



Premier Pediatrics, P.A.
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4 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. 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 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. Kinrix: Polio (IPV), Diphtheria-Tetanus-Pertussis (Dtap)
2. MMR (Measles, Mumps and Rubella)
3. Varivax (Chicken Pox Vaccine)

You should have received specific details about these immunizations in previous handouts. 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 child 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
- ✓ 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 5 years of age.

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
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 next round of immunizations today.

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 or ibuprofen would be helpful. (Adapted from www.healthychildren.org by the American Academy of Pediatrics.)

Health 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. You may request these forms through the patient portal. We are able to send the Kansas and Missouri Department of Health and PPE forms through the patient portal for you to print at home. Boys scout forms must be brought into the office and picked up after completion.

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 or call to request a copy. Immunization records are considered public health records; therefore, they may be faxed if requested or picked up at our office.

Child Care for 4 year olds

Your child is at a wonderful age. He/she is excited and energetic. This age child is often a little chatterbox whose inquisitiveness and vocabulary expand daily. This is an age to enjoy, but you must occasionally temper your child's exuberance to keep him/her safe from unsafe consequences of this adventurousness and imagination.

Eating

Your child may use a fork now instead of a spoon but will still need help cutting meat, etc. A four-year old often requires three meals with two snacks a day. Teach him/her about foods. Of the major food groups, a preschooler needs: around 24 ounces of milk and milk products; 2-3 servings of the meat, poultry, fish, eggs, beans, and nuts group; 2-4 fruit servings;

3-5 vegetable servings; and 5-7 bread, cereal, rice, pasta group servings per day. At least one serving of fruit per day should be a citrus fruit. A yellow 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. Remember the simple rule of thumb to offer a tablespoon of each food group per year of life at a meal is adequate at this age. Food preferences remain but you may see his/her likes increasing. Try not to use food as a reward for good behavior; praise is preferable.

Sleeping

Four-year olds are magical thinkers; they have and use their imaginations in all phases of their world. As a result, you may see an increase in nightmares for a short while as this age has difficulty separating fantasy from reality. When this occurs just help your child to awaken fully from the dream and reassure him/her.

The afternoon nap time may be disappearing due to preschool and other activities. If possible, try to give your child a "quiet time" to allow you a break, especially if you have other younger children. Reading prior to this time is a good way to unwind, and then your child could look at books in bed.

Elimination

Your child will probably be pretty independent in his/her toileting routine now. He/she may still require help in getting clean after a bowel movement but will express this need. It is not uncommon for children to have accidents at this age and wet their clothes or their beds. Try and be as understanding as possible and don't make a big issue of it. If it does become a regular occurrence, you might want to discuss this with your doctor and ask for, or read additional references.

Development/Play

Your child is adding new vocabulary words every day, some of which you may not be happy about. It is not uncommon for this age child to "pick up" mild profanity from other children or older siblings. Four-year olds are using pronouns (I, you, me), able to understand some prepositions, count several objects, and can identify a few colors. Your child continues to ask questions constantly as well as tell "exaggerated" stories. Similarly this is the age for "inaccurate talk" a benign type of lie that is reflective of his/her immature development.

Your child is probably never still. He/she is able to run, skip, and hop on one foot. He/she may also throw a ball overhand as well as catch it. Fine motor skills are improving as well. Your child may use scissors to cut out a picture and can copy a square or trace a triangle, diamond, or cross.

As was stated earlier, your child is in a stage of "magical thinking," and toys or props that encourage the imagination are very appropriate. These include play clothes for dress-up, paper products or articles from an office, or cans and things from the grocery store. Art supplies, musical instruments, doctor/nurse kits and child tool kits also enhance creativity. Help your child learn the value of reading. Read to him/her. Read in his/her presence so that he/she can see your example. Make books available to him/her. Acknowledge his/her recognition of letters, sounds, or words. However, this is not an age that you have to push him/her to read. Let him/her just enjoy his/her level of "reading."

Sexual curiosity is common at this age, and you may notice this being demonstrated through doctor and nurse play. Try not to let this upset you. It is very normal and will not become a problem unless you turn it into an issue.

Your child is in a phase of associative play. That is, they enjoy playing with other children and being dramatic and imitative. They can resolve minor conflicts but still need parental supervision. It is not uncommon for your child to have imaginary playmates or for you to find him/her talking to himself/herself! This usually disappears as your child gets closer to school age. Four-year olds are emotional and can be temperamental. Your child may have mood swings and be physically and verbally loving and affectionate and may also be similarly aggressive. This is where preschool or a period of time in an organized child setting may help. Appropriate behavior and play interaction can be reinforced at school and at home as well. This is an important time for realistic discipline and limit-setting techniques to be evaluated. Children

this age do not understand the reason behind right and wrong. Therefore, expect your child to test you and be aggressive. Your child may even go so far as to tell you he/she's running away from home. Be patient. As your child heads toward five, life becomes easier.

Safety

If you haven't done so already teach your child his/her full name, your full names, address, and phone number. Teach him/her who are the appropriate people to ask for help if 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 sexual 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 (read Its MY body or Touch Talk with him/her). 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 should be started this year if your child has not already been taught. Check with the local recreation programs as to the availability. Teach water safety. If bicycling, then teach safety rules and insist on helmet use.

Other safety measures need to be followed rigorously. Medicines and other poisons still need to be locked up out of reach as do objects like matches, sharp scissors, and knives. Never allow your child to handle firearms. **STORE ALL WEAPONS UNLOADED, IN LOCKED CABINETS. AMMUNITIN SHOULD BE SIMILARLY LOCKED BUT IN A DIFFERENT LOCATION. THE KEYS SHOULD BE HIDDEN, OUT OF REACH, OR BETTER YET, LOCKED UP!** Most firearm injuries occur in and about the home. Consider asking questions about the presence of firearms at friends' homes. Teach your child or children the **NEW** rules of gun safety: **Never touch a gun; Every gun is loaded; When in doubt, get out.**

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 be keeping by the telephone, fire escape plans, etc. the first Sunday of each Month. Check the smoke detectors twice a year when daylight savings time changes are made.

Communication and Discipline

Your child's behavior will partially be guided by which expressions of your feelings he/she wants to obtain. Similarly, your child learns that having and expressing emotions is important for effective communication. 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. Do not restrict praise just to a task's completion but also give it during the performance. This encouragement shows your child that he/she is worthwhile. Don't reward misbehavior with increased attention or by giving in. Similarly, resist physical punishment and threatening inappropriate punishment. Threats and physical abuse only promote fear, guilt, and shame and teach the child that problems can be solved with violence.

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