Patient Education Package

18-Month-Old

Please take the time to read through this material. We provide this information because we see value in educating our patients.

Westwood-Mansfield Pediatrics
Boston Children's
Primary Care Alliance

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Westwood-Mansfield Pediatric Associates
www.wmpeds.com

Mansfield Office
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Mansfield, MA 02048
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18 Month Visit: Immunizations

Your child is due to receive the following immunizations at this visit:

Hepatitis A

*In addition, we strongly recommend that all patients 6 months of age and older receive an annual **Influenza** (flu) vaccine.*

Please review the enclosed Vaccine Information Sheets (VISs) prior to your visit for more information.

For our complete immunization schedule:
wmpeds.com/topic/immunization-schedule

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SUGGESTIONS FOR FEEDING YOUR TODDLER

By Scottsdale

SECTION 1: HELPFUL HINTS

Your physician's advice should come before anyone else's suggestions. Parents and physicians should work hand in hand, if you aren't seeing eye to eye, it may be time to find a new doctor. Even in the military, you can request a new doctor. If your toddler isn't eating well, and her pediatrician has checked for any health issues, these suggestions may help with meal times.

Parents need to remember that a toddler's stomach is no bigger than his fist. This means he can only eat a little at a time, so a large pile of food on his plate will discourage him. A general rule of thumb for portion size is 1 tablespoonful of meat, vegetables and starch for each year of life. A one year old starts with three tablespoons of stew, or one tablespoon of chicken, one of mixed vegetables and one of rice or potatoes. They can always have more. Also with the above in mind, snacks should be small and low in sugar. Healthy snacks will help your toddler meet their nutritional needs, even if mealtime isn't successful.

Do not give your toddler milk before meals. The current American Academy of Pediatrics recommendation for milk/formula intake for the child eating solid food is no more than 24 ounces a day. If your child is a big milk drinker, you can dilute the milk with an ounce or two of water without affecting the taste. Children under 2 should have whole milk unless your physician deems otherwise, because fats aid in brain development. They also recommend no more than 4 ounces of juice a day. Offer thirsty children water, this will lower the amount of sugar they take in, and it will encourage a healthy habit for life..

Stop fighting over dinnertime. Your child will view this as a power struggle, and worse, it's a struggle she can win. You cannot force an uninterested toddler to eat. If she refuses to eat, excuse her from the table and wait until the next meal, unless the healthcare professional is very concerned about lack of weight gain.

Children will eat when they are hungry. In my experience, they usually eat a good breakfast, moderate lunch, a small snack before and after lunch and a poor dinner. If they are following the growth curve (that's the pink or blue sheet in the medical record with the big curve on it) they are gaining weight appropriately. Taking your child for regular check-ups will help you keep track of their progress, and will identify problems before they become serious.

Children often need to be exposed to new foods 20-30 times before they will be willing to try them. If your toddler refuses to taste something new, keep presenting it to him. If he can help prepare some of the meal, he will be more likely to try it. Toddlers often like to have special things reserved for their own use – a set of plastic plates and bowls, and a set of small forks and spoons – can go a long way to encouraging appropriate table behavior.

SECTION 2: FOOD/MEAL SUGGESTIONS

For Moms on the run…

- Cheese slices (any cheese your child likes)
- A slice of whole wheat bread
- Frozen vegetables (if child is teething he may like them straight from the freezer. My 22 year old daughter still prefers them this way.) And some cut up fruit.

When you have company coming, a vegetable tray for both children and adults is always a good trick. If they don't eat much dinner, they have already had some nutritious food, so you don't have to worry about a missed meal.

BREAKFASTS

- Oatmeal (about 1/3 of a cup) or whole grain cereal (Some want milk on it, some want it dry. It doesn't really matter) with half a banana or orange or any fruit of the child's choice (remember most allergists discourage strawberries till 18 months old.) And milk.
- Toast, an egg, and fruit or juice (Try hard-boiled eggs)
- Waffle, French toast, or pancakes with some syrup and fruit and milk
- Yogurt with fruit (can use fresh, canned or frozen) and a piece of toast or bread (whole grains if possible)

MIDMORNING/AFTERNOON SNACKS:

- Graham crackers and milk
- A piece of cheese and half a piece of fruit
- Veggies and dip (kids usually love carrots, celery, red bell pepper, cucumber spears or rounds)
- Ants on a log (celery with peanut butter and raisins)
- Banana with peanut butter
- Yogurt and fruit
- Cottage cheese and fruit
- A cracker with a slice of meat and a piece of cheese
- Grits and cheese (for you southerners)
- String cheese
- Fruit
- Bread and butter or peanut butter

LUNCH

Half a sandwich cut into triangles, small squares or little rectangles (four to a half) or get out a fancy cookie cutter and use that. Examples might be:

- Peanut butter and jelly
- Cream cheese and jelly
- Leftovers like chicken salad or meatloaf
- Macaroni and cheese
- Turkey
- Cheese (they also like it grilled but make sure it's cooled before they eat it, cheese burns badly)
- English muffin pizzas (half an English muffin with a small amount spaghetti sauce and some mozzarella cheese broiled in your oven or toaster oven)
- Try to stay away from prepared sandwich meat as they have lots of salt etc.

A vegetable or grape tomatoes (4 or 5 max) or a few pieces of raw carrot… If you wish to be creative or have a fussy eater:

- Take your fruit like a half a pear with a yogurt or cottage cheese hat and a face of raisins a mouth of a slice of carrot and a nose of half a grape or cherry
- Leftover spaghetti or ravioli with a small amount of plain sauce (some kids hate lumps)
- Left over dinner in very small portions
- Kids love soup, try chicken noodle or vegetarian vegetable (homemade is best but if time is a problem canned is ok) served with a piece of whole grain bread and some butter.

DINNER

Children usually love to emulate their parents, so unless you have something totally unsuitable for a small child, try serving them some of what you eat. Sometimes, they will taste it if you give it to them from your plate, where they might not from their own plate. My kids liked chicken, fish, steak, spaghetti, pizza, stew, chicken and dumplings, chicken potpie, turkey…

Serve at least one vegetable. Many kids like salad, if they will eat it, make it available.

When it is too hot to cook try tuna salad, chicken salad and/or egg salad served with raw veggies and fresh fruits

Give the child a small portion and if he wants more give it to him/her.

Take tortellini or spinach ravioli or some dumplings or noodles and cook them in chicken broth with maybe some small carrot rounds and a few slices of bok choy. Kids will usually eat this well-balanced meal for lunch or dinner.

If they won't eat the vegetable at dinner, give them fruit. If they get hungry just before dinner, give them part of their dinner (or an acceptable substitution) early. If they are hungry and don't want what you offer, they are not very hungry.

Pork chop or tenderloin (remember 1 tablespoon of each for each year) and applesauce
Green beans and noodles or potatoes

Roast chicken, mixed vegetables and rice
Take leftover rice and make fried rice with frozen veggies, an egg, leftover meat, some ginger, and garlic

They also love stir-fries. A little bit of meat or tofu sautéed with some fresh veggies is a real treat and can be made in small batches.

Many children do not like their food "touching" so try to keep them separated. Always give them at least a spoon and maybe a toddler fork even if they eat with their hands.

When they really start to play with their food, they are done eating.

I hope these hints help you have a good experience feeding your children, and that they grow to be good eaters with healthy habits.

9/2013

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Toilet Training: Guidelines for Parents

Bowel and bladder control is a necessary social skill. Teaching your child to use the toilet takes time, understanding, and patience. The important thing to remember is that you cannot rush your child into using the toilet.

There is no set age at which toilet training should begin. The right time depends on your child's physical and psychological development. Children younger than 12 months have no control over bladder or bowel movements and little control for 6 months or so after that. Between 18 and 24 months, children often start to show signs of being ready, but some children may not be ready until 30 months or older.

Your child must also be emotionally ready. He needs to be willing, not fighting or showing signs of fear. If your child resists strongly, it is best to wait for a while.

Stress in the home may make learning this important new skill more difficult. Sometimes it is a good idea to delay toilet training in the following situations:

- Your family has just moved or will move in the near future.
- You are expecting a baby or you have recently had a new baby.
- There is a major illness, a recent death, or some other family crisis.

However, if your child is learning how to use the toilet without problems, there is no need to stop because of these situations.

It is best to be relaxed about toilet training and avoid becoming upset. Remember that no one can control when and where a child urinates or has a bowel movement except the child. Try to avoid a power struggle. Children at the toilet-training age are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements.

Look for any of the following signs that your child is ready:

- Your child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- Facial expressions, posture, or words reveal that your child is about to urinate or have a bowel movement.
- Your child can follow simple instructions.
- Your child can walk to and from the bathroom and help undress.
- Your child seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear grown-up underwear.

Stooling patterns vary. Some children move their bowels 2 or 3 times a day. Others may go 2 or 3 days between movements. Soft, comfortable stools brought about by a well-balanced diet make training easier for both child and parent. Trying too hard to toilet train your child before she is ready can result in long-term problems with bowel movements.

Talk with your pediatrician if there is a change in the nature of the bowel movements or if your child becomes uncomfortable. Don't use laxatives, suppositories, or enemas unless your pediatrician advises these for your child.

Most children achieve bowel control and daytime urine control by 3 to 4 years of age. Even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night. Most girls and more than 75% of boys will be able to stay dry at night after age 5.

Teaching your child to use the toilet

Decide what words to use
You should decide carefully what words you use to describe body parts, urine, and bowel movements. Remember that friends, neighbors, teachers, and other caregivers also will hear these words. It is best to use proper terms that will not offend, confuse, or embarrass your child or others.

Avoid using words like "dirty," "naughty," or "stinky" to describe waste products. These negative terms can make your child feel ashamed and self-conscious. Treat bowel movements and urination in a simple, matter-of-fact manner.

Your child may be curious and try to play with the feces. You can prevent this without making him or her feel upset by simply saying, "This is not something to be played with." Pick a potty chair

Once your child is ready, you should choose a potty chair. A potty chair is easier for a small child to use, because there is no problem getting on to it and a child's feet can reach the floor.

Children are often interested in their family's bathroom activities. It is sometimes helpful to let children watch parents when they go to the bathroom. Seeing grown-ups use the toilet makes children want to do the same. If possible, mothers should show the correct skills to their daughters, and fathers to their sons. Children can also learn these skills from older brothers and sisters, friends, and relatives.

Help your child recognize signs of needing to use the potty
Encourage your child to tell you when he or she is about to urinate or have a bowel movement. Your child will often tell you about a wet diaper or a bowel movement after the fact. This is a sign that your child is beginning to recognize these bodily functions. Praise your child for telling you, and suggest that "next time" she let you know in advance.

Before having a bowel movement, your child may grunt or make other straining noises, squat, or stop playing for a moment. When pushing, his or her face may turn red. Explain to your child that these signs mean that a bowel movement is about to come, and it's time to try the toilet.

It often takes longer for a child to recognize the need to urinate than the need to move bowels. Some children do not gain complete bladder control for many months after they have learned to control bowel movements. Some children achieve bladder control first. Most, but not all, boys learn to urinate sitting down first, and then change to standing up. Remember that all children are different!

Make trips to the potty routine
When your child seems to need to urinate or have a bowel movement, go to the potty. Keep your child seated on the potty for only a few minutes at a time. Explain what you want to happen. Be cheerful and casual. If he protests strongly, don't insist. Such resistance may mean that it is not the right time to start training.

It may be helpful to make trips to the potty a regular part of your child's daily routine, such as first thing in the morning when your child wakes up, after meals, or before naps. Remember that you cannot control when your child urinates or has a bowel movement.

Success at toilet training depends on teaching at a pace that suits your child. You must support your child's efforts. Do not try to force quick results. Encourage your child with lots of hugs and praise when success occurs. When a mistake happens, treat it lightly and try not to get upset. Punishment and scolding will often make children feel bad and may make toilet training take longer.

Teach your child proper hygiene habits. Show your child how to wipe carefully. (Girls should wipe thoroughly from front to back to prevent bringing germs from the rectum to the vagina or bladder.) Make sure both boys and girls learn to wash their hands well after urinating or a bowel movement.

Some children believe that their wastes are part of their bodies; seeing their stools flushed away may be frightening and hard for them to understand. Some also fear they will be sucked into the toilet if it is flushed while they are sitting on it. Parents should explain the purpose of body wastes. To give your child a feeling of control, let him or her flush pieces of toilet paper. This will lessen the fear of the sound of rushing water and the sight of things disappearing.

Encourage the use of training pants

Once your child has repeated successes, encourage the use of training pants. This moment will be special. Your child will feel proud of this sign of trust and growing up. However, be prepared for "accidents." It may take weeks, even months, before toilet training is completed. It may be helpful to continue to have your child sit on the potty at specified times during the day. If your child uses the potty successfully, it's an opportunity for praise. If not, it's still good practice.

In the beginning, many children will have a bowel movement or will urinate right after being taken off the toilet. It may take time for your child to learn how to relax the muscles that control the bowel and bladder. If these "accidents" happen a lot, it may mean your child is not really ready for training.

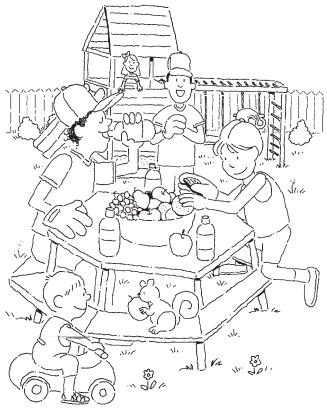
Sometimes your child will ask for a diaper when a bowel movement is expected and stand in a special place to defecate. Instead of considering this a failure, praise your child for recognizing the bowel signals. Suggest that he or she have the bowel movement in the bathroom while wearing a diaper. Encourage improvements and work toward sitting on the potty without the diaper.

Most of the time, your child will let you know when he is ready to move from the potty chair to the "big toilet." Make sure your child is tall enough, and practice the actual steps with him.

Your pediatrician can help

If any concerns come up before, during, or after toilet training, talk with your pediatrician. Often the problem is minor and can be resolved quickly, but sometimes physical or emotional causes will require treatment. Your pediatrician's help, advice, and encouragement can help make toilet training easier. Also, your pediatrician is trained to identify and manage problems that are more serious.

Constipation and Your Child



Bowel patterns vary from child to child just as they do in adults. What's normal for your child may be different from what's normal for another child. Most children have bowel movements 1 or 2 times a day. Other children may go 2 to 3 days or longer before passing a normal stool.

If your child doesn't have daily bowel movements, you may worry that she is constipated. But if she is healthy and has normal stools without discomfort or pain, this may be her normal bowel pattern.

Children with constipation have stools that are hard, dry, and difficult or painful to pass. These stools may occur daily or may be less frequent. Although constipation can cause discomfort and pain, it's usually temporary and can be treated.

Constipation is a common problem in children. It's one of the main reasons children are referred to a specialist called a *pediatric gastroenterologist.* Read more to learn about constipation and its causes, symptoms, and treatments, as well as ways to prevent it.

What causes constipation?

Constipation frequently occurs for a variety of reasons.

- **Diet.** Changes in diet, or not enough fiber or fluid in your child's diet, can cause constipation. (See "Getting enough fiber in your diet.")
- **Illness.** If your child is sick and loses his appetite, a change in his diet can throw off his system and cause him to be constipated. Constipation may be a side effect of some medicines. Constipation may result from certain medical conditions (such as hypothyroidism or low thyroid).
- **Withholding.** Your child may withhold his stool for different reasons. He may withhold to avoid pain from passing a hard stool—it can be even more painful if your child has a bad diaper rash. Or he may be dealing with issues about independence and control—this is common between the ages of 2 and 5 years. Your child also may withhold because he simply doesn't want to take a break from play. Your older child may withhold when he's away from home, at camp or school, because he's embarrassed or uncomfortable using a public toilet.
- **Other changes.** In general, any changes in your child's routine (such as traveling, hot weather, or stressful situations) may affect his overall health and how his bowels function.

If constipation isn't treated, it may get worse. The longer the stool stays inside the lower intestinal track, the larger, firmer, and drier it becomes. Then it becomes more difficult and painful to pass the stool. Your child may hold back his stool because of the pain. This creates a vicious cycle.

What are the symptoms of constipation?

Symptoms of constipation may include the following:

- Many days without normal bowel movements
- Hard stools that are difficult or painful to pass
- Abdominal pain (stomachaches, cramping, nausea)
- Rectal bleeding from tears called *fissures*
- Soiling (See "What is encopresis?")
- Poor appetite
- Cranky behavior

You also may notice your child crossing her legs, making faces, stretching, clenching her buttocks, or twisting her body on the floor. It may look like your child is trying to push the stool out but instead she's really trying to hold it in.

What is encopresis?

If your child withholds her stools, she may produce such large stools that her rectum stretches. She may no longer feel the urge to pass a stool until it is too big to be passed without the help of an enema, laxative, or other treatment. Sometimes only liquid can pass around the stool and leaks out onto your child's underwear. The liquid stool may look like diarrhea, confusing both parent and pediatrician, but it's not. This problem is called *encopresis.*

How is constipation treated?

Constipation is treated in different ways. Your pediatrician will recommend a treatment based on your child's age and how serious the problem is. If your child's case is severe, he may need a special medical test, such as an x-ray. In most cases, no tests are needed.

Treatment of babies. Constipation is rarely a problem in younger infants. It may become a problem when your baby starts solid foods. Your pediatrician may suggest adding more water or juice to your child's diet.

Treatment of older children. When a child or teen is constipated, it may be because his diet doesn't include enough high-fiber foods and water. Your pediatrician may suggest adding more high-fiber foods to your child's diet, and encourage him to drink more water. These changes in your child's diet will help get rid of abdominal pain from constipation.

Severe cases. If your child has a severe case of constipation, your pediatrician may prescribe medicine to soften or remove the stool. *Never give your child laxatives or enemas unless your pediatrician says it's OK; laxatives can be dangerous to children if not used properly.* After the stool is removed, your pediatrician may suggest ways you can help your child develop good bowel habits to prevent stools from backing up again.

How can constipation be prevented?

Because each child's bowel patterns are different, become familiar with your child's normal bowel patterns. Make note of the usual size and consistency of her stools. This will help you and your pediatrician determine when constipation occurs and how severe the problem is. If your child doesn't have normal bowel movements every few days, or is uncomfortable when stools are passed, she may need help in developing proper bowel habits.

Getting enough fiber in your diet

The American Academy of Pediatrics recommends that children between the ages of 2 and 19 years eat a daily amount of fiber that equals their age plus 5 grams of fiber. For example, 7 grams of fiber is recommended if your child is 2 years old (2 plus 5 grams).

The following are some high-fiber foods:

Food	Grams of Fiber
Fruits	
Apple with skin (medium)	3.5
Pear with skin	4.6
Peach with skin	2.1
Raspberries (1 cup)	5.1
Vegetables Cooked	
Broccoli (1 stalk)	5.0
Carrots (1 cup)	4.6
Cauliflower (1 cup)	2.1
Beans Cooked	
Kidney beans (½ cup)	7.4
Lima beans (½ cup)	2.6
Navy beans (½ cup)	3.1
Whole Grains Cooked	
Whole-wheat cereal (1 cup flakes)	3.0
Whole-wheat bread (1 slice)	1.7

You can…

- Encourage your child to drink plenty of water and eat more high-fiber foods.
- Help your child set up a regular toilet routine.
- Encourage your child to be physically active. Exercise along with a balanced diet provides the foundation for a healthy, active life.

Remember

If you are concerned about your child's bowel movements, talk with your pediatrician. A simple change in diet and exercise may be the answer. If not, your pediatrician can suggest a plan that works best for your child.

From your doctor

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Developmental Poetry by Dr. Hartman

Croup: The Fears

Is it a dog?
Is it a seal?
No, it's my feverish child!
It makes my sleepy mind run wild!

Is it pneumonia, asthma, or bronchitis?
I did hear her with a little laryngitis!

Is that wheezing I hear?
Her throat could close up, I fear!

-Dr. Hartman

Croup: The Facts

Croup is caused by a virus that inflames the windpipe. It is most common in children under the age of five. The symptoms of croup include fever and barky cough. Croup is almost always worse in the middle of the night.

Although the symptoms of croup can be frightening, it is almost always a mild illness. While about 6% of children under age five will contract croup, only 0.4% of children will be hospitalized. Croup is a self-resolving illness. The nighttime cough and fever can last for 1-3 days, and a mild daytime cough may last for up to 10 days.

Croup: The Plan

Croup can often be treated at home without medications. If the croupy cough is persistent, croup can be treated with a one day course of Orapred (prednisolone), an oral steroid. Orapred decreases the swelling in the windpipe and quiets the barky cough of croup.

If your child comes down with croup this season, please refer to our "Nighttime Croup Attack Plan". As always, please contact us with any questions!

By: Dr. Hartman

Follow Dr. Hartman on Twitter @DrHartmanWMPEDS

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Nighttime Croup Attack Plan

Please follow this plan in the event that your child awakes in the night with a fever and a barky cough.

1) **If your child is under six months old, call the office. If your child is drooling unusually, is difficult to wake up, or if his/her lips, hands or feet are blue, call 911 and then follow steps 2 and 3 below.**
2) Take your child into a warm steamy bathroom for 10 minutes.
3) If the cough does not clear, take your child into the cold night air or open a freezer door to breathe the cold air for 10 minutes.
4) If the cough clears, consider running a humidifier in the room or opening the bedroom window. If your child sleeps in a bed, you may want to prop him/her up on extra pillows.
5) If your child still has the barky cough or stridor (a wheezy sound made when they breathe in), give your child a dose of Orapred according to the dosing table (see next page). Continue to use the steamy bathroom or cold air therapy. The Orapred takes about two hours to work.
6) **CALL THE OFFICE IMMEDIATELY IF THIS PLAN DOES NOT WORK.**
7) Contact our office in the morning if you use the Orapred.
    a. It is important for us to document this in the child's medical chart.
    b. Please contact us by phone or through the patient portal.
8) **AS ALWAYS, PLEASE CALL US AT ANY TIME WITH YOUR CONCERNS.**

Orapred (prednisolone) dosing table for croup

Child's Weight (Pounds)	Dose (teaspoons)
15 lbs	½ teaspoon twice a day for one day
20 lbs	½ teaspoon twice a day for one day
25 lbs	¾ teaspoon twice a day for one day
30 lbs	1 teaspoon twice a day for one day
35 lbs	1 teaspoon twice a day for one day
40 lbs	1 ¼ teaspoons twice a day for one day
45 lbs	1 ¼ teaspoons twice a day for one day
50 lbs	1 ½ teaspoons twice a day for one day
55 lbs	1 ½ teaspoons twice a day for one day
60 lbs	1 ¾ teaspoons twice a day for one day

- This dose should be given twice a day for one day.
- Contact our office in the morning if you use the Orapred.
    a. It is important for us to document this in the child's medical chart.
    b. Please contact us by phone or through the patient portal.

Disciplining Your Child

How do you keep a 1-year-old from heading toward the DVD player? What should you do when your preschooler throws a fit? How can you get a teenager to respect your authority?

Whatever the age of your child, it's important to be consistent when it comes to discipline. If parents don't stick to the rules and consequences they set up, their kids aren't likely to either.

Here are some ideas about how to vary your approach to discipline to best fit your family.

Ages 0 to 2

Babies and toddlers are naturally curious. So it's wise to eliminate temptations and no-nos — items such as TVs and video equipment, stereos, jewelry, and especially cleaning supplies and medications should be kept well out of reach.

When your crawling baby or roving toddler heads toward an unacceptable or dangerous play object, calmly say "No" and either remove your child from the area or distract him or her with an appropriate activity.

Timeouts can be effective discipline for toddlers. A child who has been hitting, biting, or throwing food, for example, should be told why the behavior is unacceptable and taken to a designated timeout area — a kitchen chair or bottom stair — for a minute or two to calm down (longer timeouts are not effective for toddlers).

It's important to not spank, hit, or slap a child of any age. Babies and toddlers are especially unlikely to be able to make any connection between their behavior and physical punishment. They will only feel the pain of the hit.

And don't forget that kids learn by watching adults, particularly their parents. Make you're your behavior is role-model material. You'll make a much stronger impression by putting your own belongings away rather than just issuing orders to your child to pick up toys while your stuff is left strewn around.

Ages 3 to 5

As your child grows and begins to understand the connection between actions and consequences, make sure you start communicating the rules of your family's home.

Explain to kids what you expect of them **before** you punish them for a certain behavior. For instance, the first time your 3-year-old uses crayons to decorate the living room wall, discuss why that's not allowed and what will happen if your child does it again (for instance, your child will have to help clean the wall and will not be able to use the crayons for the rest of the day). If the wall gets decorated again a few days later, issue a reminder that crayons are for paper only and then enforce the consequences.

The earlier that parents establish this kind of "I set the rules and you're expected to listen or accept the consequences" standard, the better for everyone. Although it's sometimes easier for parents to ignore occasional bad behavior or not follow through on some threatened punishment, this sets a bad precedent. Consistency is the key to effective discipline, and it's important for parents to decide (together, if you are not a single parent) what the rules are and then uphold them.

While you become clear on what behaviors will be punished, don't forget to reward good behaviors. Don't underestimate the positive effect that your praise can have — discipline is not just about punishment but also about recognizing good behavior. For example, saying "I'm proud of you for sharing your toys at playgroup" is usually more effective than punishing a child for the opposite behavior — not sharing. And be specific when doling out praise; don't just say, "Good job!"

If your child continues an unacceptable behavior no matter what you do, try making a chart with a box for each day of the week. Decide how many times your child can misbehave before a punishment kicks in or how long the proper behavior must be displayed before it is rewarded. Post the chart on the refrigerator and then track the good and unacceptable behaviors every day. This will give your child (and you) a concrete look at how it's going. Once this begins to work, praise your child for learning to control misbehavior and, especially, for overcoming any stubborn problem.

Timeouts also can work well for kids at this age. Establish a suitable timeout place that's free of distractions and will force your child to think about how he or she has behaved. Remember, getting sent to your room doesn't have an impact if a computer, TV, and video games are there. Don't forget to consider the length of time that will best suit your child. Experts say 1 minute for each year of age is a good rule of thumb; others recommend using the timeout until the child is calmed down (to teach self-regulation).

It's important to tell kids what the right thing to do is, not just to say what the wrong thing is. For example, instead of saying "Don't jump on the couch," try "Please sit on the furniture and put your feet on the floor."

Ages 6 to 8

Timeouts and consequences are also effective discipline strategies for this age group.

Again, consistency is crucial, as is follow-through. Make good on any promises of discipline or else you risk undermining your authority. Kids have to believe that you mean what you say. This is not to say you can't give second chances or allow a certain margin of error, but for the most part, you should act on what you say.

Be careful not to make unrealistic threats of punishment ("Slam that door and you'll never watch TV again!") in anger, since not following through could weaken **all** your threats. If you threaten to turn the car around and go home if the squabbling in the backseat doesn't stop, make sure you do exactly that. The credibility you'll gain with your kids is much more valuable than a lost beach day.

Huge punishments may take away your power as a parent. If you ground your son or daughter for a month, your child may not feel motivated to change behaviors because everything has already been taken away.

Ages 9 to 12

Kids in this age group — just as with all ages — can be disciplined with natural consequences. As they mature and request more independence and responsibility, teaching them to deal with the consequences of their behavior is an effective and appropriate method of discipline.

For example, if your fifth grader's homework isn't done before bedtime, should you make him or her stay up to do it or even lend a hand yourself? Probably not — you'll miss an opportunity to teach a key life lesson. If homework is incomplete, your child will go to school the next day without it and suffer the resulting bad grade.

It's natural for parents to want to rescue kids from mistakes, but in the long run they do kids a favor by letting them fail sometimes. Kids see what behaving improperly can mean and probably won't make those mistakes again. However, if your child does not seem to be learning from natural consequences, set up some of your own to help modify the behavior.

Ages 13 and Up

By now you've laid the groundwork. Your child knows what's expected and that you mean what you say about the penalties for bad behavior. Don't let down your guard now — discipline is just as important for teens as it is for younger kids. Just as with the 4-year-old who needs you to set a bedtime and enforce it, your teen needs boundaries, too.

Set up rules regarding homework, visits by friends, curfews, and dating and discuss them beforehand with your teenager so there will be no misunderstandings. Your teen will probably complain from time to time, but also will realize that you're in control. Believe it or not, teens still want and need you to set limits and enforce order in their lives, even as you grant them greater freedom and responsibility.

When your teen **does** break a rule, taking away privileges may seem the best plan of action. While it's fine to take away the car for a week, for example, be sure to also discuss why coming home an hour past curfew is unacceptable and worrisome.

Remember to give a teenager some control over things. Not only will this limit the number of power struggles you have, it will help your teen respect the decisions that you do need to make. You could allow a younger teen to make decisions concerning school clothes, hair styles, or even the condition of his or her room. As your teen gets older, that realm of control might be extended to include an occasional relaxed curfew.

It's also important to focus on the positives. For example, have your teen earn a later curfew by demonstrating positive behavior instead of setting an earlier curfew as punishment for irresponsible behavior.

A Word About Spanking

Perhaps no form of discipline is more controversial than spanking. Here are some reasons why the American Academy of Pediatrics (AAP) discourages spanking:

- Spanking teaches kids that it's OK to hit when they're angry.
- Spanking can physically harm children.
- Rather than teaching kids how to change their behavior, spanking makes them fearful of their parents and merely teaches them to avoid getting caught.
- For kids seeking attention by acting out, spanking may inadvertently "reward" them — negative attention is better than no attention at all.

Reviewed by: Jennifer Shroff Pendley, PhD
Date reviewed: October 2008

VACCINE INFORMATION STATEMENT

Hepatitis A Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A.

It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A can cause:

- "flu-like" illness
- jaundice (yellow skin or eyes, dark urine)
- severe stomach pains and diarrhea (children)

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Adults with hepatitis A are often too ill to work for up to a month.

Sometimes, people die as a result of hepatitis A (about 3–6 deaths per 1,000 cases).

Hepatitis A vaccine can prevent hepatitis A.

2 Who should get hepatitis A vaccine and when?

WHO

Some people should be routinely vaccinated with hepatitis A vaccine:

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see www.cdc.gov/travel.
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.
- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

Other people might get hepatitis A vaccine in certain situations (ask your doctor for more details):

- Unvaccinated children or adolescents in communities where outbreaks of hepatitis A are occurring.
- Unvaccinated people who have been exposed to hepatitis A virus.
- Anyone 1 year of age or older who wants protection from hepatitis A.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

WHEN

For children, the first dose should be given at 12 through 23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

For others at risk, the hepatitis A vaccine series may be started whenever a person wishes to be protected or is at risk of infection.

For travelers, it is best to start the vaccine series at least one month before traveling. (Some protection may still result if the vaccine is given on or closer to the travel date.)

> Some people who cannot get the vaccine before traveling, or for whom the vaccine might not be effective, can get a shot called immune globulin (IG). IG gives immediate, temporary protection.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

Hepatitis A vaccine may be given at the same time as other vaccines.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

3 Some people should not get hepatitis A vaccine or should wait.

- Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine.
- **Tell your doctor if you have any severe allergies**, including a severe allergy to latex. All hepatitis A vaccines contain alum, and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Tell your doctor if you are pregnant. Because hepatitis A vaccine is inactivated (killed), the risk to a pregnant woman or her unborn baby is believed to be very low. But your doctor can weigh any theoretical risk from the vaccine against the need for protection.

4 What are the risks from hepatitis A vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small.

Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given *(about 1 out of 2 adults, and up to 1 out of 6 children)*
- headache *(about 1 out of 6 adults and 1 out of 25 children)*
- loss of appetite *(about 1 out of 12 children)*
- tiredness *(about 1 out of 14 adults)*

If these problems occur, they usually last 1 or 2 days.

Severe problems

- serious allergic reaction, within a few minutes to a few hours after the shot *(very rare)*.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
Hepatitis A Vaccine

10/25/2011

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

Influenza Vaccine

(Flu Vaccine, Inactivated)

What You Need to Know

2013-2014

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1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the "flu shot."

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year's flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A "high-dose" flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies**. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** They might suggest waiting until you feel better. But you should come back.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so **getting flu from this vaccine is not possible**.

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems following inactivated flu vaccine:

- A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).
- There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

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