



Premier Pediatrics, P.A.
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5 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 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 5 year appointment does not typically include any immunizations. The next round will be given at the patient’s 11 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 6 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; 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.

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. We 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 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. Boy Scout forms must be brought into our 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 5 year olds

After a year full of cognitive, physical, and emotional growth, your little one has changed into such a grown-up five-year old. In fact, he/she is getting ready to begin a new adventure in "real" school. Your child's temperament may seem less rebellious and more responsible in some areas. You may notice that your child wants to please and is aware of following the rules. Your child may be questioning what you think as a parent and comparing it to his/her friends' opinions.

Children this age respect differences but do not understand them yet. They share more easily and can show tremendous concern for others.

Eating

Continue to offer your child selections from the basic food groups at all meals and snacks. Teach him/her about foods. Of the major food groups, a kindergartner 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 6-9 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 3 or 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.

Avoid “empty” calorie snacks such as soft drinks, chips, candy, and cookies. If given, these should be in limited amounts. Encourage healthy snacks of fruit, popcorn, peanut butter, stuffed celery, raisins, cheese strips, etc. You may notice your child develops strong food preferences and refuses certain foods during the early childhood years. This will change somewhat as he/she is exposed to different foods outside your home. Try not to use food as a reward for good behavior; praise is preferable.

Sleeping

Your child may not be experiencing sleep problems during this age. However, some children may have occasional nightmares. If you are concerned about these, please discuss it with the doctor.

Elimination

It is not unusual to have occasional accidents at night and even at play. Wet pants appear to be more common than stool incontinence, but both can occur. If this is a problem for you or your child, ask for information to help you. It can be extremely frustrating for parents to deal with this and it's a good idea to talk this over with your doctor.

Development/Play

Children this age enjoy being outside and having space to run, jump, ride, and use their imaginations. They still enjoy imitating role models in their play and like using “real” props instead of toy ones. They also enjoy craft and artistic materials and may be beginning to enjoy simple board games. They request friends to come and play and do not require as much supervision for arguments.

Your child's vocabulary has expanded. He/she is able to use 6 to 8 word sentences, name several colors, and ask the meaning of words. He/she is also able to follow 2 to 3 commands when given in succession. Encourage your child to read for pleasure. At this age this is still done by reading to him/her. Read together. He/she can look through his/her book while you read yours. If he/she does not have a library card, get one and use it. Ask the librarian to help you select age appropriate books. Toward the end of this year your child will begin to recognize letters, maybe words, and some even do simple reading. Acknowledge his/her progress and let him/her enjoy his/her level of “reading.”

Your child's motor skills are improving as well. You may notice that your child can throw and catch a ball fairly well, jump rope, skate with good balance, and ride a tricycle or even a two-wheeler with training wheels. Artistic skills include drawing a human figure with four or more parts, dexterity with scissors, and copying a triangle or diamond. As you can see, your child is getting himself/herself ready for a full day of school! “School readiness” should be discussed with your child's teacher or health care provider if you have any concerns.

Safety

This is an important age to stress safety and prevention of injury in all activities. If swimming lessons have not begun, now is the time. Call your local parks and recreation department or YMCA if you are unaware of programs in your area. Teaching bicycle safety must be ongoing. Your child should be wearing an approved helmet, have an appropriate size bike, and know traffic rules.

Experimentation with matches and other potential burn sources such as firecrackers and lighters is not unusual at this age. Thus, rules prohibiting these dangerous items should be established. Instructions for use or behavior regarding the use of the stove or fireplace as well as emergency burn information should begin now.

If you haven't done so already, teach your child his/her name, address and phone number. Teach him/her who the appropriate people are to ask for help if he/she is injured, lost or afraid, as well as stranger safety instruction. You must balance opportunity for health interaction with the need for protection. 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. Teach the names of all body parts including genitals ("penis" and "vagina") and bottom. Children need a vocabulary to say "no" to an unwanted touch. This is difficult to teach so become involved in a school education program.

Never allow your child to handle firearms. **STORE ALL WEAPONS UNLOADED, IN LOCKED CABINETS. AMMUNITION 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: **N**ever touch a gun; **E**very gun is loaded; **W**hen in doubt, get out.

Communication and Discipline

Your child's behavior will in part be guided by which feelings he wants you to express toward him. 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 completion of a task but give it during the performance. This encouragement shows your child that he is worthwhile. Don't reward misbehavior with increased attention or by giving in. Similarly, don't physically punish more than is necessary or threaten inappropriate punishment. Threats and physical abuse only promote fear, guilt, and shame, and teach your child that violence is an acceptable method of problem solving.

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