the chance of accidental burns.

Cooking and hot foods and liquids are a common cause of burns. Do not eat or drink anything hot while holding your baby. A cup of hot coffee is the most common food cause of scalded children. If you smoke, ask for help in eliminating the habit. Not only is passive smoke harmful to your baby but with his/her increasing activity your infant is more likely to get burned. Develop a fire escape plan for your home. Recheck or purchase a smoke detector(s) and fire extinguisher(s).

NOTE: You as a parent are the primary care giver for your child. You may need help or a break. This is normal and okay. Assistance is preferable to unintentionally taking stress out on a child. Consider getting some help from relatives or friends or hiring a babysitter.

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# YOUR BABY'S FIRST VACCINES

## WHAT YOU NEED TO KNOW

Babies get six vaccines between birth and 6 months of age.

These vaccines protect your baby from 8 serious diseases (see the next page).



Your baby will get vaccines today that prevent these diseases:

- Hepatitis B     Polio     Pneumococcal Disease  
 Diphtheria, Tetanus & Pertussis     Rotavirus     Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B). These "combination vaccines" are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

*These vaccines may all be given at the same visit.  
 Getting several vaccines at the same time will not harm your baby.*

This **Vaccine Information Statement (VIS)** tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines. Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement  
 (Interim)  
 42 U.S.C. § 300aa-26  
 9/18/2008

### Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

#### 8 Diseases Prevented by Childhood Vaccines

##### DIPHTHERIA Bacteria

You can get it from contact with an infected person.

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

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

##### TETANUS (Lockjaw) Bacteria

You can get it from a cut or wound. It does not spread from person to person.

Signs and symptoms include painful tightening of the muscles, usually all over the body.

It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

##### PERTUSSIS (Whooping Cough) Bacteria

You can get it from contact with an infected person.

Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

##### HIB (Haemophilus influenzae type b) Bacteria

You can get it from contact with an infected person.

Signs and symptoms. There may be no signs or symptoms in mild cases.

It can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

##### HEPATITIS B Virus

You can get it from contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

It can lead to liver damage, liver cancer, and death.

##### POLIO Virus

You can get it from close contact with an infected person. It enters the body through the mouth.

Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all.

It can lead to paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

##### PNEUMOCOCCAL Bacteria

You can get it from contact with an infected person.

Signs and symptoms include fever, chills, cough, and chest pain.

It can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

##### ROTAVIRUS Virus

You can get it from contact with other children who are infected.

Signs and symptoms include severe diarrhea, vomiting and fever.

It can lead to dehydration, hospitalization (up to about 70,000 a year), and death.

#### How Vaccines Work

**Immunity from Disease:** When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

**Immunity from Vaccines:** Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

## Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: **5 doses** – 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
- **Hepatitis B** Vaccine: **3 doses** – Birth, 1-2 months, 6-18 months.
- **Polio** Vaccine: **4 doses** – 2 months, 4 months, 6-18 months, 4-6 years.
- **Hib** (*Haemophilus influenzae* type b) Vaccine: **3 or 4 doses** – 2 months, 4 months, 6 months, 12-15 months. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
- **Pneumococcal** Vaccine: **4 doses** – 2 months, 4 months, 6 months, 12-15 months. Older children with certain diseases may also need this vaccine.
- **Rotavirus** Vaccine: **2 or 3 doses** – 2 months, 4 months, 6 months. Rotavirus is an oral (swallowed) vaccine, not a shot. Two rotavirus vaccines are available. With one type, the 6 month dose is not needed.

## Vaccine Risks

Vaccines can cause side effects, like any other medicine. 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 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor’s office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

### Other Reactions

The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t *prove* that a vaccine caused a reaction, but does mean it is probable.

### DTaP Vaccine

**Mild Problems:** Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

**Moderate Problems:** Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

**Serious Problems:** Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can’t be sure they are caused by the vaccine.

### Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

### Pneumococcal Vaccine

**Mild Problems:** During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

### Rotavirus Vaccine

**Mild Problems:** Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. Rotavirus vaccine does not appear to cause any serious side effects.

## Precautions

**If your child is sick** on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:
  - A brain or nervous system disease within 7 days
  - Non-stop crying for 3 or more hours
  - A seizure or collapse
  - A fever over 105°FTalk to your provider before getting **DTaP Vaccine**.
- If your child has:
  - A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin BTalk to your provider before getting **Polio Vaccine**.
- If your child has:
  - A life-threatening allergy to yeastTalk to your provider before getting **Hepatitis B Vaccine**.
- If your child has:
  - A weakened immune system
  - Ongoing digestive problems
  - Recently gotten a blood transfusion or other blood product
  - Ever had intussusception (an uncommon type of intestinal obstruction)Talk to your provider before getting **Rotavirus Vaccine**.

## What if my child has a moderate or severe reaction?

### What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- difficulty breathing
- weakness
- hives
- hoarseness or wheezing
- dizziness
- paleness
- swelling of the throat
- fast heart beat

### What should I do?

**Call** a doctor, or get the child to a doctor right away.

**Tell** your doctor what happened, the date and time it happened, and when the shot was given.

**Ask** your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## For More Information

Ask your healthcare provider. They can show 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) at **1-800-232-4636 (1-800-CDC-INFO)**.

Visit CDC websites at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) and [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis).