

Parent Handbook



BOARD CERTIFIED IN
PEDIATRICS & PEDIATRIC CRITICAL CARE

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IMPORTANT NUMBERS

Emergency

911

Police

Fire

CHILDREN'S INTENSIVE CARING

419.841.0772

Poison Control

1.800.222.1222

Toledo/Sylvania Non-Emergency

419.255.8843

YOUR NEWBORN

Congratulations on your bundle of joy!!

The following may be helpful for you to know for your baby's well being and your happiness.

Things that are Normal:

For baby girls, slight vaginal discharge, this may be bloody and last 1-2 weeks

Bowel movements can occur from 8 times a day to once every two days; they will be yellow and seedy

Sleeping 2-4 hours at a time; for a total of 12-20 hours a day

Hair loss (will be transient)

Change of eye color can occur over weeks to months

Driving Home: Drive Carefully...Use a Carseat!

Once at Home:

Make sure crib sides are pulled up when your baby is unattended

The distance between crib slats should not be more than 2-3/8 inches

Do not use any toys with long strings or small objects

Never leave your baby alone with a young sibling or pet

Set your water temperature to less than 120 degrees

Do not leave your baby alone on a surface he/she may fall from

Clean your baby's bottom with warm water after each bowel movement

YOUR NEWBORN (cont'd)

Once At Home:

If breast feeding, start 400 IU of Vitamin D for the baby once a day

Limit baby's exposure to too many visitors during the first few weeks; except, of course, immediate family

Minimize sun exposure

Bathe your baby not more than once a day; Do not fully submerge him/her in water until the umbilical cord falls off. Babies do not need lotion and it may make dry skin/rash worse.

Shampoo baby's hair with a mild baby shampoo (not more than 2 times a week)

For Dad:

You are important! Hold your baby, rock your baby
Do skin to skin

For Mom:

Mommy Blues: after all the excitement of giving birth, some moms feel down. This will pass. Moms have described some post-partum feelings as "I feel inadequate," "I am afraid of failing as a mother." **RELAX! You will be a great Mom!!**

If you are experiencing more intense feelings of sadness/anxiety or have any thoughts about harming yourself or your baby, seek help immediately.

Breast feeding moms: If having difficulty with latch/painful nipples, please call the hospital you delivered at to talk to the lactation consultants. They are very helpful!

Of Importance:

You will get a lot of advice...take advice wisely. When you have heard enough, politely thank them and say you are "advised out"

Start to think about who would be a good baby sitter. Eventually, you and Dad will need some "private time."

PS...Breastfeeding does not prevent pregnancy

BREASTFEEDING

Most women's milk will come in by the second or third day after giving birth. Before this, the infant receives nutrient rich colostrum. Initially, the baby should not go more than 3-4 hours without eating. Offering the breast every 2 hours during the day may help extend sleeping time during the night.

To stimulate milk production effectively and to ensure adequate fluid intake, the infant should be kept awake and urged to suck. Tickling the bottom of a baby's foot or getting him undressed wakes him/her up effectively.

A common problem with breastfeeding is engorgement. Engorgement is caused by vascular and lymphatic congestion arising from increased blood and lymph supply to the breasts. An infant has difficulty sucking on engorged breasts because the areola is too hard to grasp. Expressing some milk by hand may help prior to latching. The primary method for relieving engorgement is emptying the breasts of milk by having the infant suck more often. Warm packs applied to the breasts for approximately 20 minutes bring relief. Do not pump at this point unless completely necessary. Each time you remove milk, it tells the body to make more and pumping more than your baby is eating will lead to an oversupply. You may pump to comfort if needed.

Sore nipples can be due to either the infant not gripping the entire areola or the nipple is kept wet. The infant's lips must compress the areola and fit neatly against the sides of the nipple for an adequate feed. If the nipples become wet from leaking milk, they can become sore. Exposing the nipples to air by leaving the bra unsnapped for 10-15 minutes after feeding is often sufficient.

Application of lanolin may help sore or cracked nipples heal. It is important to keep clothing from rubbing against them by using some kind of barrier. It is beneficial to avoid using soaps on the breasts, as it can cause the nipples to crack.

To ensure milk supply, adequate fluid intake from mother is necessary. Women who are breastfeeding should drink at least thirteen 8-ounce glasses of fluid a day and increase their calorie intake as well.

FORMULAS

Similar ingredients are in a number of formulas that are available today. Some comparisons are listed below:

| | PC | ENF | Gerber | Kirk | SIM |
|--------------|-------------|-------------|---------------|-------------|-------------|
| Prot | 2 | 2 | 2.2 | 2.07 | 2.07 |
| Fat | 5.3 | 5.3 | 5.1 | 5.6 | 5.6 |
| Carbs | 11.3 | 11.3 | 11.6 | 10.5 | 10.7 |
| Lino | 780 | 780 | 900 | 1000 | 1000 |
| Calc | 78 | 78 | 60 | 63 | 78 |
| Phos | 43 | 43 | 38 | 44 | 42 |
| Sod | 27 | 27 | 27 | 27 | 24 |
| Potas | 108 | 108 | 108 | 110 | 105 |
| Chlor | 63 | 63 | 65 | 68 | 65 |

Formulas

PC: Parents Choice (Walmart)
ENF: Enfamil Neuropro (most stores)
Gerber: Gerber Good Start (most stores)
Kirk: Kirkland Signature ProCare (Costco)
SIM: Similac (most stores)

Values

| | |
|-----------------------------|-------------------------|
| Prot: Protein | Phos: Phosphorus |
| Carbs: Carbohydrates | Sod: Sodium |
| Lino: Linoleic Acid | Potas: Potassium |
| Calc: Calcium | Chlor: Chloride |

Special Formulas:

Infants with cow's milk protein intolerance may need a non-dairy based formula. Options include soy formulas and hypoallergenic formula.

Infants with cow's milk protein allergy have a 90% chance of also having allergy to goat and sheep's milk.

Infants may also have allergy to soy as there can also be cross reactivity between the two

Hypoallergenic formula: Nutramigen and Alimentum

WHEN TO INTRODUCE COMPLEMENTARY FOODS

The latest recommendation from the American Academy of Pediatrics (AAP) is that complimentary foods be introduced at 6 months of age. Oatmeal or rice cereal may be introduced as early as 4 months if your child is showing signs of readiness. Oatmeal is recommended over rice cereal due to higher levels of arsenic in rice.

Do not put oatmeal or rice cereal in the bottle. It increases the risk of aspiration.

It is important not to wait too long to introduce foods as well. While the majority of their nutrition will continue to come from breast milk/formula, introducing foods around 6 months allows children to practice eating and provides exposure to help avoid sensory issues.

Signs of Food Readiness

- Ability to sit with minimal assistance
- Good head and trunk control
- Showing signs of interest in food by reaching for yours
- Has lost tongue thrust reflex (4-6 months)
- NOTE: Infants still require approximately 24-32 ounces of formula/breastmilk per day

Special Food Considerations

- Introduce allergenic foods early (see allergenic food list)
- Gagging is a normal part of the feeding process. CHOKING IS NOT! Learn how to recognize the difference and what to do should your child choke.
- Do not ever force baby to eat. Read signs of hunger and fullness.

FOODS YOUR INFANT SHOULD NOT HAVE UNTIL 12 MONTHS OF AGE:

- WHOLE MILK
- HONEY
- SHELLFISH

INTRODUCING FOODS-TRADITIONAL WEANING vs BABY LED WEANING

Traditional weaning:

If starting with oatmeal or rice cereal:

- NOTE: Infants still require approximately 24-32 ounces of formula/breastmilk per day
- Start with 1 tablespoon of single grain rice cereal/oatmeal in a few ounces of formula or breastmilk; consistency should be soupy to start and infant's head should be at 45-90 degree angle, not lying flat.
- Continue with watery/soupy consistency for 3 days, and on Day 4 add less formula/breastmilk for a thicker consistency similar to oatmeal
- The infant will not know how to eat from a spoon and will gradually learn over time. Most may end up on the bib and that is OK.
- The first week offer cereal 1 time a day and follow each feed with formula or breastmilk
- Second week can increase the amount of cereal to 2 tablespoons in the morning; the infant may not eat all of it and that is okay.

If starting at 6 months with purees

- Can introduce **Stage 1** foods. May start with 1 tbsp initially and increase based on baby's appetite. Do not heat the mixture for more than 10-15 seconds in the microwave.
- NOTE: You no longer have to wait days before introducing another food unless that food is an allergen then it is recommended to only introduce one allergenic food at a time.
- May start with fruit or a vegetable.
- Gradually increase frequency of feedings and amount based on how much baby is eating.

INTRODUCING FOODS-TRADITIONAL WEANING vs BABY LED WEANING (cont'd)

Baby Led Weaning:

- **DO YOUR RESEARCH ON HOW TO PREPARE FOODS BEFORE STARTING!!!**
- Research shows, if done correctly, babies are no more likely to choke than with traditional weaning.
- By definition BLW is led by the baby.
- Offer foods to the baby not in their pureed form but rather as finger foods and allowing the baby to feed his or herself right from the start.
- You may use a spoon and load it for the baby then give the spoon to the baby and allow him to put it in his mouth himself.
- Foods need to be appropriately cut and prepared!! Foods that can be cooked and cut into finger length pieces for the baby to pick up should be prepared as so; e.g. a baked sweet potato fry the size and shape of a finger.
- Smaller foods may be cut into smaller pieces or mashed and loaded on a fork. 6 month olds are not able to pick up small objects yet and will need help.
- Offer 1-2 pieces of each food you are serving.
- Let baby choose how much to eat.
- Offer sips of water from an open cup. Count for 2 seconds during the sip so you are not offering too much. This is just for practice and can help wash down any remaining food.
- Check the mouth for pocketed food before the baby gets down.
- Let baby out of the chair if they seem fussy.
- Try for 3 meals a day by 9 months.

Choking Hazards for Children Under 4 Years Old

Foods to modify:

- Hot dogs: cut into small pieces
- Whole nuts: spread thinly or as ground nuts
- Whole Grapes, Cherries, Olives, Cherry tomatoes: cut into quarters
- Whole apples and pears: soften by cooking or grate
- Raisins and other dried fruit: add to other food
- Marshmallows: bake into food
- Hard meat or cheese: cut into pieces

Foods to Avoid:

- Whole large seeds
- Popcorn
- Hard candy/suckers
- Gummy bears
- Sticky candy
- Gum
- Hard chips

Food Safety

- Do not allow the child to eat while walking/crawling around
- Do not allow the child to eat in the car unless supervised
- Always supervise a child who has food
- Learn CPR and what to do in event of choking

FOOD ALLERGENS

Major food Allergens: Make up 90% of food allergies

- Peanuts
- Tree nuts (Almonds, Walnuts, Pecans)
- Soy
- Egg
- Dairy
- Wheat
- Shellfish (Crab, Lobster, Shrimp)
- Finned fish (Bass, Cod, Flounder)
- Sesame

Allergen Safety:

- Research suggests waiting too long to introduce allergenic foods can lead to increased risk of allergy.
- Recommended to start allergenic foods around 3 months of age.
- Generally, it takes more than 1 exposure to see an allergic reaction: stay vigilant.
- Introduce when the baby will be awake and supervised for a couple hours afterward.
- Do not offer more than 1 allergenic food at a time.
- If your child has a history of allergic reactions to foods or eczema discuss first with your doctor.
- If child develops difficulty breathing or swelling of the mouth/tongue, call 911 immediately.
- If child develops hives, rash, vomiting, diarrhea, or swelling of face or other areas of the body, call your doctor.

ROUTINE PREVENTATIVE CHECK-UPS

Office check-ups occur at approximately the following ages:

1 Week

1 Month

2 Months

4 Months

6 Months

9 Months

12 Months

15 Months

18 Months

2 Years

2 ½ Year

Yearly until age 18

HEIGHTS & WEIGHTS

| <u>Date</u> | <u>Age</u> | <u>HT / %tile</u> | <u>WT / %tile</u> | <u>HC / %tile</u> |
|-------------|------------|-------------------|-------------------|-------------------|
| | | | | |
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IMMUNIZATIONS

Vaccines are an important part of your child's newborn and adolescent life. On the following pages is documentation to record your child's vaccinations as they are received beginning from birth throughout their adolescent life.

DTaP: Diphtheria/Tetanus/Pertussis

IPV: Polio

HIB: Hemophilus Influenza

HEPB: Hepatitis B

PCV: Pneumococcal

ROTA: Rotavirus

MMR: Measles/Mumps/Rubella

VARIC: Varicella (Chicken Pox)

HEPA: Hepatitis A

TD: Tetanus/Diphtheria/Pertussis

MCV: Meningococcal

GARD: Gardasil 9

FLU: Influenza

IMMUNIZATION RECORD

| Vaccine | Date | Location |
|----------------|-------------|-----------------|
| DTaP 1 | | |
| DTaP 2 | | |
| DTaP 3 | | |
| DTaP 4 | | |
| DTaP 5 | | |
| IPV 1 | | |
| IPV 2 | | |
| IPV 3 | | |
| IPV 4 | | |
| HIB 1 | | |
| HIB 2 | | |
| HIB 3 | | |
| HIB 4 | | |
| HEPB 1 | | |
| HEPB 2 | | |
| HEPB 3 | | |

IMMUNIZATION RECORD

| VACCINE | DATE | LOCATION |
|---------|------|----------|
| PCV 1 | | |
| PCV 2 | | |
| PCV 3 | | |
| PCV 4 | | |
| ROTA 1 | | |
| ROTA 2 | | |
| ROTA 3 | | |
| MMR 1 | | |
| MMR 2 | | |
| VARIC 1 | | |
| VARIC 2 | | |
| HEP A 1 | | |
| HEP A 2 | | |
| Gard 1 | | |
| Gard 2 | | |
| Gard 3 | | |
| MCV 1 | | |
| MCV 2 | | |
| TDaP | | |
| FLU | | |
| FLU | | |
| | | |
| | | |
| | | |

NEONATAL ACNE & CRADLE CAP

Neonatal Acne:

Neonatal acne is most commonly found on the face and upper trunk but can be from head to toe. It can look like black heads, white heads, or just like “adolescent acne.” Cause is unknown but believed to be reaction to yeast on the skin. Neonatal acne usually resolves in 1-3 months but can last longer.

DO NOT PICK IT!

An additional note, there is no scarring with neonatal acne...and if your newborn has neonatal acne, there is no connection with adolescent acne in later life.

Cradle Cap:

Cradle cap consists of greasy and yellowish-brownish patches on the scalp and behind the ears. To treat cradle cap, first rub the area with coconut oil and then wash your baby's hair with a mild baby shampoo twice a week. You may use a gentle babies brush to help remove the crusts. There is not a lot you can do for cradle cap; it will usually go away on its own. The cause is unknown but may be from too much skin oil in the glands or a type of yeast.

WHEN TO CALL THE OFFICE

When you as a parent are dealing with a sick child, one of the most important questions you will be confronted with is when to take your child to see the doctor. On the pages that follow, we have approached the topic by different age groups, because different signs and symptoms vary with age.

The most fragile age group, newborn to 1 month of age, can get sick hard and fast. Within minutes to hours, these little ones can become overwhelmed and die. If you see any of the following symptoms, it is a sure sign to see the doctor:

- Fever of more than 100.4° F (taken rectally)
- Your baby stops normal eating pattern
- Uncontrollable crying and you cannot console him/her
- Vomiting that continues for more than 8-12 hours
- Bowel movements that happen more than 8 times in one day
- The belly button is red
- "Pink-eye"
- White patches on tongue and inside the mouth

Now let's move on to the older baby, age 1 month to 1 year. Watch out for the following signs, and if present, call the doctor and take your little one in:

- Fever greater than 100.4° F (rectally) –in babies less than 3 months of age
- Fever greater than 101° F (rectally) –in babies 3-6 months of age
- Fever greater than 104° F (rectally) –in babies older than 6 months
- Refusal to eat at multiple feedings
- Extreme irritability
- Extreme drowsiness

WHEN TO CALL THE DOCTOR

For the child 1 year to 18 years of age, there are a lot of signs and symptoms to pay attention to, but we've included the most important. If you see any one of these, take your child to see the doctor:

- Loss of consciousness
- Seizures
- Earache
- Terrible headache
- Any discharge from the ear or eye
- Extreme sleepiness
- Loss of control to the arm, leg, or other part of body
- Stiff neck
- Yellow hue to skin or eyes
- Trouble breathing
- Vomiting for more than 12 hours
- Blurred vision
- Inability to walk normally
- Vomiting blood
- Severe stomach pain
- Blood or mucous in the stool
- Painful urination
- Pus from a cut or scrape
- Fast and developing rash over most of the body

Great! Now we've scared you to death! That's really not what we are trying to do. It's just that by recognizing some of these signs early, and acting on them, you can prevent something more serious from happening.

As for the "common" sicknesses that happen at home, most can be treated with the "common sense" approach:

Minor rashes, scrapes, and cuts can be treated with an over-the-counter antiseptic and a band-aid. If your child has the cold or flu, keep him/her hydrated. If your child has a low-grade temperature (outside of the parameters set previously), administer some children's Tylenol or Motrin. If your child acts tired, let him/her rest.

Despite this laundry list that we have provided for you, We strongly believe that most of the time you will have to go with your gut feeling. If you are just not feeling right about your child, get on the phone and call the office. We know that we would rather see your sick child early, instead of late.

ACETAMINOPHEN DOSING (Tylenol)

(May give every 4 hours, no more than 5 doses in 24 hours)

INFANT DROPS (160 mg/5ml)

| | |
|----------------|---------|
| 6 – 11 pounds | 1.25 ml |
| 12 – 17 pounds | 2.5 ml |
| 18 – 23 pounds | 3.75 ml |
| 24 – 34 pounds | 5 ml |

CHILDREN'S LIQUID (160 mg/5ml)

| | |
|----------------|---------|
| 12 – 17 pounds | 2.5ml |
| 18 – 23 pounds | 3.75 ml |
| 24 – 35 pounds | 5 ml |
| 36 – 47 pounds | 7.5 ml |
| 48 – 59 pounds | 10 ml |
| 60 – 71 pounds | 12.5 ml |
| 72 – 95 pounds | 15 ml |

IBUPROFEN DOSING (Motrin)

**(May give every 6 hours, no more than 4 doses in 24 hours)
Not to be used in children under 6 months of age**

INFANT DROPS (50 mg/1.25ml)

| | |
|----------------|----------|
| 12 – 17 pounds | 1.25 ml |
| 18 – 23 pounds | 1.875 ml |

CHILDREN'S SUSPENSION (100 mg/5ml)

| | |
|----------------|---------|
| 24 – 35 pounds | 5 ml |
| 36 – 47 pounds | 7.5 ml |
| 48 – 59 pounds | 10 ml |
| 60 – 71 pounds | 12.5 ml |
| 72 – 95 pounds | 15 ml |

DEVELOPMENTAL MILESTONES

| Age | Movement/Physical Development | Cognitive (learning/thinking) |
|----------|---|---|
| 1 month | <input type="checkbox"/> Brings hands in range of eyes and mouth <input type="checkbox"/> Moves head from side to side while on tummy <input type="checkbox"/> Keeps hands in tight fist | <input type="checkbox"/> Stares at object in front of face; especially brightly colored <input type="checkbox"/> Eyes wander and sometimes cross |
| 2 months | <input type="checkbox"/> Holds head up when on tummy <input type="checkbox"/> Moves both arms and both legs <input type="checkbox"/> Opens hands briefly | <input type="checkbox"/> Watches you as you move <input type="checkbox"/> Looks at toy for few seconds |
| 4 months | <input type="checkbox"/> Holds head steady without support when holding her/him <input type="checkbox"/> Holds toy when placed in hand <input type="checkbox"/> Uses arm to swing at toys <input type="checkbox"/> Brings hands to mouth <input type="checkbox"/> Pushes up onto elbows/forearms from tummy | <input type="checkbox"/> When hungry, opens mouth when sees breast or bottle <input type="checkbox"/> Looks at own hands with interest |
| 6 months | <input type="checkbox"/> Rolls from tummy to back <input type="checkbox"/> Pushes up to straight arms when on tummy <input type="checkbox"/> Leans on hands to support himself/herself when sitting | <input type="checkbox"/> Puts things in her/his mouth <input type="checkbox"/> Reaches to grab a toy <input type="checkbox"/> Closes lips to show that doesn't want any more food |
| 9 months | <input type="checkbox"/> Gets to a sitting position by self <input type="checkbox"/> Moves things from one hand to other <input type="checkbox"/> Uses fingers to "rake" <input type="checkbox"/> Sits without support | <input type="checkbox"/> Looks for objects when dropped out of view <input type="checkbox"/> Bangs two objects together |

DEVELOPMENTAL MILESTONES

| Age | Language/Communication | Social/Emotional |
|----------|---|--|
| 1 month | <input type="checkbox"/> Can turn to familiar sounds and voices <input type="checkbox"/> Startles at noises | <input type="checkbox"/> Knows parent's voice <input type="checkbox"/> Becomes alert when hearing a familiar sound |
| 2 months | <input type="checkbox"/> Makes sounds besides crying <input type="checkbox"/> Reacts to loud sounds | <input type="checkbox"/> Calms down when spoken to/picked up <input type="checkbox"/> Looks at parent face <input type="checkbox"/> Seems happy to see you when you walk up to them <input type="checkbox"/> Smiles when you talk or smile at them |
| 4 months | <input type="checkbox"/> Makes "oooo", "aahh" (cooing) <input type="checkbox"/> Mimics sounds back when you talk to him/her <input type="checkbox"/> Turns toward sound of your voice | <input type="checkbox"/> Smiles on his/her own for attention <input type="checkbox"/> Chuckles (not yet a full laugh) <input type="checkbox"/> Looks at you/moves to get or keep your attention |
| 6 months | <input type="checkbox"/> Takes turns making sounds with you <input type="checkbox"/> Blows "raspberries" <input type="checkbox"/> Makes squealing noises | <input type="checkbox"/> Knows familiar people <input type="checkbox"/> Likes to look at self in mirror <input type="checkbox"/> Laughs |
| 9 months | <input type="checkbox"/> Makes sounds "mamamama" and "babababa" <input type="checkbox"/> Lifts arms up to be picked up | <input type="checkbox"/> Can be shy, clingy, or fearful near strangers <input type="checkbox"/> Shows multiple facial expressions, e.g. happy, sad, angry, and surprised <input type="checkbox"/> Looks when you call name <input type="checkbox"/> Reacts when you leave <input type="checkbox"/> Smiles/laughs with peek-a-boo |

DEVELOPMENTAL MILESTONES

| Age | Movement/Physical Development | Cognitive (learning/thinking) |
|-----------|--|--|
| 12 months | <input type="checkbox"/> Pull to stand <input type="checkbox"/> Walks holding on <input type="checkbox"/> Drinks from a cup if held <input type="checkbox"/> Pincer grasp | <input type="checkbox"/> Fills container with object <input type="checkbox"/> Looks for things hidden |
| 15 months | <input type="checkbox"/> Takes few steps on own <input type="checkbox"/> Uses fingers to feed self | <input type="checkbox"/> Tries to phone, cup, or book <input type="checkbox"/> Stacks at least two objects |
| 18 months | <input type="checkbox"/> Walks without holding on <input type="checkbox"/> Scribbles <input type="checkbox"/> Drinks from cup without a lid and may spill sometimes <input type="checkbox"/> Feeds self <input type="checkbox"/> Tries to use spoon <input type="checkbox"/> Climbs on/off a couch without help | <input type="checkbox"/> Copies you <input type="checkbox"/> Plays with toys |
| 2 years | <input type="checkbox"/> Kicks ball <input type="checkbox"/> Runs <input type="checkbox"/> Walks up few stairs <input type="checkbox"/> Eats with spoon | <input type="checkbox"/> Holds something in one hand while using the other hand <input type="checkbox"/> Tries to use switch, knob, or button <input type="checkbox"/> Plays with more than one toy at the same time |

DEVELOPMENTAL MILESTONES

| Age | Language/Communication | Social/Emotional |
|-----------|---|--|
| 12 months | <input type="checkbox"/> Waves "bye-bye" <input type="checkbox"/> Calls parent "mama" or "dada" <input type="checkbox"/> Understands "no" | <input type="checkbox"/> Plays games with you |
| 15 months | <input type="checkbox"/> Tries to say one or two words besides "mama" or "dada," <input type="checkbox"/> Looks at a familiar object when named <input type="checkbox"/> Follows directions <input type="checkbox"/> Points to ask for something | <input type="checkbox"/> Copies other children while playing <input type="checkbox"/> Shows you object he likes <input type="checkbox"/> Claps when excited <input type="checkbox"/> Hugs doll or toy <input type="checkbox"/> Hugs, cuddles, or kisses you |
| 18 months | <input type="checkbox"/> Tries to say three or more words besides "mama" or "dada" <input type="checkbox"/> Follows one step directions without any gestures | <input type="checkbox"/> Moves away, but checks to make sure you are close <input type="checkbox"/> Points to show you something <input type="checkbox"/> Puts out hands for washing <input type="checkbox"/> Looks at pages in book with you <input type="checkbox"/> Helps you dress him/her |
| 2 years | <input type="checkbox"/> Points to things in a book when you asked to where it is <input type="checkbox"/> Says at least two words together <input type="checkbox"/> Points to at least two body parts <input type="checkbox"/> Uses more gestures than just waving and pointing | <input type="checkbox"/> Notices when others are hurt or upset <input type="checkbox"/> Looks at your face to see your reaction |

DEVELOPMENTAL MILESTONES

| Age | Movement/Physical Development | Cognitive (learning/thinking) |
|-----------|--|--|
| 2 ½ years | <input type="checkbox"/> Uses hands to twist objects <input type="checkbox"/> Takes clothes off by him/herself <input type="checkbox"/> Jumps off ground with both feet <input type="checkbox"/> Turns 1 page of book at a time | <input type="checkbox"/> Likes to pretend to feed doll <input type="checkbox"/> Stands on stool to reach object <input type="checkbox"/> Follows two-step directions <input type="checkbox"/> Can point to at least one color |
| 3 years | <input type="checkbox"/> Strings items together <input type="checkbox"/> Puts on some clothes by self <input type="checkbox"/> Uses fork | <input type="checkbox"/> Draws circle when shown how <input type="checkbox"/> Avoids hot objects if warned |
| 4 years | <input type="checkbox"/> Catches a large ball <input type="checkbox"/> Dishes self food or pours water with help <input type="checkbox"/> Unbuttons buttons <input type="checkbox"/> Holds crayon or pencil between fingers and thumb | <input type="checkbox"/> Names a few colors of items <input type="checkbox"/> Tells what comes next in a well-known story <input type="checkbox"/> Draws a person with three or more body parts |

DEVELOPMENTAL MILESTONES

| Age | Language/Communication | Social/Emotional |
|-----------|---|--|
| 2 ½ years | <input type="checkbox"/> Says approximately 50 words <input type="checkbox"/> Puts two or more words together, with action word <input type="checkbox"/> Names objects in book asked <input type="checkbox"/> Says pronouns like "I," "me," or "we" | <input type="checkbox"/> Plays next to other children <input type="checkbox"/> Says "Look at me!" <input type="checkbox"/> Follows directions to clean-up. |
| 3 years | <input type="checkbox"/> Converses with you back and forth <input type="checkbox"/> Asks "who," "what," "where," or "why" <input type="checkbox"/> Knows what action occurs in book <input type="checkbox"/> Knows first name, when asked <input type="checkbox"/> Speaks clear enough for others to understand | <input type="checkbox"/> Calms down within 10 minutes after being left by self <input type="checkbox"/> Watches other children and joins in |
| 4 years | <input type="checkbox"/> Says sentences with four or more words <input type="checkbox"/> Knows words from a song or story <input type="checkbox"/> Talks about something done that day <input type="checkbox"/> Can answer simple questions | <input type="checkbox"/> Pretends to be teacher, dog, etc <input type="checkbox"/> Asks to go play with children <input type="checkbox"/> Comforts those that are sad <input type="checkbox"/> Avoids danger <input type="checkbox"/> Likes to be a "helper" <input type="checkbox"/> Changes own behavior depending on environment |

DEVELOPMENTAL MILESTONES

| Age | Movement/Physical Development | Cognitive (learning/thinking) |
|---------|---|---|
| 5 years | <input type="checkbox"/> Tells made up story with 2 events <input type="checkbox"/> Answers simple questions about book being read <input type="checkbox"/> Keeps back and forth conversation with three exchanges <input type="checkbox"/> Uses simple rhymes | <input type="checkbox"/> Follows rules and/or takes turns <input type="checkbox"/> Sings or dances as show <input type="checkbox"/> Does home simple chores at home |

| Age | Language/Communication | Social/Emotional |
|---------|---|--|
| 5 years | <input type="checkbox"/> Buttons couple buttons <input type="checkbox"/> Hops - one foot | <input type="checkbox"/> Counts to 1-10 <input type="checkbox"/> Names from 1 to 5 when pointed at <input type="checkbox"/> Uses words about time, e.g. "morning" <input type="checkbox"/> Pays attention for 5 to 10 minutes <input type="checkbox"/> Writes a letter from name <input type="checkbox"/> Names few letters when pointed at |

TODDLERS & TANTRUMS

Toddler status begins at age 12 months until 3 years of age. It is during this time that toddlers begin to exert their will power. Problems arise when the toddler wants to experiment with independence and the parents do not want to let go.

It is important to understand that a toddler learns about his or her world through touching, watching, and listening. It is during this sensory-motor phase that he or she become frustrated because they lack the verbal capacity to explain what they are experiencing. As a result of this frustration, we see a tantrum.

Temper tantrums are not to be taken personally, just understand through patience, that this behavior is normal and part of his or her cognitive development. Through proper parenting techniques your child will grow out of this phase.

SUGGESTIONS FOR HELPING TO AVOID TANTRUMS

1. **Be aware of the timing of the tantrums**
 - a. *Maybe going to the grocery store after daycare is the peak time for your child's tantrum; if he or she has been stimulated all day during daycare then going to the store may put him or her in sensory overload*
2. **In an occurrence of a tantrum, bodily contact is important for toddlers who are feeling out of control; removal, distraction, or redirection of your child's attention is suggested.**
 - a. *For example when your child is in a full tantrum at the grocery store, you may want to distract him or her with a song, or redirect towards reading a book; the last resort is removal from the grocery store.*
3. **Remain calm during a tantrum**
 - a. *Children feed off of a parent's anxiety; if your anxiety is high during the tantrum it may prolong it.*
4. **Time outs**
 - a. *If your child is throwing a tantrum where his or her behavior is putting them and others in danger, the American Academy of Pediatrics suggests a time out*
 - b. *A time out is based on the child's age and the location; every year of age equals one minute of time out. For example, a 2 year old warrants a 2-minute time out in an area with no stimulation (a stair step, at the kitchen table, etc).*

TODDLERS & TANTRUMS

5. Time out for the parents

- a. *It is important as a parent to not take any disciplinary actions out of anger. If you are too frustrated, then maybe a time out for you should be the first thing to do. Handling your child with a clear and calm mind should be your first priority.*

6. Strategies prior to temper tantrums

- a. *Providing regular positive attention or “special time”; for example reading a book or coloring*
- b. *Listening carefully to children and helping them learn words to express their feelings*
- c. *Reinforcing emerging behaviors with frequent praise and ignoring trivial misdeeds.*

Over time the desired behavior will become more internalized and the undesired behavior will be outgrown.

PROPER DENTAL HYGIENE

When to Start?

- At birth
- Begin by wiping gums with a clean damp cloth every day; when more teeth come in, switch to a **soft** toothbrush
- Brush your infant's teeth twice a day
- You can begin with regular toothpaste (with fluoride)

How to Start?

- Smear the size of a "grain of rice" on the toothbrush, at age 3 use "pea size"
- Point the tooth bristles toward the gum line using short back and forth strokes
- Brush the tongue
- Help your older child brush every day until age 8
- Fluoride varnish is recommended every 3-6 months in the primary care setting

When to See the Dentist?

- According to the Academy of Pediatrics, the first visit should occur at around 12 months of age, 6 months after the first tooth appears, or when they have 6 teeth, whichever comes first

What is Fluoride?

- Fluoride is a supplement that helps prevent cavities and makes teeth strong

When to Start Using Fluoride Toothpaste?

- Use toothpaste with fluoride
- Use only the size of a grain of rice under 3 years old
- Use the size of a pea 3 years and older or when the child can spit

When to Start Using a Fluoride Rinse?

- Use fluoride mouth rinse after brushing if your child is older than 6 years of age
- Children younger than 6 years should not use a fluoride rinse; young children tend to swallow and not spit, therefore, swallowing too much fluoride may cause permanent teeth to have white spots known as fluorosis

Is Well Water a Concern?

- Well water does not contain fluoride
- Children older than 6 months may need a fluoride supplement if the household runs on well water

What is Baby Bottle Tooth Rot (Dental Caries)?

- Can result when a child goes to bed with a bottle in his/her mouth or drinks a bottle throughout the day
- The sugar that is in milk and juice constantly bathes the teeth; the sugar then deposits itself within the pores of the tooth; the deposits then become a home for bacteria. The bacteria can then eat away at the enamel causing holes in the teeth, known as *cavities, dental caries, or baby bottle tooth rot*

PROPER DENTAL HYGIENE

Is There Treatment for Baby Bottle Tooth Rot?

- Restoration work includes stainless steel crowns and tooth extractions, which involve sedation and general anesthesia
- Expect to pay \$1,000 - \$2,000 per child; if sedation is required, expect to pay \$6,000

Prevention of Dental Caries

- Introduce a cup at 6 months of age
- Do not put your child to bed with a bottle
- Brush your child's teeth twice a day

AVOID ALL SODA POP (INCLUDING DIET POP)

- Pop works in two ways – first it breaks down the tooth enamel due to its high acid content; it then allows sugar to deposit itself within the pores
- The acid in pops and juices is actually worse than the sugar. With good dental hygiene, most sugar deposits can be brushed away, however, acid breaks down the tooth enamel at the moment it touches it
- A HIGH acid level is demonstrated with a LOW pH (low number value): for example, Root Beer 4.61 pH - Diet Pepsi 3.05 pH - Battery Acid 1.0 pH

TREATMENT OF ECZEMA

Eczema is an atopic dermatitis that causes a dry, itchy, red raised rash. Eczema is not contagious. It is often worse during infancy and typically improves by early adulthood. Eczema is a chronic disease and cannot be cured; however, it generally can be controlled and will often go away after several months or years. Eczema is believed to be a type of allergic reaction and may be common in people with asthma, hay fever, and other allergies.

TRIGGERS INCLUDE:

- Cold, dry weather
- Hot, humid weather, woolen clothing
- Hot tubs and long hot showers
- Detergents and dyes
- Animal dander, house dust, tobacco smoke, emotional stress and diet

DIET:

- Children exposed to more than four or more types of solid food before four months have an increased risk of eczema
- Early introduction of whole milk before the age of 12 months increases risk of childhood eczema

AVOID:

- Long, hot baths which tend to dry the skin
- Harsh or irritating clothing (wool or coarse-weave materials)
- Certain flavorings or additives to toothpastes, foods, candy, etc.
- Dyes used in clothing
- Medications such as neomycin ointment
- Laundry detergents and fabric softeners that contain dyes

TREATMENT:

- Use hypoallergenic, unscented soap
- Apply hypoallergenic, unscented emollients liberally
- Ex. Aquaphor, Tubby Todd all over ointment, Aveeno baby eczema lotion, Cetaphil
- If no improvement, call your doctor

HEARING SCREENING FOR CHILDREN BIRTH TO 3 YEARS

Because of the age of the child, it is frequently impossible to assess his/her hearing in a regular medical clinic. For this reason, the Ohio Department of Health recommends (1) observing children for signs, symptoms, and behaviors suggestive of hearing loss and (2) identifying children in this age group who are at high risk for hearing loss.

Signs and Symptoms Suggestive of Hearing Loss:

- ☐ Mouth breathing
- ☐ Discharge from ear canal
- ☐ Malformation of ear
- ☐ Ear wax impaction
- ☐ Damaged or poorly maintained hearing aid
- ☐ Constant head tilt toward sound source
- ☐ Inability to follow verbal directions well
- ☐ Answers questions inappropriately
- ☐ Inattention
- ☐ Pulls or rubs ear frequently
- ☐ Asks for repetition of words or phrases
- ☐ Misunderstands conversation of others
- ☐ Difficulty in locating sound source
- ☐ Poor language development
- ☐ Buzzing or ringing in ears
- ☐ Soreness or pain in or about the ears

Behaviors suggesting hearing loss in very young children:

Birth to 3 months: is not startled by loud sounds

3 to 6 months: does not turn eyes and head to search for location of sound; when sleeping in a quiet room, does not move and begin to wake up when there is a loud sound (not a door slam or a vibration); does not smile when spoken to; does not seem to recognize mother's voice; does not stop playing and appear to listen to sounds or speech; does not coo and imitate his own voice --oohs, ba-ba's, etc.; does not enjoy rattles and other sound making toys

6 to 10 months: does not respond to his own name, telephone ringing, and someone's voice, when not loud; does not babble to self – "baba", "gaba", "ma"; does not turn head directly toward an interesting sound (bell) even when it is out of visual range; does not understand no, bye-bye, and other common words

HEARING SCREENING FOR CHILDREN BIRTH TO 3 YEARS (cont'd)

10 to 15 months: does not point to or look at familiar objects or people when asked to do so; does not imitate simple words and sounds; does not use at least one word other than mama and dada correctly; does not appear to listen to people talking; does not seem to enjoy music and respond to it by listening, bouncing, or making sounds; does not notice and look around for the source of new sounds

15 to 18 months: does not follow simple spoken directions; does not respond when called from another room

18 to 24 months: does not follow two requests (get the ball and put it on the table); does not use 10 to 15 words (by 24 months); does not put 2 words together ("where kitty" - "more cookie")

In general, any child identified as speech-language impaired or as developmentally delayed should be considered to be exhibiting behaviors suggestive of hearing loss.

Newborns considered at high risk for hearing loss: In 1981, a Joint Committee recommended seven factors to be considered when determining newborn infants at risk for hearing loss:

1. Asphyxia which may include infants with Apgar scores of 0-3, or those who fail to exhibit spontaneous respiration by 10 minutes, and those with hypotonia persisting to 2 hours of age
2. Bacterial meningitis, especially H. Influenza
3. Congenital perinatal infections (e.g. cytomegalovirus, rubella, herpes, toxoplasmosis, syphilis)
4. Defects of the head or neck (e.g. craniofacial syndromal abnormalities, overt or submucous cleft palate, morphologic abnormalities of the pinna)
5. Elevated bilirubin exceeding indications for exchange transfusion
6. Family history of childhood hearing impairment (those in this category may not have hearing loss present at birth, but may develop a loss during childhood)
7. Gram birth weight less than 1,500

Associated Abnormal Conditions: In addition, several abnormal conditions are associated with hearing impairment. Those most often cited include: Alport's Syndrome, Apert's Syndrome, cerebral palsy, cleft palate, Crouzon's Syndrome, Down's Syndrome, Hurler's Syndrome, Marfan's Syndrome, muscular dystrophy, otitis media and other ear pathologies, Pierre Robin Syndrome, Treacher Collins Syndrome, Turner's Syndrome, sickle cell anemia, Usher's Syndrome, and Wardenburg's Syndrome. Children with such conditions should be automatically referred for complete audiologic evaluation.

PROPER CHILD SAFETY SEAT USE

OHIO

As of September 1st, 2022, Ohio's children are required to use belt-positioning booster seats once they outgrow their child safety seats until they are 8 years old, unless they are at least 4 feet, 9 inches (57 inches) tall.

Children ages 8 and up are required to be in either a child restraint or a seatbelt.

Children age 4-8 and less than 4 feet 9 inches must be seated in a booster seat.

Children under age 4 and weighing less than 40 lbs. must be secured in a child restraint system (5 point harness) when being transported in a motor vehicle.

Violation of the child restraint law is a standard offense for children under age 4.

MICHIGAN

Children under age 16 must wear a seat belt or be in an approved restraint system regardless of where they sit in the vehicle.

Children under age 8 and less than 4 feet 9 inches shall be properly secured in a booster seat or child restraint system.

Children under age 4 must be properly secured in a child restraint system in the rear seat, if possible. Violation of the child restraint law is a standard offense.

**AAP Recommendation: All children under the age of 13 should be in the back seat of the car at all times.* For children to ride in the front seat they should be 13 years old and weigh 100 pounds.*

FUN IN THE SUN

Ah-h-h-h-h, the joy of summer...sun, water, flowers. Summer is the time of year where we want to appreciate, explore and enjoy the Earth during its most fruitful time. To be better prepared for fun in the sun...read on.

GOLDEN RULES FOR A GREAT SUMMER:

- SUPERVISE YOUR CHILDREN!
- Keep children well hydrated
- Apply sunscreen to children when in direct sun
- DO NOT APPLY SUNSCREEN TO INFANTS UNDER 6 MONTHS OF AGE
- Use EWG.ORG to find the toxicity level of individual sunscreens
- When swimming, don't let children dive in shallow or untested waters
- Children should never swim without adult supervision
- Consider ISR swimming lessons
- Avoid the sun between the hours of 10 am to 4 pm – this is the hottest part of the day
- Use sun block of 50 SPF. Higher SPFs have no additional benefit.
- When running errands, never leave children in the car unattended (even if for a few minutes)
- One more time...SUPERVISE YOUR CHILDREN!

THOSE ANNOYING INSECTS

To protect your little ones against the critters, here are a few basic suggestions:

- Dress children in hats, long sleeves, cool pants
- Avoid bright colors, perfumes, ripe fruit and clover, as these attract insects
- Use insect repellent (as explained below)

One of the most effective topical insect repellents is N,N-diethyl-m-toluamide (otherwise known as DEET). DEET repels everything from fleas to flies to mosquitoes. **NOTE: It does NOT work against BEES!**

Use only those repellents with less than 10% DEET

Use lotion vs sprays (lotions spread more uniformly)

Do not apply to children's hands or feet (if they like to put them in their mouths)

Keep repellent away from eyes and mouth

Apply only to exposed skin areas...do not apply under clothing, bandages or diapers

DEET should not be applied to skin more than twice a day

CHILDREN & HOUSEHOLD PETS

We all know that animals can do wonderful things for people; however, they can also infect humans with diseases.

Reptiles:

Any type of reptile (lizards, turtles, snakes, etc.) has the possibility of transmitting Salmonella to humans. Salmonella can cause severe gastrointestinal problems in babies, the elderly, cancer patients, and pregnant women. The CDC approximates that 60% of all reptiles carry Salmonella. Approximately 5% of the US population has reptiles as pets. If you are one of the 5%, you should emphasize two important rules in the household:

Do NOT let the reptiles freely roam the house. They can leave Salmonella in the house, and Salmonella has the ability to survive for approximately 3 years

Hand washing is a MUST every time you touch the reptile or any of the surroundings (cage, toys, etc.)

Most of the time your child's pet can be a happy member of the family. Keep your pet healthy, and you will be helping to keep your children healthy as well. Below are the some general guidelines for keeping a pet:

- DO make sure your puppy is de-wormed
- DO teach your children to wash their hands after handling their pet
- DO vaccinate all of your pets
- DO take your pets to the veterinarian regularly

- DON'T keep a wild animal as a pet
- DON'T allow a ferret around your infant or child
- DON'T keep a monkey or hedgehog as a pet
- DON'T wait to see a doctor if your child is bitten by a strange dog or cat
- DON'T let your dog lick your baby's face

COLD WEATHER INDOOR HEALTH TIPS

When winter and cold weather approach, there are a number of important issues that come up at this time. As a result, you have to try even harder to prevent illnesses and accidents from occurring.

With cold weather comes dry weather. Add to this the fact you are inside the house with the furnace on. All of these things combine to dry you out – your skin itches, your nose feels sticky, your lips get chapped. To help prevent dryness, try the following:

- Keep the house humidified (either through your furnace or by buying a portable cool humidifier) to improve the dry air

- Don't stay in a hot shower too long (this dries out your skin)

- Use a moisturizer after the shower/bath to preserve your natural skin oils

- Apply chapstick to your lips before going out in the cold and before bed

- Blow your nose; don't pick it. Dry heat can cause a dry nose and even nose bleeds

- Keep the indoor temperature between 62.2° F and 70.6° F (18° C to 22° C) and the humidity between 30% - 50%

TIPS FOR ENTERTAINING AND KEEPING YOUR CHILDREN SAFE

When special occasions are planned, kids won't be as well supervised during a party atmosphere as they otherwise would be. Make sure little ones don't wander into any of the following danger zones unsupervised:

- The toilet (don't laugh, kids can drown here too!)

- The bathtub (even with just a tiny bit of water in it)

- The washing machine (sounds and motion are attractive)

- Pails of water (even 1 inch of water can drown a toddler)

- Children will open cabinets, drawers, suitcases, purses, etc.

- They will crawl up on chairs and counter tops

- They will eat or drink anything that looks appealing to them – pills, colorful liquids (even alcohol if left in their reach), plants and even cigarette butts

To keep your children safe, remove obstacles that are appealing to them and keep a watchful eye on them at all times.

ABOUT US

Why are we here?

Our goal is to improve the approach to healthcare in children. We want to do the best possible job for you and your child/children, by keeping them illness free. If they do get sick, we'll try to get them better as fast as possible using the latest in pediatric medicine.

Who Are The Practitioners?

Michelle Miller, CPNP is a certified pediatric nurse practitioner (CPNP) who joined our office in late 2006. She is a graduate of the Medical University of Ohio. Michelle is smart, thorough, positive and full of energy!

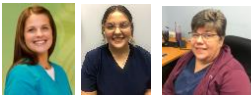
Kim Kaczmarek, PA-C is a certified Physician Associate (PA-C), who joined our office in September 2016. She is a graduate of the University of Toledo. She is bright, friendly, dependable and outgoing!

Sara Matthews, CPNP joined us in September, 2022 as a certified pediatric nurse practitioner (CPNP). She is a graduate of the University of Toledo. She has 13 years' experience as a PICU nurse. She is intelligent, resourceful and knowledgeable!

Cristy Saucedo, DNP has been here for more than 20 years. She is a graduate of the University of Toledo. She is clever, lighthearted and compassionate!

Dr. Mike (Michael Pappas) has worked Pediatric critical care and General Pediatrics for more than 20 years. He is experienced and fun loving!

ABOUT US (cont'd)



(L-R)

Leigh, Finance/Billing
Kim, PA-C
Leah, LPN
Sara, CPNP
Cristy, DNP
Mike, MD
Maddie, Records
Stephanie, Manager
Liz, MA
Brittani, MA
Michelle, CPNP
Kathleen, RN
Mariah, LPN
Shelly, Billing

QUICK ANSWERS

What are your office hours*?

Monday: 8:00 AM to 5:00 PM

Tuesday: 8:00 AM to 6:00 PM

Wednesday: 8:00 AM to 6:00 PM

Thursday: 8:00 AM to 6:00 PM

Friday: 8:00 AM to 4:00 PM

**Summer hours may vary*

Please call for an appointment 419.841.0772

Do you take all insurances?

We accept most insurance plans. Please give us a call with questions.

Do you have a website? Yup

www.intensivecaring.com

Do you have an e-mail address? Yup

cic@intensivecaring.com

Are you on Facebook? Yup

[cicpeds](#)

Do you have an Instagram account? Yup

[childrensintensivecaring](#)

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