

**Welcome to our office**

children's  
**intensive**  
caring  
PEDIATRICS

BOARD CERTIFIED IN  
PEDIATRICS & PEDIATRIC CRITICAL CARE

**4405 N. HOLLAND-SYLVANIA RD., #102  
TOLEDO, OHIO 43623**

**PHONE: 419 841 0772  
FAX: 419 841 0894**

*Facebook: cicped*  
[www.intensivecaring.com](http://www.intensivecaring.com)

**Copyright 2001-2026**  
**Children's Intensive Caring**

All rights reserved. No part of this book may be reproduced without the author's written permission.

Printed in the US

# CONTENTS

Important Numbers	1
Your Newborn	2-3
Breastfeeding	4
Formulas	5
Food Introduction	6
Traditional Weaning	7
Baby-led Weaning	8
Choking hazards	9
Allergenic Foods	10
Check-Ups	11
Height & Weight Records	12
Vaccine Records	13-15
Neonatal Acne & Cradle Cap	16
When to Call our Office	17-18
Tylenol & Motrin Dosing	19-20
Developmental Milestones 1m – 5y	21-27
Toddlers & Tantrums	28-29
Proper Dental Hygiene	30-31
Treatment of Eczema	32
Signs of Possible Hearing Loss	33-34
Good Child Safety Seat Use	35
Fun in the Sun/Annoying Insects	36
Children & Pets	37
Cold Weather Indoor Tips/Entertaining	38
About Us	39

# IMPORTANT NUMBERS

Emergency	<u>911</u>
Police	_____
Fire	_____
CHILDREN'S INTENSIVE CARING	<u>419.841.0772</u>
Poison Control	<u>1.800.222.1222</u>
Toledo/Sylvania Non-Emergency	<u>419.255.8843</u>
<u>SUICIDE Prevention</u>	<u>988</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# YOUR NEWBORN

*Congratulations on your bundle of joy!!*

The following may help you to know your baby's well-being and your happiness.

## **Normal things:**

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 12-20 hours daily. Hair loss (will be transient)

Changes in eye color can occur over weeks to months

**Driving Home:** Drive Careful-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 they may fall from

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

## YOUR NEWBORN (contd)

### Once At Home:

If breastfeeding, start 400 IU of Vitamin D for the baby once daily.

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

Minimize sun exposure

Bathe your baby not more than once a day; Do not fully submerge them in water until the umbilical cord falls off. Babies do not need lotion, which may worsen dry skin/rash.

Shampoo baby's hair with mild baby shampoo (not more than two 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" and "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.

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

### 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 babysitter. 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 eat at most 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 them up effectively.

A common problem with breastfeeding is engorgement. Engorgement is caused by vascular and lymphatic congestion 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 before 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 eats 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 being kept wet. The infant's lips must compress the areola and fit neatly against the sides of the nipple for adequate feeding. 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. Using some barrier is essential to keep clothing from rubbing against them. 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 the mother is necessary. Breastfeeding women should drink at least thirteen 8-ounce glasses of fluid daily and increase their calorie intake.

## FORMULAS

Similar ingredients are in several formulas that are available today. Some comparisons are listed below:

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

### Formulas

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

### Values

<b>Prot:</b>	Protein	<b>Phos:</b>	Phosphorus
<b>Carbs:</b>	Carbohydrates	<b>Sod:</b>	Sodium
<b>Lino:</b>	Linoleic Acid	<b>Potas:</b>	Potassium
<b>Calc:</b>	Calcium	<b>Chlor:</b>	Chloride

### Special Formulas:

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

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

Infants may also have a soy allergy, as there can 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 to introduce complementary foods at six months of age. Oatmeal or rice cereal may be introduced as early as four months if your child shows 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 to introduce foods quickly. While most of their nutrition will continue to come from breast milk/formula, introducing foods around six 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 stop.
- Do not ever force a 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 one tablespoon of single grain rice cereal/oatmeal in a few ounces of formula or breastmilk; consistency should be soupy, and the infant's head should be at a 45-90 degree angle, not flat.
- Continue with a watery/soupy consistency for three 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.
- In the first week, offer cereal once daily and follow each feed with formula or breastmilk.
- In the second week, you can increase the amount of cereal to 2 tablespoons in the morning; the infant may not eat all of it, which is OK.

### If starting at six months with purees,

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

# **INTRODUCING FOODS-TRADITIONAL WEANING vs. BABY LED WEANING (contd)**

## **Baby Led Weaning:**

- **DO YOUR RESEARCH ON HOW TO PREPARE FOOD BEFORE STARTING!!!**
- Research shows that babies are no more likely to choke if done correctly than with traditional weaning.
- By definition, BLW is led by the baby.
- Offer foods to the baby not in their pureed form but as finger foods, allowing them to feed themselves right from the start.
- You may use a spoon and load it for the baby, then give it to the baby and allow him to put it in his mouth.
- Foods need to be cut and prepared appropriately!! Foods that can be cooked and cut into finger-length pieces for the baby to pick up should be prepared as such, e.g., baked sweet potato fries the size and shape of a finger.
- Smaller foods may be cut into smaller pieces or mashed and loaded on a fork. Six-month-olds cannot pick up small objects yet and will need help.
- Offer 1-2 pieces of each food you are serving.
- Let the baby choose how much to eat.
- Offer sips of water from an open cup. Count for 2 seconds during the sip to avoid 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 the baby out of the chair if they seem fussy.
- Try three meals a day for nine 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 the 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 increase the risk of allergy.
- It is recommended to start allergenic foods around three months of age.
- Generally, it takes more than one exposure to see an allergic reaction; stay vigilant.
- Introduce when the baby will be awake and supervised for two hours afterward.
- Do not offer more than one allergenic food at a time.
- If your child has a history of allergic reactions to foods or eczema, discuss first with your doctor.
- If a child develops difficulty breathing or swelling of the mouth/tongue, call 911 immediately.
- Call your doctor if a child develops hives, rash, vomiting, diarrhea, or swelling of the face or other body areas.

## **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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## IMMUNIZATIONS

Vaccines are an essential part of your child's newborn and adolescent life. The following pages are documentation to record your child's vaccinations as they are received, beginning from birth throughout their teenage 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

<b>Vaccine</b>	<b>Date</b>	<b>Location</b>
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 commonly found on the face and upper trunk but can be from head to toe. It can look like blackheads, whiteheads, or just like "adolescent acne." The cause is unknown but believed to be a 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; if your newborn has neonatal acne, there is no connection with adolescent acne in later life.

### **Cradle Cap:**

The cradle cap consists of greasy and yellowish-brownish patches on the scalp and behind the ears. First, to treat the cradle cap, 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 baby brush to help remove the crusts. You cannot do much for the cradle cap; it will usually disappear. The cause is unknown, but it 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. We have approached the topic by different age groups on the following pages because other 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 the typical eating pattern
- Uncontrollable crying, and you cannot console them
- Vomiting that continues for more than 8-12 hours
- Bowel movements that happen more than eight times in one day
- The belly button is red
- “Pink-eye”
- White patches on the tongue and inside the mouth

Now let's move on to the older baby, from 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 three 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 six months
- Refusal to eat at multiple feedings
- Extreme irritability
- Extreme drowsiness

## WHEN TO CALL THE OFFICE

For the child one 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 ones. 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 of the arm, leg, or other part of the 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 different from what we are trying to do. 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 a cold or flu, keep them hydrated. If your child has a low-grade temperature (outside the previous parameters), administer some children's Tylenol or Motrin. If your child acts tired, let them rest.

Despite this laundry list, we have provided you, you will have to go with your gut feeling most of the time. 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 five 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 four doses in 24 hours)**

**Not to be used in children under six 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 a tight fist	<input type="checkbox"/> Stares at objects in front of face-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 the toy for a few seconds
4 months	<input type="checkbox"/> Holds head steady without support when holding them <input type="checkbox"/> Has toy when placed in the 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, open 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 themselves when sitting	<input type="checkbox"/> Puts things in their mouth Reaches to grab a toy <input type="checkbox"/> Closes lips to show that he 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"/> Look at the parent's 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" and "aah" (cooing) <input type="checkbox"/> Mimics sound back when you talk to them <input type="checkbox"/> Turn toward the sound of your voice	<input type="checkbox"/> Smiles on their 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 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 with a <input type="checkbox"/> Pincer grasp	<input type="checkbox"/> Fills container with objects <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 a 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 Play <input type="checkbox"/> with toys
Two years	<input type="checkbox"/> Kicks ball <input type="checkbox"/> Runs <input type="checkbox"/> He walks up a few stairs and Eats with a spoon	<input type="checkbox"/> Holds something in one hand while using the other hand <input type="checkbox"/> Tries to use a 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 a book with you <input type="checkbox"/> He helps you dress him
Two years	<input type="checkbox"/> Points to things in a book when you ask 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"/> Look 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 themselves <input type="checkbox"/> She jumps off the ground with both feet <input type="checkbox"/> Turns 1 page of a book at a time	<input type="checkbox"/> Likes to pretend to feed doll <input type="checkbox"/> Stands on a 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"/> Put on some clothes by self <input type="checkbox"/> Uses fork	<input type="checkbox"/> He draws a 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 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"/> She says approximately 50 words. Puts two or more words together, with action word <input type="checkbox"/> Names objects in the 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"/> He 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 the 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"/> He 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 a teacher, dog, etc <input type="checkbox"/> Asks to play with children <input type="checkbox"/> Comforts those who 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"/> She tells a made-up story with two events. 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 the rules 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 of 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 and continues until three years of age. It is during this time that toddlers start to exert their willpower. Problems arise when the toddler wants to experiment with independence, and the parents do not want to let go.

It is essential to understand that toddlers learn about their world through touching, watching, and listening. During this sensory-motor phase, they 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; understand through patience that this behavior is normal and part of their 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. *Going to the grocery store after daycare is the peak time for your child's tantrum; if they have been stimulated all day during daycare, then going to the store may put them in sensory overload.*
- 2. In a tantrum, bodily contact is essential for toddlers who feel 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 them with a song or redirect them 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 throws a tantrum where their behavior puts 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 two-year-old warrants a 2-minute time out in an area without stimulation (a stair step, at the kitchen table, etc).*

## TODDLERS & TANTRUMS

### **5. Time out for the parents**

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

### **6. Strategies before 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. *You are 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, six months after the first tooth appears, or when they have six 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 three years old
- Use the size of a pea three years and older or when the child can spit

## When to Start Using a Fluoride Rinse?

- Use a fluoride mouth rinse after brushing if your child is older than six.
- Children younger than six years should not use a fluoride rinse; young children tend to swallow and not spit; therefore, consuming 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 six months may need a fluoride supplement if the household runs on healthy water.

## What is Baby Bottle Tooth Rot (Dental Caries)?

- Tooth rot can result when a child goes to bed with a bottle in their mouth or drinks a bottle throughout the day
- The sugar that is in milk and juice 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 six 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 worse than the sugar. With good dental hygiene, most sugar deposits can be brushed away; however, acid breaks down the tooth enamel 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 that cannot be cured; however, it generally can be controlled and often goes away after several months or years. Eczema is believed to be an allergic reaction and may be expected 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 the 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 toothpaste, 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 there is no improvement, call your doctor

# HEARING SCREENING FOR CHILDREN BIRTH TO 3 YEARS

Because of the child's age, assessing their hearing in a regular medical clinic is frequently impossible. 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 a 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 the conversation of others
- Difficulty in locating the 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 the 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 voice --oohs, ba- ba's, etc.; does not enjoy rattles and other sound making toys

**6 to 10 months:** does not respond to his 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 exciting 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 (contd)

**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 two 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 may include infants with Apgar scores of 0-3, 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:** Besides, 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 audiology evaluation.

# PROPER CHILD SAFETY SEAT USE

## OHIO

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

Children ages eight and up must be in either a child restraint or a seatbelt.

Children aged 4-8 and under 4 feet 9 inches must be seated in a booster seat.

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

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

## MICHIGAN

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

Children under age eight and 4 feet 9 inches shall be adequately secured in a booster seat or child restraint system.

Children under age four 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 13 should always be in the car's back seat.\* Children riding in the front seat 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 when 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 a sunblock 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 ti-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 (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; do not apply under clothing, bandages, or diapers.

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

## CHILDREN & HOUSEHOLD PETS

We all know that animals can do beautiful things for people but can also infect humans with diseases.

### Reptiles:

Any reptile (lizards, turtles, snakes, etc.) can transmit 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 crucial rules in the household:

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

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

Often, your child's pet can be a happy family member. Keep your pet healthy, and you will be helping to keep your children healthy as well. Below are 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 pets.
- 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 approaches, several important issues 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 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 will be more supervised during a party atmosphere than they 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 countertops.

They will eat or drink anything that looks appealing to them – pills, colorful liquids (even alcohol if left within 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 get sick, we'll get them better as fast as possible using the latest 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 thoughtful, thorough, upbeat, and full of energy!

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

**Samantha Dotson, PA-C**, is a certified Physician Associate (PA-C) who joined our office in October 2025. She is a graduate of the University of Toledo. She is intelligent, energetic, and very personable!

**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 in Pediatric critical care and General Pediatrics for over 25 years. He is experienced and fun-loving.