



**Premier Pediatrics, P.A.**  
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## 2 Week/2<sup>nd</sup> 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.

### Appointment and Immunization Schedule

Your child’s next regularly scheduled well-visit will be at 2 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.

## 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

### **A Note about Tylenol and Immunizations**

Your child will be receiving his/her first round of immunizations at the 2 month appointment.

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 that is the case, the fever is possibly a good thing and acetaminophen isn't necessary. 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.)

## **Infant Care: 2 Weeks**

You and your child have had and will have a busy time! The first month is very demanding. Your child must feed frequently to support his/her growth and in particular that of his/her brain. The upcoming weeks will be both wondrous and trying for you in adjusting as a family.

Have you noticed how your tiny infant has started to develop a unique personality of his/her own? Your baby should respond to sounds and voices. These responses may be various cries and other vocal sounds such as cooing as well as non-verbal responses such as smiling while being talked to and played with. Your baby may also watch and follow actions or images, particularly your face, with his/her eyes for a short time.

## **Feeding**

Babies need only breast milk or iron-fortified formula at this time. One dropper of Vitamin D or Poly-Vi-Sol a day is recommended for breast fed babies. Your baby will eat differently from day to day in both frequency and intensity just like you do. This variation is normal. If you are nursing, this may seem particularly difficult during the first few weeks because your body is trying to adjust your milk supply to meet your baby's needs and demands. If necessary, talk with other breast-feeding mothers or a lactation consultant for advice. We would be happy to provide names of local lactation education programs. Nevertheless, you will begin to notice a feeding pattern during the second month of life. This is just another way your baby is letting you know that he/she is a unique individual.

*Notes:*

## **Sleeping**

Infants sleep a large portion of every 24 hours; however, sleeping patterns vary. It is not unusual to have a fussy or cranky period, especially in the evening. If your child has such a period and it concerns you, ask your doctor for information and advice about ways to handle it. Gradually, you will notice some predictability to the number of hours your child sleeps. Does his/her sleeping pattern favor yours? This predictability and your consistency will help start to establish a good sleep routine. Usually, such routines are achieved sometime in the second month.

*Notes:*

## **Elimination**

Stools (bowel movements) vary in color, consistency, and frequency. Normally, color varies from yellow in breast-fed infants to browns and greens in formula-fed ones. The consistency varies from thin appearance like watery mustard, to thick paste. Your baby will establish his/her own pattern. It is not unusual for some babies to have a bowel movement every day or even less frequently. Some breast-fed babies may have several each day, some as often as with each feeding. The baby may "grunt" and make a face while having a bowel movement. It's called "straining" and isn't abnormal or painful.

*Notes:*

## **Development/Play**

Create a warm, soft place to play with your baby such as on a blanket on the floor. Try to establish eye contact and smile. Much of your infant's development and social responses depend on interaction with you and/or the other primary caregiver(s). Hold, talk to, read to, sing to, listen to, cuddle and rock your baby. Even quiet touch is wonderful for you both.

You may notice that your baby may turn his/her head from side to side as well as lift it for a short time when lying on his/her stomach. During the next few weeks, you will notice that your infant will develop stronger neck control resulting in more head movement and may even roll onto his/her side or back. Nevertheless, always support his/her head and neck when moving or carrying him/her.

Stimulate your child's vision with pictures or mobiles that are brightly colored or have contrasting colors, such as black and white. For optimal viewing, hold objects about 8 to 15 inches from his/her face.

*Notes:*

## **Safety**

**Do not ever leave your infant unattended!** The greatest risk to your child's health is an accident. Always use an approved infant safety seat in your car. Be sure it is anchored correctly and the baby is properly positioned and secured. The greatest threat to your child at this age is an auto accident.

Now is the time for you to learn CPR. Ask your doctor for information regarding classes or call your local hospital or health department.

Make yours a safe home! Install or check existing smoke detectors, turn hot water heaters down to 120 degrees, and use only safe heating devices. Post safety instructions in your home. These should contain emergency numbers as well as your address and directions to your house for the baby sitter to give in the event of an emergency.

Protect your baby from harsh weather and the sun. This is partially achieved by dressing him/her appropriately. Do not leave the baby in direct sunshine when outdoors. It is best to avoid midday sun (11:00 a.m. to 3:00 p.m.). Remember, most sun screens are not approved for use on infants.

Do not prop bottles. Place your infant on his/her back when in the crib as research indicates that this decreases the incidence of Sudden Infant Death Syndrome (SIDS). Discuss this further with your doctor. Practice other crib safety measures; use railings, no small objects inside, etc. 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 and do not tie it around your baby's neck.

NOTE: You as primary caregiver(s) 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.

*Notes:*