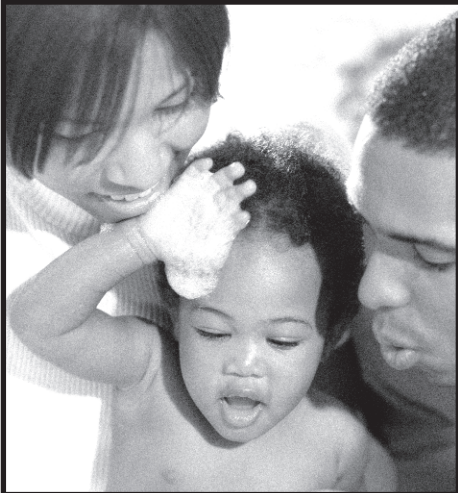


Healthy Minds: Nurturing Your Child's Development from **6 to 9 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



▶ Key findings from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Anne is the mother of 8-month-old Jenna. Anne's best friend, Claudia, is coming into town to meet Jenna for the first time. When Claudia arrives, Jenna will have nothing to do with her. Every time Claudia tries to talk to or play with Jenna she whimpers, turns away and clings to Anne. Anne feels frustrated and embarrassed. While tempted to just hand Jenna to Claudia, she stops, and instead holds Jenna on her lap and asks Claudia to sit next to them and read Jenna's favorite book. Slowly Jenna starts to look at Claudia and shows increasing interest. Soon Jenna starts to crawl off Anne's lap to get closer to Claudia.

This shows how all areas of Jenna's development are connected, and how her mother's

response supports her healthy development. Jenna's strong bond with her mother, the trust she shows as she clings to her for safety and her fear of strangers are all signs of her **social and emotional development**. Her **intellectual development** enables her to tell the difference between who she knows and who she doesn't, and helps her take steps to get the comfort and protection she wants. She uses her sounds (**language development**), facial expressions and gestures (**motor development**) first to communicate to Anne that she is uncomfortable and wants support. Later she uses them to communicate that she is ready to interact. Anne's sensitivity to Jenna's need to warm up slowly to new situations and people helps Jenna feel loved and secure, which will help her feel more comfortable meeting new people as she grows.

Relationships are the foundation of a child's healthy development.



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Charting Your Child's Healthy Development: 6 to 9 months

The following chart describes many of the things your baby is learning between 6 and 9 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Babies this age are big communicators. They use many sounds, gestures and facial expressions to communicate what they want. Their actions are their communications. They may be starting to put consonants and vowels together to form words like "dada" and "mama."</p>	<ul style="list-style-type: none"> ● Talk a lot with your baby. For example, label and narrate. "You're eating a big banana!" Give her time to respond. ● Respond to her communications. See how long you can keep a back-and-forth conversation going. For example, she makes a sound, you imitate it, she makes another sound and so on. 	<ul style="list-style-type: none"> ● How does your baby let you know what she wants; what she's feeling and thinking? ● What, if anything, do you find frustrating about understanding your baby's communications? Why?
<p>As her brain grows, your baby will start to imitate others, especially you. This leads to the development of lots of new skills. Babies this age can also use toys in more complex ways. For example, instead of just holding a plastic cup, a baby this age may use it to pour water in the bathtub.</p>	<ul style="list-style-type: none"> ● Give your baby time to take in what you did and then copy you. Push a button on the jack-in-the-box, then wait for your baby to do it before you do it again. This teaches your baby cause and effect. Seeing that she can make things happen builds her self-confidence and makes her want to take on new challenges. ● Provide a variety of safe toys for the bath—containers, rubber toys, plastic bath books, plastic ladles. These will encourage your baby to explore and experiment with the different ways to use objects. Of course, never leave your baby alone in the bath. 	<ul style="list-style-type: none"> ● How have you seen your baby imitate? ● What kind of play does your baby most enjoy? What does this tell you about her?
<p>Babies' motor skills are advancing by leaps and bounds at this stage. But all babies grow at their own rate. Many babies at this age can roll over both ways, scoot, crawl and even stand. Their motor skills allow them to make the ideas in their head happen, for example, getting the ball that rolled away.</p>	<ul style="list-style-type: none"> ● Encourage your baby to use her body to get what she wants. If she's showing you with her sounds and gestures that she wants the toy that is out of reach, don't just get it for her. Help her get it for herself by bringing it close enough for her to grab. This builds her confidence. ● Create an environment that is safe for exploration. Make sure only safe objects are within your baby's grasp, and that anything she might use to pull herself up to her feet is sturdy and fastened down to the floor or wall. This kind of baby-proofing of your house also will reduce conflicts between you and your baby. 	<ul style="list-style-type: none"> ● How does your baby use her body—to explore, to express her feelings? ● What do you need to do to make your home safer for your "little explorer?"

*The report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.

With thanks to

The Gerber Foundation
Enhancing the quality of life of infants and young children

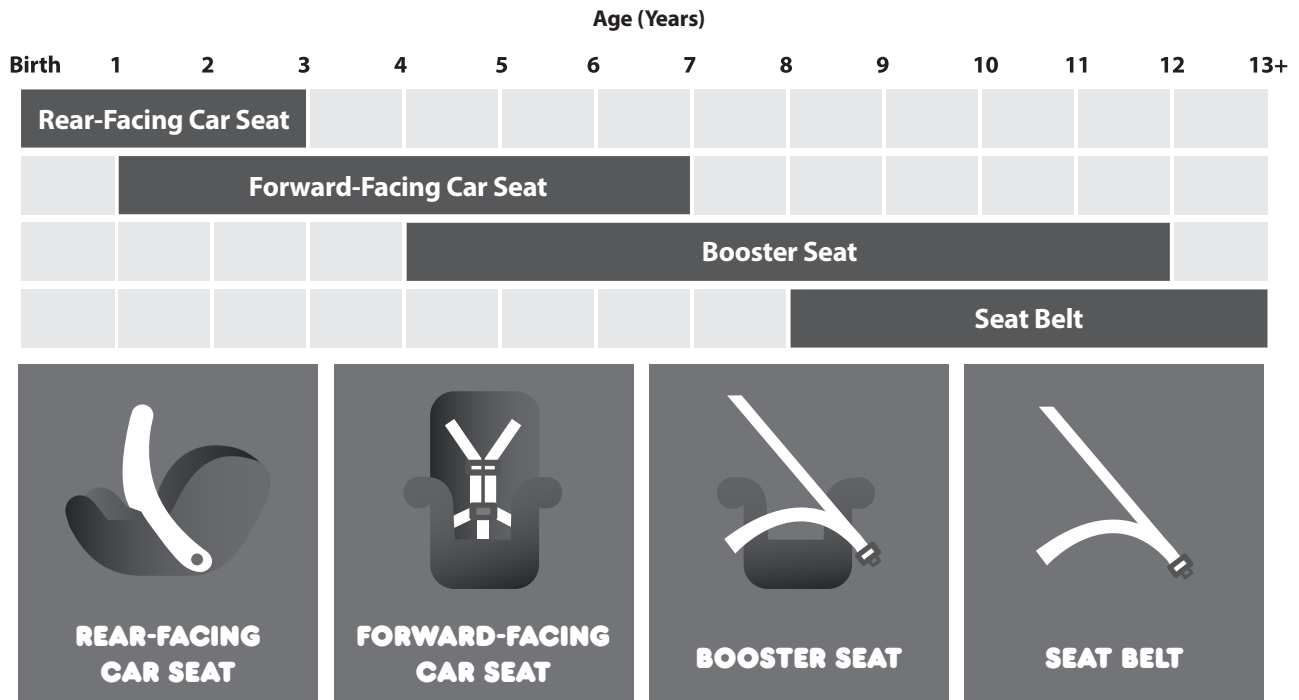


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For more information go to:
www.zerotothree.org
www.aap.org

Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat



Birth – 12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



1 – 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

Forward-Facing Car Seat



1 - 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 - 12 Years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Seat Belt

8 - 12 Years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.



Choking Prevention and First Aid for Infants and Children

When children begin crawling or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur.

Many children die from choking each year, and some children who survive a severe choking episode have permanent, life-changing brain injuries. Most children who choke to death are younger than 5 years. Two-thirds of choking victims are infants younger than 1 year. Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous Foods

Keep dangerous foods from children until 4 years of age or older, depending on each child's development and maturity level. However, round, firm foods, such as hot dogs or grapes, can be served if completely chopped into tiny pieces. When infants and young children do not grind or chew their food well, they may try to swallow it whole. Peanut butter and other nut butters should be spread thinly.

Here are foods that can be choking hazards:

- Hot dogs
- Hard, gooey, or sticky candy
- Chewing gum
- Nuts and seeds
- Whole grapes
- Raw vegetables, such as carrot sticks
- Raw fruit chunks, such as apple chunks
- Popcorn
- Chunks of peanut butter or other nut butters
- Marshmallows
- Meat sticks/sausages
- Chunks of meat
- Chunks of cheese or string cheese

Dangerous Household Items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles

- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What You Can Do To Prevent Choking

- Learn CPR (cardiopulmonary resuscitation) (basic life support).
- Be aware that balloons pose a choking risk to children up to 8 years of age.
- Keep dangerous foods from children until 4 years of age or older, depending on each child's development and maturity level.
- Insist that children eat at the table or sit down when they eat. They should never run, walk, play, or lie down with food in their mouths.
- Cut food for infants and young children into pieces no larger than one-half inch, and teach them to chew their food well.
- Supervise mealtime for infants and young children.
- Be aware of older children's actions. Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- Avoid toys with small parts, and keep other small household items out of the reach of infants and young children.
- Follow the age recommendations on toy packages. Age guidelines reflect the safety of a toy, which is based on any possible choking hazard, as well as the child's physical and mental abilities at various ages.
- Check under furniture and between cushions for small items that children could find and put in their mouths.
- Do not let infants and young children play with coins.

First Aid for the Child Who Is Choking

Make it a point to learn the instructions on the following pages of this publication. Post the chart in your home. However, these instructions should not take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross (www.redcross.org) or the American Heart Association (www.heart.org) to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention, along with what to do for a choking infant or child. Your child's doctor also can help you understand these steps and talk with you about the importance of supervising mealtime and identifying dangerous foods and objects.

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CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION). IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.



ALTERNATING WITH



Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

INFANT CPR

To be used when the infant is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place infant on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least $\frac{1}{3}$ the depth of the chest, or about 4 cm (1.5 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



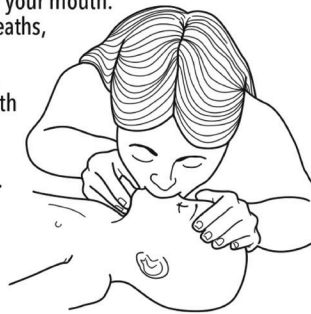
2 OPEN AIRWAY.

- Open the airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



3 START RESCUE BREATHING.

- Take a normal breath.
- Cover infant's mouth and nose with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths.
- After 5 cycles of compressions and breaths (about 2 minutes), and if no one has called 911 or your local emergency number, call it yourself.



If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

CHOKING/CPR

**LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).
IF ALONE WITH A CHILD WHO IS CHOKING...**

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR CHILDREN 1 TO 8 YEARS OF AGE

CHILD CHOKING (HEIMLICH MANEUVER)

Have someone call 911. If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps.

1. Perform Heimlich maneuver.

- Place hand, made into a fist, and cover with other hand just above the navel. Place well below the bottom tip of the breastbone and rib cage.
- Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.
- Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.



2. If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR. →

CHILD CPR

To be used when the child is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place child on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place the heel of 1 or 2 hands over the lower half of the sternum.
- Compress chest at least $\frac{1}{3}$ the depth of the chest, or about 5 cm (2 inches).
- After each compression, allow chest to return to normal position. Compress chest at a rate of at least 100 to 120 times per minute.
- Do 30 compressions.



1-hand technique



2-hand technique

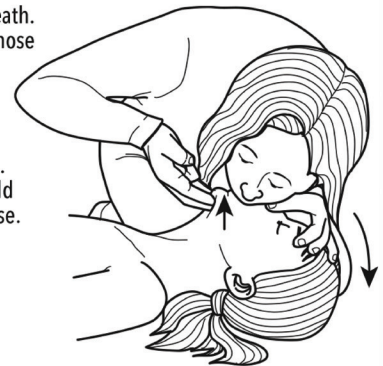
2 OPEN AIRWAY.

- Open airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



3 START RESCUE BREATHING.

- Take a normal breath.
- Pinch the child's nose closed, and cover child's mouth with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths until the object is expelled.
- After 5 cycles of compressions and breaths (about 2 minutes), if no one has called 911 or your local emergency number, call it yourself.

If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.



Protect Your Child From Poison

Children can get very sick if they come in contact with medicines, household products, pesticides, chemicals, or cosmetics. This can happen at any age and can cause serious reactions. However, most children who come in contact with these things are not permanently hurt if they are treated right away.

Here is information from the American Academy of Pediatrics on how to prevent and treat poisonings in and around your home.

Prevention

Most poisonings occur when parents are not paying close attention. While you are busy doing other things, your child may be exploring closets or under bathroom sinks, where dangerous household items are often stored. Children are at risk for poisoning because they like to put things into their mouths and taste them. Remember to always keep a close eye on your child. Watch your child even more closely when you are away from home—especially at a grandparent's home, where medicines are often left out and within a child's reach.

The best way to keep your child safe from poisoning is to lock up dangerous household items out of your child's reach, including

- Medicines (especially those that contain iron)
- Cleaning products, like dishwasher and laundry detergents, bleach, ammonia, and furniture polish
- Antifreeze, paint thinners, and windshield washer fluid
- Gasoline, kerosene, and lamp oil
- Pesticides
- Alcohol

Always store medicines and household products in their original containers. Children can get confused if you put them in containers that were once used for food, especially empty drink bottles, cans, or cups. Also, many dangerous items look like food or drinks. For example, your child may mistake powdered dish soap for sugar or lemon liquid cleaner for lemonade.

Poison Help

- Call 1-800-222-1222 if you have a poisoning emergency. 1-800-222-1222 is a nationwide toll-free number that will connect you right away to your nearest poison center. A poison expert in your area is available 24 hours a day, 7 days a week. Also call if you have a question about a poison or poison prevention. You can find prevention information at <http://poisonhelp.hrsa.gov>.
- Be prepared. Post the Poison Help number by every phone in your home and program the number in your cell phone. Be sure that caregivers and babysitters know this number.

How to Make Your Home Poison Safe

Kitchen

- Store medicines, cleaners, lye, furniture polish, dishwasher soap, and other dangerous products in locked cabinets, out of sight and reach of children.
- If you must store items under the sink, use safety latches that lock every time you close the cabinet.

Bathroom

- Keep all medicines in containers with safety caps. But remember, these caps are child resistant, not childproof, so store them in a locked cabinet.
- Get rid of leftover or expired medicines.
 - Take medicines to your police department if it has a drug collection program.
 - Check if your community has a household hazardous waste disposal program that takes medicines.
 - Mix medicines with coffee grounds or kitty litter, seal tightly in a plastic bag or container, and discard where children cannot get them. Remember to remove labels with personal information from prescription medicines.
 - Only flush medicines down the toilet or pour down the drain if the patient information materials say it's OK to do so.
- Store everyday items, like toothpaste, soap, and shampoo, in a different cabinet from dangerous products.
- Take medicine where children cannot watch you; they may try to copy you.
- Call medicine by its correct name. You don't want to confuse your child by calling it candy.
- Check the label every time you give medicine. This will help you to be sure you are giving the right medicine in the right amount to the right person. Mistakes are more common in the middle of the night, so always turn on a light when using any medicine.

Garage and Basement

- Keep paints, varnishes, thinners, pesticides, and fertilizers in a locked cabinet.
- Read labels on all household products before you buy them. Try to find the safest ones for the job. Buy only what you need to use right away.
- Open the garage door before starting your car to prevent carbon monoxide poisoning.
- Be sure that coal, wood, or kerosene stoves and appliances are in good working order. If you smell gas, turn off the stove or gas burner, leave the house, and call the gas company.

Entire House

- Install smoke alarms and carbon monoxide detectors. Contact your local fire department for information on how many you need and where to install them.
- Keep houseplants on a high shelf or other location that is out of young children's reach.

Important Information About Syrup of Ipecac

Syrup of ipecac is a drug that was used in the past to make children vomit (or throw up) after they had swallowed a poison. Although this may seem to make sense, this is not a good poison treatment. You should not make a child vomit in any way, including giving him syrup of ipecac, making him gag, or giving him salt water. If you have syrup of ipecac in your home, throw it out (see the *Bathroom* section for instructions on how to properly get rid of medicine).

Treatment

Swallowed Poison

If you find your child with an open or empty container of a dangerous nonfood item, your child may have been poisoned. Stay calm and act quickly.

First, get the item away from your child. If there is still some in your child's mouth, make him spit it out or remove it with your fingers. Keep this material along with anything else that might help determine what your child swallowed.

Do not make your child vomit because it may cause more damage.

If your child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away.

If your child does not have these symptoms, call the Poison Help number, 1-800-222-1222. You may be asked for the following information:

- Your name and phone number
- Your child's name, age, and weight
- Any medical conditions your child has
- Any medicine your child is taking
- The name of the item your child swallowed (Read it off the container and spell it.)
- The time your child swallowed the item (or when you found your child) and the amount you think was swallowed

If the poison is very dangerous, or if your child is very young, you may be told to take him to the nearest hospital. If your child is not in danger, the Poison Help staff will tell you what to do to help your child at home.

Poison on the Skin

If your child spills a dangerous chemical on her body, remove her clothes and rinse the skin with room-temperature water for at least 15 minutes, even if your child resists. Then call the Poison Help number, 1-800-222-1222. Do not use ointments or grease.

Poison in the Eye

Flush your child's eye by holding the eyelid open and pouring a steady stream of room-temperature water into the inner corner. It is easier if another adult holds your child while you rinse the eye. If another adult is not around, wrap your child tightly in a towel and clamp him under one arm. Then you will have one hand free to hold the eyelid open and the other to pour in the water. Continue flushing the eye for 15 minutes. Then call the Poison Help number, 1-800-222-1222. Do not use an eyecup, eye drops, or ointment unless Poison Help staff tells you to.

Poisonous Fumes

In the home, poisonous fumes can come from

- A car running in a closed garage
- Leaky gas vents
- Wood, coal, or kerosene stoves that are not working right
- Space heaters, ovens, stoves, or water heaters that use gas

If your child is exposed to fumes or gases, have her breathe fresh air right away. If she is breathing, call the Poison Help number, 1-800-222-1222, and ask about what to do next. If she is unresponsive and has stopped breathing or is gasping, start CPR (cardiopulmonary resuscitation) and do not stop until she breathes on her own or someone else can take over. If you can, have someone call 911 or your local emergency number right away. If you are alone, wait until your child is breathing or, after 2 minutes of CPR, call 911 or your local emergency number.

Remember

You can help make your home poison safe. Here are 3 tips.

- Keep all medicines and household products locked up and out of your child's reach.
- Use safety latches on drawers and cabinets where you keep objects that may be dangerous to your child.
- Be prepared for a poisoning emergency. Post the Poison Help number, 1-800-222-1222, by every phone in your home and program the number in your cell phone. It will connect you right away to your nearest poison center. (Be sure that your babysitter knows this number too.)

From Your Doctor



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TREATING FEVER IN YOUR CHILDREN

ACETAMINOPHEN Dosage for Children (e.g. Tylenol, Tempra, generic brands - - ask pharmacist for the least expensive brand)

- Always use your child's weight to determine the correct dose
- One dose may be given every 4 – 6 hours (see chart). **Do NOT exceed 5 doses in 24 hours.**

AGE / WEIGHT	Infants Oral Suspension 160 mg / 5 mL	Children's Oral Suspension 160 mg / 5 mL (tsp)	Children's Soft Chewable Tablets 80mg	Jr. Strength Chewable Tablets 160 mg
0–3 mos / 6–11 lbs	1.25 mL	1.25 mL (¼ tsp)		
4–11 mos /12–17 lbs	2.5 mL	2.5 mL (½ tsp)		
12–23 mos /18–23 lbs	3.75 mL	3.75 mL (¾ tsp)		
2–3 yrs / 24–35 lbs	5 mL	5 mL (1 tsp)	2 tablets	
4–5 yrs / 36–47 lbs		7.5 mL (1 ½ tsp)	3 tablets	
6–8 yrs/48–59 lbs		10 mL (2 tsp)	4 tablets	2 tablets
9–10 yrs/60-71 lbs		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11+ yrs/72–95 lbs		15 mL (3 tsp)	6 tablets	3 tablets

IBUPROFEN Dosage for Children **6 MONTHS AND OLDER** (e.g. Motrin, generic brands- ask pharmacist for the least expensive brand)

- One dose may be given every 6 to 8 hours as needed (see chart). **Do NOT exceed 4 doses in 24 hours.**

AGE	WEIGHT (lbs)	Infant Concentrated Drops 50mg / 1.25 mL	Children's Oral Suspension 100mg / 5 mL	Children's Soft Chewable Tablets 50mg	Children's Jr. Strength Chewable Tablets 100mg
6 – 11 mos	12 – 17	1.25 mL	2.5 mL (½ tsp)		
12 – 23 mos	18 – 23	1.875 mL	3.75 mL (¾ tsp)		
2 – 3 yrs	24 – 35	2.50 mL	5 mL (1 tsp)	2 tablets	1 tablet
4 – 5 yrs	36 – 47		7.5 mL (1 ½ tsp)	3 tablets	1 ½ tablets
6 – 8 yrs	48 – 59		10 mL (2 tsp)	4 tablets	2 tablets
9 – 10 yrs	60 – 71		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11 – 12 yrs	72 – 95		15 mL (3 tsp)	6 tablets	3 tablets

DO NOT GIVE ASPIRIN