



Premier Pediatrics, P.A.
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6 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. On Saturday's our phones go to voice mail or you may be directed to Children's Mercy Nurse Triage line.
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

Your child will receive his/her third round of immunizations today:

1. Pedarix: Polio (IPV), Hepatitis B, Diphtheria-Tetanus-Pertussis (Dtap)
2. Pneumococcal 13

You should have received specific details about these immunizations in the 2 month handout. 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 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 Rotovirus vaccine: high fever, vomiting, diarrhea, bloody stool, abdominal distention, stomach pain (the baby brings his/her knees to their chest while screaming)

Appointment and Immunization Schedule

Your child's next regularly scheduled well-visit will be at 9 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.

*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

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, 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.)

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: 6 Months

Your baby continues developing in all areas---physical, motor, sensory, social and vocal/verbal. However, progress is not at the same rate in each area. For example, while your baby is developing motor skills, he/she may not be working as fast at vocal skills. Likewise, when you notice a jump in vocal skills, new motor skills may be appearing less rapidly (see Development/Play). Remember, this is part of the uniqueness of human development and is accompanied by a unique personality.

Feeding

Because he/she is getting ready to cut teeth, your baby may be “gnawing” on everything. You may notice he/she is a little fussier than usual. Your child may be helped by use of a chilled teething ring, other rubber teething objects, or be gently massaged from your finger. This need to teethe does not mean the child must be fed constantly.

There is a shift in the source of your baby’s calories over the next six months as he/she begins solid foods and weans. You may begin solid food by introducing infant rice cereal or oatmeal 1-2 times per day. Start by mixing two teaspoons of the dry cereal with breast milk, formula, or water until it becomes a thin soup. Place the contents of the baby spoon about one half of the way back on your baby’s tongue to aid swallowing. As your baby improves handling this, gradually

increase the thickness of the cereal and the amount fed to two tablespoons. Ask for information on introducing other solid foods if you have not already received it. The first foods (after infant cereal) should be pureed, mashed or strained. Not all infants are interested in solid foods yet. Peanut butter, eggs, strawberries and other berries are **LESS** likely to provoke allergies when introduced at 4-6 months of age. If your baby has severe eczema, discuss with your provider first.

You will notice that your baby is beginning to or has developed a routine mealtime schedule. Hopefully, this coincides with the family mealtimes so everyone can enjoy being together. If you need to, wean him/her from the breast to a commercial formula. But you don't have to wean; many moms continue nursing until the baby stops nursing. This can also be a good time to introduce a cup. Never let the baby take bottles to bed to prevent cavities from developing due to this prolonged food exposure (milk, formula and juices all have sugars).

This is a good age to introduce small amounts of drinking water so your baby learns to enjoy it, starting a good lifelong habit. When your baby can sit up well and you can also see that his/her swallowing of spooned foods has improved, then finger foods can be given. CAUTION: To avoid choking it is very important that your baby is able to coordinate chewing and swallowing before these foods are given. Even then, you must carefully watch your child to see that he/she can handle each food until it is finished. Some good finger foods are: crisp toast or crackers, cubes of banana, peaches, pears, cooked carrots, green beans, or Cheerios.

As teeth develop, keep them clean by wiping with gauze or using a soft infant toothbrush, two or three times daily.

Notes:

Sleeping

At this age, some babies may decrease the length and/or frequency of naps while others do so later in the first year. You may also notice that your baby, who normally had undisturbed night-time sleep, is now awakening abruptly and crying. This may even be accompanied by nightmares. Rest assured! This is a temporary phase presumed to be due to sleep stage and developmental changes. However, you should check your baby immediately, keep the time spent brief and do not give extra bottles, take him/her to your bed, or rock him/her. These positive reinforcements encourage night-time awakening and could set you up for problems later if awakening becomes a habit. A regular bedtime routine is helpful at this age and provides extra reassurance to your child.

Notes:

Elimination

As your baby begins eating at regular times, he/she will have bowel movements at regular times as well. They may change in number and consistency and color as additional foods are added. Extra fluids will help avoid constipation.

Notes:

Safety

ATTENTION!!! That wonderful, adorable infant of yours is about to become mobile! Your house should be "child-proofed" NOW! Remember to put child-proof locks on all cupboards in kitchen, bath and laundry areas. Not only should

medicines be up high and out of reach but they should be locked up as well! A tackle box with a padlock makes a great medicine kit! Treat all cleansers, detergents, solvents, and poisonous liquids in the kitchen and garage the same way. Put gates across all stairs at the top and bottom. You may also need to get rid of your plants for the next several years because many common household plants are highly poisonous. Finally, refresh your memory about safety measures and accident treatment. Review the procedure for choking and CPR. **Save the poison control number on your phone – 1-800-222-1222.**

Notes:

Development/Play

At this age, your baby can be pulled to a sitting position without head lag, may sit up alone momentarily, and may be able to sit in a high chair with his/her back straight for a sustained period. Your infant may be able to roll over now. He/she is able to bear weight on his/her legs when held in a standing position. This is safe and won't hurt the legs at all. Your baby can also reach for his/her feet and may put them in his/her mouth. He/she can pick up an object when dropped. He/she may be transferring objects from one hand to the other. Play is WORK for baby! At this stage he/she plays and works all day. Your baby may like to bounce, swing, reach out for you, pick up objects (only to drop them again), and clang things together. Your unbreakable household kitchenware make wonderful toys; measuring cups, spoons, pots, pans, containers, and soft, different-textured pieces of material are great fun. Never give your baby something sharp, heavy or on which he/she can choke. Make an activity box for the crib or play pen with sponges, wooden toys and large blocks which are all stimulating, yet relatively inexpensive. Your child is developing a personality. He/she may begin to recognize parents, family, friends and other familiar faces but respond to strangers or unfamiliar faces with fear. He/she laughs aloud and has definite likes and dislikes. He/she "babbles" to toys and mirrors, or other inanimate objects.

As always, listen to, talk to, and sing to your baby. Respond enthusiastically to his/her coos and babbles. Try to talk to him/her in adult language most of the time although it is tempting to use "baby talk". Read to your infant. Provide him/her with soft, plastic/cloth books. Reading is important to success as an adult; you cannot start too early.

Notes:

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FEEDING GUIDELINES: ALL FOODS MUST BE CUT OR PORTIONED TO THE APPROPRIATE SIZE FOR YOUR CHILD.

4-6 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Cereals: (Start here) rice, barley, or oatmeal. Wheat based cereals to be given last.
- Fruits: apples, bananas, pears
- Vegetables: avocados, green beans, sweet potatoes, butternut squash
- Nuts: peanut butter, eggs and yogurt may be introduced now, in most cases. Discuss with your doctor.

6-8 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Cereals/Grains: Cereals may continue as before, may offer crackers (saltines or graham).
- Fruits: Mango, peaches, papaya, plums, prunes, apples, bananas, pears
- Vegetables: carrots (cooked and peeled), cauliflower, parsnips, peas, zucchini, avocados, green beans, sweet potatoes, butternut squash
- Proteins: beef, chicken, pork, turkey, tofu, eggs, fish

8-10 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Finger Foods: rice puffs, cheerios, crackers
- Grains: buckwheat, kasha, flax, kamut, millet
- Fruits: Mango, peaches, papaya, plums, prunes, apples, bananas, pears, cranberries (chopped), figs, grapes (chopped), kiwi, melons, persimmons, blueberries, coconut
- Vegetables: carrots (cooked and peeled), cauliflower, parsnips, peas, zucchini, avocados, green beans, sweet potatoes, butternut squash, asparagus, broccoli, beans, cucumber, eggplant, leeks, onions, turnip, potatoes
- Dairy: cheese, cottage cheese, cream cheese, yogurt
- Proteins: beef, chicken, pork, turkey, eggs, tofu, fish

10-12 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Offer Table Foods At This Time

12 months +

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Fruits: oranges, grape fruit, strawberries, raspberries, blackberries, honey
- Dairy: whole milk