



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



### 3 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](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

The 3 year appointment does not typically include any immunizations. The next round will be given at the patient’s 4 year appointment. Please let the nurse know if you have any questions regarding immunizations.

#### Appointment and Immunization Schedule

Your child’s next regularly scheduled well-visit will be at 4 years of age. The patient needs to be at least 4 years at this well-visit.

**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	<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. You may request a health form through the Patient Portal. We will send a completed one back to you through the portal so you can print it at home.

## **Child Care: 3 Years**

My, how your toddler has grown! With this growth has come a change in physical and communication skills. From age three, your child begins to develop into a social being. This development is aided by his/her interaction with parents, other adults, and in particular, other children. Play is important to this area of development. However, this personality and social growth is replete with challenges for your child and for you, as his/her emotional insecurities are confronted. Your child's interactions will vary from pleasant to difficult, this is normal. You will need to learn to understand the mind of a young child. Ask about the references below.

## **Eating**

Your child is now feeding himself/herself completely. He/she enjoys mealtime and can help you in many ways, for example; by pouring his/her cereal, setting the table, or even making a sandwich. Fast foods should be limited. Instead, try serving simply prepared individual foods. Children this age may not like casseroles and other combinations of many ingredients. Teach them about the foods.

Your child's normal requirements include three meals with two snacks a day. Of the major food groups, a child needs: around 16-24 ounces of milk and milk products (2-3 servings); 2-3 servings of the meat, poultry, fish, eggs, beans, and nuts group; 2-4 fruit servings; 3-5 vegetable servings; 4-6 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 three to four times a week. A bread serving is one slice or a cup of cereal. Remember the simple rule of thumb: to offer a tablespoon of each food group per year of life at a meal is adequate, now. A decreased appetite or "picky eater" at this age is not unusual, but if you offer the appropriate foods at each meal, your child will get an adequate diet.

Continue good dental care. Brush your child's teeth twice a day. Floss between teeth afterward. It is important that this become part of your child's routine to instill good habits for a lifetime. He/she will need to be taken to the dentist for a first checkup, if not already done.

## **Sleeping**

An afternoon nap is still ideal. If not possible, try having quiet time, especially if other siblings are at home. Fears of the dark, the unknown, thunder and lightning, etc., are quite common at this age. Maintaining a consistent bedtime and bedtime routine, using a night light, security blanket, or toy, are all ways that may help to lessen the fear. If these remain a problem, then discuss these behaviors with your child care provider.

## **Elimination**

Your child may be completely toilet trained at this age. Remember, the age this is achieved varies greatly and should be based on an individual child's readiness. Many children who are toilet trained during the day still don't stay dry at night. It seems to be more common in boys, often runs in families, and can be a source of embarrassment to your child. If this is a problem, try limiting liquids after dinner, and having your child void prior to bed. Discuss this with your child care provider if it persists.

## **Development/Play**

Because your child is in a very social stage, it may be advantageous to enroll in a nursery school or participate in a play group several times each week. Ask for information on selecting a school that will meet your child's needs and your expectations. Again, this interaction through play is very important. Some children have an imaginary friend. Your child may want you to set an extra place at the table for the friend or even tuck the friend into bed at night as well. Rest assured that this is a normal part of a blossoming imagination. Your child's skills continue to change. He/she may also be able to dress himself/herself completely but need a little help with shoes and buttons. He/she may be riding a tricycle or some sort of vehicle with pedals. He/she can jump with both feet or stand on one foot for a few seconds or may even try to dance. He/she enjoys art work and may try and copy a circle with facial features. Provide opportunities for your child to climb, run, and crawl, using all his/her large muscle groups. Your child continues to play "at work" so toys that are used in different occupations are excellent. It is also exciting for your child to begin visiting those places that provide services, such as the grocery, post office, bakery, or shoe shop.

He/she remains curious about everything and constantly asks questions. Art is enjoyed by this age group and provides an excellent outlet for expression of feelings. Finger-paints, newsprint, scissors, paste, poster paint, and crayons are articles that can be available at home and are inexpensive. Musical toys provide an excellent channel releasing energy and encouraging creativity. He/she will use short complete sentences of three to five words, pronouns (I, you, me), plural words, and talk constantly!

Continue to read with your child. Help your child to learn the value of reading. Read in his/her presence so that he/she can see your example. Make books available to him/her. Go to the library weekly. Acknowledge his/her recognition of letters, sounds, or words. This is not an age that you have to push him/her to read, however, let him/her just enjoy his/her level of "reading."

## **Safety**

Teach your child his/her full name and your full names, address and phone number. Teach your child who are the appropriate people to ask for help is he/she is injured, lost or afraid. Teach him/her never to get into a strange car. You must balance opportunities for healthy interaction with the need for protection especially with preschoolers. In over 85% of child abuse cases the victim knows the offender, who is most often a male. Now is the time to teach your child about "safe touch" and resisting uncomfortable touch. Begin teaching the names of all body parts including genitals ("penis" and "vagina") and bottom. Children need a vocabulary to say 'no' to an unwanted touch. Remember that these young children may legitimately need a caretaker's touch, e.g. to wipe after a messy bowel movement. This is difficult to teach so become involved in a school education program.

Begin educating your child about preventing accidents, especially outside. Swimming lessons and water safety should continue. If bicycling, then teach safety rules and insist on helmet use. Motor vehicle safety remains critical and still the greatest risk to your child's health (until age 40)! Use safety seats until your child graduates to seat belt size.

Review and revise the emergency information you should have in or near your phone, fire escape plans, etc. the first Sunday of each month. Check the smoke detectors twice a year when daylight savings time changes are made.

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## **Communication and Discipline**

Parents must provide guidance and limits. But in setting these limits, they must not be too restrictive. Children should be allowed to take some risks. This encourages exploration and learning. Children should be permitted to express their own feelings. At the same time parents too, must express feelings. There are some concepts that are basic to effective interaction with your children and success as a "child-rearer." Try to be honest with yourself, spouse, and children. Similarly try to be sensitive and understanding, particularly to your own feelings and especially to your child's view. You may find it difficult to translate from your child's realm to your own, but your success in analyzing all aspects of a behavior, or of a situation, determines the effectiveness of your actions and helps your child develop self-esteem.

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