Trinity Health
IHA Medical Group

Dear Patient/Parent,

Welcome to our practice! We look forward to serving your family for years to come and partnering with you to provide a healthy and nurturing environment for your child to grow.

We strive to create as many appointments as possible for our physicians and nurse practitioners so that we can provide all the services needed by our patients. We need the help of our patients' parents to make our system work. We know and understand how busy the lives of our families are and we know plans change. We would like to be informed as soon as possible if an appointment cannot be kept.

It is our policy that any prescheduled appointment be cancelled by a parent prior to appointment time except in the case of an unforeseen emergency.

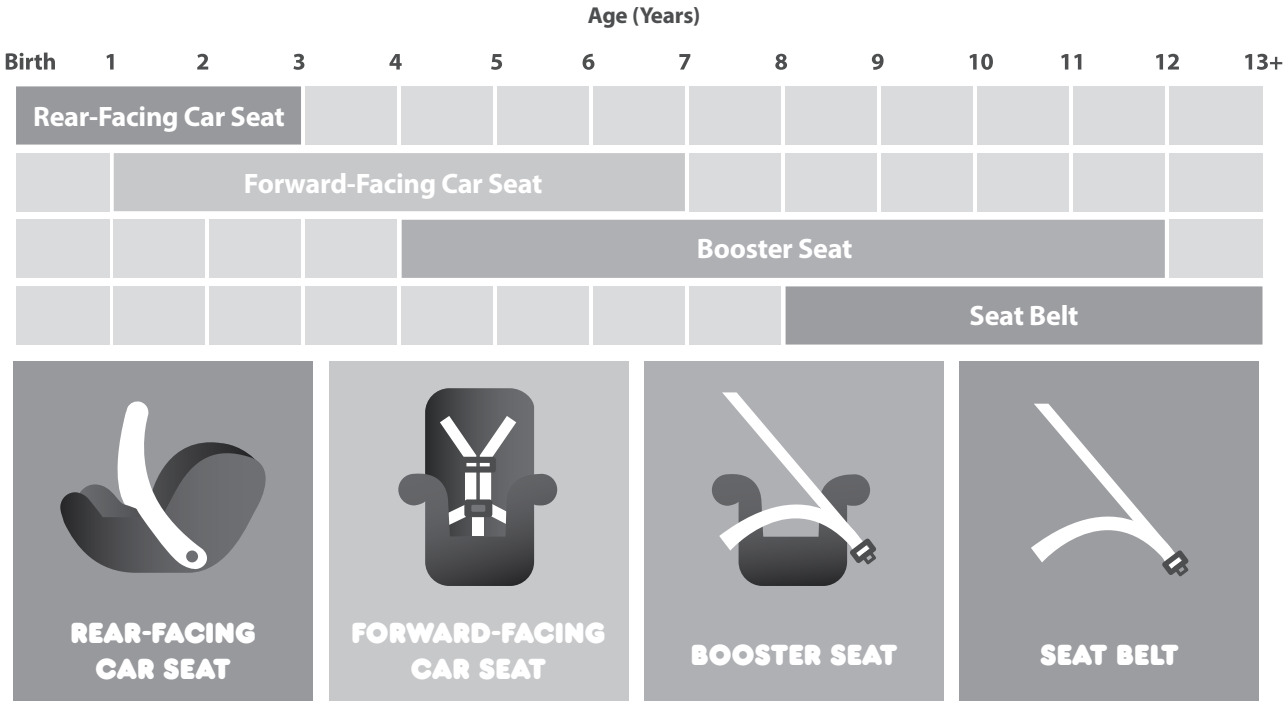
If an appointment is cancelled, we will do our best to give our patient the next available appointment time for the type of visit required.

If a parent fails to bring a child to an appointment, our office will notify the family of the missed appointment and the missed appointment will be noted in the child's chart. Three or more missed appointment are cause for dismissal from our practice. We reserve the right to bill a family for the missed appointment.

We look forward to you anticipated understanding and cooperation.

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.

NHTSA.gov/TheRightSeat

U.S. Department of Transportation
National Highway Traffic Safety Administration

NHTSA Child Car Safety

10849b-071219-v3a

Common Childhood Infections

Most infections are caused by germs called *viruses* and *bacteria.* While you may be able to keep germs from spreading, you can't always keep your child from getting sick. It is important for parents to know how to keep their children healthy and what to do when they get sick. Read on to learn more from the American Academy of Pediatrics (AAP) about common childhood infections—signs and symptoms, treatments, and when to call your child's doctor.

How to tell if your baby has an infection

Bacterial infections can be very dangerous, especially in babies younger than 3 months. Call the doctor right away if your baby has any of the following symptoms:

- Fever
- Weak cry
- Not breathing easily
- Poor color
- More fussy than usual
- Sleeping more than usual
- Vomiting or diarrhea
- Not eating well

How to prevent germs from spreading

The following are tips from the Centers for Disease Control and Prevention on how to keep germs from spreading.

Wash your hands

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After handling pet food or pet treats
- After touching garbage

How to wash your hands

- Wet your hands with clean, running water (warm or cold) and apply soap. (Note: If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Put enough on your hands to make them all wet, then rub them together until dry. Sanitizer does not work well on dirt that you can see.)
- Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air-dry them.

Other ways to prevent germs from spreading

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue away in the garbage. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

Contents

- Avoid touching your eyes, nose, and mouth.
- Avoid sharing eating utensils, drinking cups, toothbrushes, washclothes, or towels
- Avoid close contact with people who are sick.
- Stay home when you are sick, if possible.

How to help your child feel better

Your child's doctor may recommend the following ways to soothe a sick child:

To relieve a stuffy nose

- Use saline (saltwater) nose drops to thin nasal discharge. Ask your child's doctor about which ones to use. Place a few drops of the saline into each nostril followed by gentle bulb suction. This works best for babies younger than 3 months.
- During the illness, use a cool-mist humidifier or vaporizer in your child's room. This helps moisten the air and may help clear your child's nasal passages. Be sure to clean the humidifier or vaporizer often, as recommended by the manufacturer.

To relieve chest congestion

- Chest physical therapy can loosen mucus and may help infants and young children cough it out. Lay your child across your knees, face down; cup your hand; and gently tap your child's back. Or sit your child on your lap, lean her body forward about 30 degrees, cup your hand, and gently tap her back.
- During the illness, use a cool-mist humidifier or vaporizer in your child's room. This helps moisten the air and may help clear your child's congestion. Be sure to clean the humidifier or vaporizer often, as recommended by the manufacturer.

To relieve a cough

- Try half a teaspoon of honey for children aged 2 to 5 years, 1 teaspoon for children aged 6 to 11 years, and 2 teaspoons for children 12 years and older. If honey is given at bedtime, make sure you brush your child's teeth afterward. Remember, it's not safe to give honey to babies younger than 1 year.
- For a child aged 4 years and older, cough drops or lozenges may help soothe the throat. Remember not to give cough drops or lozenges to a child younger than 4 years because he could choke on them. Also do not give your child more cough drops than directed on the package.

To relieve a fever

- Give acetaminophen to a baby 6 months or younger. Check with your doctor if your baby is younger than 3 months. Give either acetaminophen or ibuprofen to a child older than 6 months. Ask your child's doctor for the right dosage for your child's age and size. Do not give aspirin to your child because it has been associated with Reye syndrome, a rare but very serious illness that affects the liver and the brain.

Common childhood infections

The following are some of the more common childhood infections, including signs and symptoms, treatments, and when to call the doctor.

Bronchiolitis

Bronchiolitis is caused by several viruses that bring about blockage of the small breathing tubes of the lungs, making it hard to breathe. It occurs most often in infants because their airways are smaller and more easily blocked.

Signs and symptoms

- Wheezing (a whistling sound) or difficult, fast breathing
- Runny nose
- Congested cough that gets worse at night
- Fever

Treatment

See "How to help your child feel better."

Call your child's doctor if your child stops taking fluids or has a hard time breathing. She may need to go to the hospital for oxygen, fluids, or medicine to help her breathe.

Colds

Colds are caused by viruses. Most children have 8 to 10 colds in their first 2 years of life. Most colds come and go and rarely lead to anything worse. They usually last about a week. Antibiotics do not help colds.

Signs and symptoms

- Stuffy or runny nose and sneezing
- Watery eyes
- Mild cough
- Mild fever
- Headache
- Not eating well

Treatment

See "How to help your child feel better."

Call your child's doctor if your child

- Has blue lips or nails
- Has a fever that lasts for more than 2 to 3 days
- Has symptoms that get worse after a week
- Has a hard time drinking or breathing
- Has ear pain
- Is more sleepy or cranky than usual

Croup

Croup is caused by several viruses that affect the voice box and the airways, making it hard for a child to breathe. It's most common in toddlers but can affect children between 6 months and 5 years of age.

Signs and symptoms

- Runny nose
- A cough that gets worse and starts to sound like a seal's bark
- Hoarse cry
- Noisy or difficult breathing
- Fever
- Sore throat
- Not eating well

About other medicines

- **Cough and cold medicines.** The AAP does not recommend OTC cough and cold medicines for children younger than 4 years. Children 4 to 6 years of age should only use OTC cough and cold medicines if a doctor says it is OK. After age 6 years the directions on the package can be followed (but be very careful with dosing).
- **Antibiotics.** Your child's doctor may prescribe an antibiotic to treat a bacterial infection. For viral infections the body needs to fight the virus on its own because antibiotics won't work. However, in some cases, your doctor may prescribe an antiviral medicine for influenza.

Treatment

Steam treatment can be helpful. Simply fill your bathroom with steam from the tub or shower. Bring your child into the bathroom and let him breathe in the steam for a few minutes. Keep a close eye on your child so that he doesn't get too warm or burn himself with the hot water. Another thing that might help is dressing your child warmly and going outside to inhale the cool night air.

Call your child's doctor right away if your child

- Has a bluish color of the lips, mouth, or fingernails
- Makes a harsh rasping or hoarse sound when breathing (this is called stridor) that gets louder with each breath
- Seems to struggle to get a breath or cannot speak because of lack of breath
- Drools or has trouble swallowing
- Has a fever that will not go away even after he has been given medicine
- Has symptoms that return and are worse

Ear infection

Occasionally fluid can build up in the middle ear due to a cold, allergies, or an infection of the nose or throat. If bacteria or a virus infects this fluid, it can cause swelling and pressure on the eardrum and an earache. This type of ear infection, called *acute otitis media,* often clears up on its own. However, if the infection does not clear up, your child's doctor may recommend treatment with an antibiotic. If fluid stays in the ear even after other symptoms have cleared, it can develop into another ear condition called *otitis media with effusion.* This condition usually needs no treatment unless the fluid is still there after 3 months.

Signs and symptoms

- Ear drainage that is yellow or white, possibly tinged with blood
- Ear pain
- Not eating well
- Vomiting or diarrhea
- Not sleeping well
- Fever
- Trouble hearing

Treatment

Give your child acetaminophen or ibuprofen to treat the pain. There are also ear drops that may help ease the pain for a short time but check with your child's doctor first. There's no need to use over-the-counter cold medicines (decongestants and antihistamines). Your child's doctor may wish to examine your child to see if an antibiotic is necessary. If so, be sure your child finishes all of the medicine to improve the chances of it being cured.

Call your child's doctor if you suspect an ear infection and your child

- Has drainage from the ear
- Has a fever
- Seems to be in a lot of pain
- Is unable to sleep
- Isn't eating

Flu (influenza)

The flu is caused by a virus and usually occurs in the winter months. Your child usually will feel the worst during the first 2 or 3 days.

Signs and symptoms

- Stuffy, runny nose
- Cough
- Sore throat
- Sudden fever
- Chills
- Lack of energy
- Headache
- Body aches and pain
- Dry cough
- Sore throat
- Vomiting and belly pain

Treatment

Most children with the flu need nothing more than bed rest, a lot of fluids, and fever medicine. Just as most colds go away on their own, so do most cases of the flu. In children who already have major health problems, doctors sometimes recommend antiviral drugs, but generally the medicine works best when taken within the first 48 hours after symptoms begin. Antibiotics will not help against the flu.

Prevention

Annual influenza vaccination is recommended for everyone 6 months of age and older. Plan to get your child vaccinated before the influenza season starts each fall. Remember that children 6 months through 8 years old need 2 doses of vaccine to be fully immunized the first time they are vaccinated to prevent influenza.

Call your child's doctor if your child is younger than 3 months and has a fever. For a child older than 3 months who has been exposed to the flu or shows signs of the flu, call your child's doctor within 48 hours. Also, call your child's doctor or seek medical care if your child experiences any of the following:

- A hard time breathing
- Blue lips or nails
- A cough that worsens or will not go away after 1 week
- Pain in the ear
- Fever that does not go away or comes back after 3 to 4 days

Impetigo

Impetigo is a skin infection that can spread quickly. This infection is caused by bacteria. It's most common in warm weather and often appears on the face, but may be found anywhere on the body. Germs can enter through an opening in the skin, such as a cut, insect bite, or burn.

Signs and symptoms

- Small sores that become oozing, yellow, and crusty
- Raw areas or breakdown of the skin

Treatment

Most cases of impetigo can be treated with an antibiotic. The antibiotic is taken by mouth or put on the skin in ointment form. Be sure to use the medicine for as long as recommended by your child's doctor to keep the infection from coming back.

Call your child's doctor if

- The skin around the sores turns red or has red streaks.
- The sores spread to other parts of the body.
- Your child develops a fever or boil.
- Your child's urine looks red or brown.

Pinkeye (conjunctivitis)

Pinkeye is a reddening of the white part of one or both eyes. There are different kinds, including bacterial, viral, allergic, or chemical (usually caused by chlorine in a swimming pool). Viral and bacterial pinkeye are contagious and can spread easily in schoo or child care.

Signs and symptoms (in one or both eyes)

- Watery, itchy, or burning eyes
- Redness of the eye
- White, yellow, or green discharge coming from the eye
- Crusting in the eye that lasts all day

Treatment

If it's bacterial pinkeye, your child's doctor will prescribe antibiotic drops or ointment. Be sure to use the medicine for as long as recommended by your child's doctor to cure the infection. If it's viral pinkeye, antibiotics are not helpful. A warm, wet washcloth may help get rid of crusts around the eyes and may also help the eyes feel better. Wash hands often, especially after touching the eyes, and do not share washcloths.

Call your child's doctor if your child

- Has swelling and redness in the eyelids and around the eye that gets worse
- Has a fever
- Seems more sleepy than usual

Pneumonia

Pneumonia is an infection of the lungs. It often occurs a few days after the start of a cold. Most cases of pneumonia are mild. Pneumonia is caused most often by viruses or bacteria.

Signs and symptoms

Mild case

- Cough with shortness of breath
- Fever
- Not eating well
- Less energy than usual

More severe case

- Shaking chills
- Fever
- Chest pain
- Difficult or fast breathing

Your child's doctor may need to perform an x-ray to see if pneumonia is the cause of the symptoms.

Treatment

Pneumonia caused by bacteria is treated with antibiotics. Be sure to use all of the medicine to keep the infection from coming back. Antibiotics are not helpful if it's pneumonia caused by a virus.

Call your child's doctor if your child's symptoms are severe or if your child is younger than 3 months. She may need to go to the hospital if she is not better after several days of antibiotics at home.

Sinusitis

Sinusitis is an inflammation of the lining of the nose and sinuses. Inflammation inside the nose usually accompanies a cold. Allergic sinusitis may accompany allergies such as hay fever. Bacterial sinusitis is a secondary infection caused by bacteria trapped in the sinuses.

Signs and symptoms

- Cold symptoms (nasal discharge, daytime cough, or both) for more than 10 days without improving
- Thick, yellow nasal discharge and a fever for at least 3 or 4 days in a row
- Pain or tenderness around the eyes, cheekbones, or upper teeth (This happens sometimes in older children or teens.)
- Persistent bad breath along with the cold symptoms (However, this also could be from a sore throat or if your child is not brushing his teeth.)
- Severe headache

Treatment

A runny nose caused by a virus usually goes away by itself (see "How to help your child feel better"). When caused by bacteria, antibiotics may be needed. Be sure to use all of the medicine to keep the infection from coming back.

Call your child's doctor if your child

- Does not feel better after 3 to 4 days of treatment
- Has severe head or face pain
- Has a sudden high fever

Strep throat

Strep throat is an infection of the throat caused by strep bacteria and is very common in children and teens.

Signs and symptoms

- Pain in the throat, especially when swallowing
- Red or white patches in the throat
- Swollen, tender glands in the neck
- Fever
- Headache
- Belly pain

Most sore throats in children are not strep. But because many viruses have the same symptoms as strep, your child's doctor may do a test to see if strep is present.

Treatment

Sore throats caused by viruses usually go away on their own in 5 to 7 days and antibiotics are not helpful. Because strep throat is caused by bacteria, it is treated with antibiotics. After 24 hours of antibiotic treatment, your child is no longer contagious and should start to feel better. Be sure to use all of the medicine to keep the infection from coming back.

Call your child's doctor if your child

- Has a fever that keeps coming back
- Has swelling of the glands in the neck that gets worse
- Has a hard time breathing

Sty

A sty is a painful, red bump on the eyelid caused by an infected oil or sweat gland. Sties are not very contagious. However, once your child gets a sty, she is more likely to get one again.

Signs and symptoms

- Red, tender bump on the eyelid
- Tenderness around the eye
- Swelling around the eye
- Redness on the eyelid

Treatment

To ease the pain and discomfort of a sty, place a warm cloth on the eyelid 3 to 4 times a day until signs of the infection are gone. Antibiotics are generally not helpful with a sty.

Call your child's doctor if the warm cloth treatments don't work. In some cases, you may be referred to an eye doctor who can drain the sty surgically.

Urinary tract infection

Urinary tract infections (UTIs) occur when bacteria infect the urinary tract. The urinary tract includes the kidneys, the tubes that join the kidneys and bladder (ureters), and the bladder. A UTI can be found in children from infancy through the teen years and into adulthood. Your child's doctor will ask for a urine sample to test for a UTI before recommending antibiotic treatment.

Signs and symptoms

- Painful, burning, and frequent urination
- Fever
- Vomiting
- Belly pain
- Back pain
- Bad-smelling urine

Treatment

Urinary tract infections are treated with antibiotics. Be sure to use all of the medicine to keep the infection from coming back.

Call your child's doctor if your child

- Has urine that is pink, red, or brown
- Has a temperature above 101°F (38.3°C)
- Has severe back pain
- Is not better after 2 days of antibiotic therapy

Vomiting and diarrhea

Vomiting and diarrhea are usually caused by viruses that infect the intestines but are sometimes caused by bacteria. They usually last about a day or two but can last up to a week.

Signs and symptoms

- Frequent and uncontrollable loose, watery stools
- Vomiting
- Belly pain, cramps
- Fever

Treatment

If your child is throwing up, your child's doctor may tell you to not give food until it stops. However, to keep your child from getting dehydrated, you may be told to give your child electrolyte drinks. Electrolyte drinks are special drinks that you can buy from a store. For school-aged children, your child's doctor may also suggest caffeine-free sport drinks that are low in sugar. Children younger than 2 years should not be given medicine for diarrhea unless your child's doctor tells you it's OK. If your child has a bacterial infection that is causing the vomiting or diarrhea, antibiotics sometimes may be needed.

Call your child's doctor if your child has any of the following signs of dehydration:

- Blood or mucus in the stool
- No tears
- Dry diaper or no urination for 6 hours
- Dry mouth, skin, or lips
- Sunken eyes
- Not as alert as usual
- Sunken soft spot on head (for infants)
- High fever

Most cases of mild dehydration can be treated by giving your child fluids. However, if dehydration is severe, your child may need to be given fluids through an IV (a tube inserted into a vein). To lower the chance of dehydration, call your child's doctor early if your child has vomiting or diarrhea that won't go away.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

Your Child's Growth:
Developmental Milestones

Although no 2 children develop at the same rate, they should be able to do certain things at certain ages. Learning to sit up, walk, and talk are some of the major developmental milestones your child will achieve.

Here is information about how babies and young children typically develop. Examples of developmental milestones for ages 1 month to 6 years are listed.

> **NOTE:** If you see large differences between your child's age and the milestones listed, talk with your child's doctor.

At 1 Month

Social

- Looks at parent; follows parent with eyes
- Has self-comforting behaviors, such as bringing hands to mouth
- Starts to become fussy when bored; calms when picked up or spoken to
- Looks briefly at objects

Language

- Makes brief, short vowel sounds
- Alerts to unexpected sound; quiets or turns to parent's voice
- Shows signs of sensitivity to environment (such as excessive crying, tremors, or excessive startles) or need for extra support to handle activities of daily living
- Has different types of cries for hunger and tiredness

Motor

- Moves both arms and both legs together
- Holds chin up when on tummy
- Opens fingers slightly when at rest

At 2 Months

Social

- Smiles responsively
- Makes sounds that show happiness or upset

Language

- Makes short cooing sounds

Motor

- Opens and shuts hands
- Briefly brings hands together
- Lifts head and chest when lying on tummy
- Keeps head steady when held in a sitting position

At 4 Months

Social

- Laughs aloud
- Looks for parent or another caregiver when upset

Language

- Turns to voices
- Makes long cooing sounds

Motor

- Supports self on elbows and wrists when on tummy
- Rolls over from tummy to back
- Keeps hands unfisted
- Plays with fingers near middle of body
- Grasps objects

At 6 Months

Social

- Pats or smiles at own reflection
- Looks when name is called

Language

- Babbles with sounds such as "da," "ga," "ba," or "ka"

Motor

- Sits briefly without support
- Rolls over from back to tummy
- Passes a toy from one hand to another
- Rakes small objects with 4 fingers to pick them up
- Bangs small objects on surface

At 9 Months

Social

- Uses basic gestures (such as holding out arms to be picked up or waving bye-bye)
- Looks for dropped objects
- Plays games such as peekaboo and pat-a-cake
- Turns consistently when name is called

Language

- Says "Dada" or "Mama" nonspecifically
- Looks around when hearing things such as "Where's your bottle?" or "Where's your blanket?"
- Copies sounds that parent or another caregiver makes

Motor

- Sits well without support
- Pulls to stand
- Moves easily between sitting and lying
- Crawls on hands and knees
- Picks up food to eat
- Picks up small objects with 3 fingers and thumb
- Lets go of objects on purpose
- Bangs objects together

At 12 Months (1 Year)

Social

- Looks for hidden objects
- Imitates new gestures

Language

- Uses "Dada" or "Mama" specifically
- Uses 1 word other than *Mama, Dada,* or a personal name
- Follows directions with gestures, such as motioning and saying, "Give me (object)"

Motor

- Takes first steps
- Stands without support
- Drops an object into a cup
- Picks up small object with 1 finger and thumb
- Picks up food to eat

At 15 Months

Social

- Imitates scribbling
- Drinks from cup with little spilling
- Points to ask something or get help
- Looks around after hearing things such as "Where's your ball?" or "Where's your blanket?"

Language

- Uses 3 words other than names
- Speaks in what sounds like an unknown language
- Follows directions that do not include a gesture

Motor

- Squats to pick up object
- Crawls up a few steps
- Runs
- Makes marks with crayon
- Drops object into and takes it out of a cup

At 18 Months

Social

- Engages with others for play
- Helps dress and undress self
- Points to pictures in book or to object of interest to draw parent's attention to it
- Turns to look at adult if something new happens
- Begins to scoop with a spoon
- Uses words to ask for help

Language

- Identifies at least 2 body parts
- Names at least 5 familiar objects

Motor

- Walks up steps with 2 feet per step when hand is held
- Sits in a small chair
- Carries toy when walking
- Scribbles spontaneously
- Throws a small ball a few feet while standing

At 2 Years

Social

- Plays alongside other children
- Takes off some clothing
- Scoops well with a spoon

Language

- Uses at least 50 words
- Combines 2 words into short phrase or sentence
- Follows 2-part instructions
- Names at least 5 body parts
- Speaks in words that are about 50% understandable by strangers

Motor

- Kicks a ball
- Jumps off the ground with 2 feet
- Runs with coordination
- Climbs up a ladder at a playground
- Stacks objects
- Turns book pages
- Uses hands to turn objects such as knobs, toys, or lids
- Draws lines

At 2½ Years

Social

- Urinates in a potty or toilet
- Spears food with fork
- Washes and dries hands
- Increasingly engages in imaginary play
- Tries to get parents to watch by saying, "Look at me!"

Language

- Uses pronouns correctly

Motor

- Walks up steps while alternating feet
- Runs well without falling
- Copies a vertical line
- Grasps crayon with thumb and fingers instead of fist
- Catches large balls

At 3 Years

Social

- Enters bathroom and urinates by himself
- Puts on coat, jacket, or shirt without help
- Eats without help
- Engages in imaginative play
- Plays well with others and shares

Language

- Uses 3-word sentences
- Speaks in words that are understandable to strangers 75% of the time
- Tells you a story from a book or TV
- Compares things by using words such as *bigger* or *shorter*
- Understands prepositions such as *on* or *under*

Motor

- Pedals a tricycle
- Climbs on and off couch or chair
- Jumps forward
- Draws a single circle
- Draws a person with head and 1 other body part
- Cuts with child scissors

At 4 Years

Social

- Enters bathroom and has bowel movement by himself
- Brushes teeth
- Dresses and undresses without much help
- Engages in well-developed imaginative play

Language

- Answers questions such as "What do you do when you are cold?" or "What do you do when you are you sleepy?"
- Uses 4-word sentences
- Speaks in words that are 100% understandable to strangers
- Draws recognizable pictures
- Follows simple rules when playing a board or card game
- Tells parent a story from a book

Motor

- Hops on 1 foot
- Climbs stairs while alternating feet without help
- Draws a person with at least 3 body parts
- Draws a simple cross
- Unbuttons and buttons medium-sized buttons
- Grasps pencil with thumb and fingers instead of fist

At 5 and 6 Years

Social

- Follows simple directions
- Dresses with little assistance

Language

- Has good language skills
- Can count to 10
- Names 4 or more colors

Motor

- Balances on 1 foot
- Hops and skips
- Is able to tie a knot
- Draws a person with at least 6 body parts
- Prints some letters and numbers
- Can copy a square and a triangle

Well-Child Visits

Remember to take your child to his recommended well-child (health supervision) visits. At each visit, your child's doctor will check his progress and ask you about the ways you see your child growing.

The American Academy of Pediatrics recommends regular well-child visits at the following times:

- Before your baby is born (for first-time parents)
- Before your newborn leaves the hospital
- Within 3 to 5 days after birth and within 48 to 72 hours after leaving the hospital
- During the first year after birth: visit by 1 month of age and also at 2, 4, 6, 9, and 12 months of age
- In early childhood: visit at 15 months, 18 months, 2 years, and 2½ years of age as well as yearly visits from 3 to 4 years of age
- In middle childhood: yearly visits from 5 to 10 years of age
- In adolescence and early adulthood: yearly visits from 11 to 21 years of age until care of your child changes to an adult-oriented physician

Your pediatrician may recommend additional visits. If you have any questions or concerns about your child, talk with your child's doctor. If there is a concern, early treatment is important.

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Developmental milestones are adapted from Hagan JF Jr, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents [pocket guide]. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

Fever and Your Child

While it is important to look for the cause of a fever, the main purpose of treating it is to help your child feel better if she is uncomfortable or has pain.

A fever is usually a sign that the body is fighting an illness or infection. Fevers are generally harmless. In fact, they can be a good sign that your child's immune system is working and the body is trying to heal itself.

Read on to find out more from the American Academy of Pediatrics (AAP) about how to tell if your child has a fever and how to manage a fever.

About Fevers

Normal body temperature varies with age, general health, activity level, and time of day. Infants tend to have higher temperatures than older children. Everyone's temperature is highest between late afternoon and early evening and lowest between midnight and early morning. Even how much clothing a person wears can affect body temperature.

A fever is a body temperature that is higher than normal. While the average normal body temperature is 98.6°F (37.0°C), a normal temperature range is between 97.5°F (36.4°C) and 99.5°F (37.5°C). Most pediatricians consider a temperature 100.4°F (38.0°C) or higher a sign of a fever (see the Taking Your Child's Temperature section).

Signs and Symptoms of a Fever

If your child has a fever, she may feel warm, appear flushed, or sweat more than usual. She may also be thirstier than usual.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache, sore throat, rash, or stomachache. These signs can provide important clues as to the cause of the fever.

When to Call the Doctor

The most important things you can do when your child has a fever are to improve your child's comfort by making sure she drinks enough fluids to stay hydrated and to monitor for signs and symptoms of a serious illness. It is a good sign if your child plays and interacts with you after receiving medicine for discomfort.

Call your child's doctor right away if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms, such as a stiff neck, severe headache, severe sore throat, severe ear pain, breathing difficulty, an unexplained rash, or repeated vomiting or diarrhea
- Has immune system problems, such as sickle cell disease or cancer, or is taking steroids or other medicines that could affect her immune system.
- Has heart problems that may affect how she tolerates a fever and increased heart rate as a result of the fever
- Has had a seizure
- Is younger than 3 months (12 weeks) and has a temperature of 100.4°F (38.0°C) or higher
- Temperature rises above 104.0°F (40.0°C) repeatedly for a child of any age

Also call your child's doctor if

- Your child still "acts sick" once her fever is brought down.
- Your child seems to be getting worse.
- The fever persists for more than 24 hours in a child younger than 2 years.
- The fever persists for more than 3 days (72 hours) in a child 2 years or older.

Taking Your Child's Temperature

While you often can tell if your child is warmer than usual by feeling her forehead, only a thermometer can tell if the temperature is high. Even if your child feels warmer than usual, you do not necessarily need to check her temperature unless she has the other signs of illness described earlier.

Always use a digital thermometer to check your child's temperature. Mercury thermometers should not be used. The AAP encourages parents to remove mercury thermometers from their homes to prevent accidental exposure and poisoning. While other methods for taking your child's temperature are available, such as pacifier thermometers or fever strips, they are not recommended at this time. Ask your child's doctor for advice.

Here is information about 3 types of digital thermometers.

- **Digital multiuse thermometers** read body temperature when the sensor located at the tip of the thermometer is inserted
  - Into a baby's bottom (rectal) (for babies birth to 1 year of age).
  - Into the mouth (oral) (for children 4 to 5 years and older).
  - Under the arm by the armpit (axillary) (for all children). However, taking an axillary temperature is less reliable. This method may be used in schools and child care centers to check (screen) a child's temperature when a child has other signs of illness. The temperature is used as a general guide.
- **Temporal artery thermometers** read the infrared heat waves released by the temporal artery, which runs across the forehead just below the skin. They are used in babies and children 3 months and older. However, they may be reliable in newborns and infants younger than 3 months, according to new research.
- **Tympanic thermometers** read the infrared heat waves released by the eardrum. They are used in babies and children 6 months and older. They are not reliable for babies younger than 6 months. When used in older children they need to be placed correctly in the child's ear canal to be accurate. Too much earwax can cause the reading to be incorrect.

> **NOTE:** Style and instructions may vary depending on the product. Read the instructions before using the product.

Treating Your Child's Discomfort From Fever

If your infant or child is older than 6 months and has a fever, she probably does not need to be treated for the fever unless she is uncomfortable. Watch her behavior. If she is drinking, eating, and sleeping normally and is able to play, you do not need to treat the fever. Instead, you should wait to see if the fever improves by itself.

What you can do

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water or a store-bought electrolyte solution.
- Be sure that she does not overexert herself.
- See the Fever and Pain Medicine section.

What not to do

- Do not use aspirin to treat your child's fever or discomfort. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding, and Reye syndrome. Reye syndrome is a serious illness that affects the liver and brain.
- Do not use sponging to reduce your child's fever. Cool or cold water can cause shivering and increase your child's temperature.
- Never apply rubbing alcohol on your child to treat fever. Rubbing alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Fever and Pain Medicine

Acetaminophen and ibuprofen can help your child feel better if your child has a headache or body aches or a fever.

- **Acetaminophen** for children comes in liquid as well as pills that can be chewed. It also comes as a pill that is put in the rectum (suppository) if your child is vomiting and can't keep down medicine taken by mouth.
- **Ibuprofen** comes in liquid for infants and children and chewable tablets that may be given to older children. With ibuprofen, keep in mind that there are 2 different kinds of liquid medicines, one for infants and one for children (including toddlers and children up to age 11 years). Infant drops are stronger (more concentrated) than the medicine for children.

> **NOTE:** Always look carefully at the label on the medicine and follow the directions. Each type of medicine has different directions based on the age and weight of a child. You should ask your child's doctor about the right dose for your child. Also, if your child is taking other medicines check the ingredients. If they include acetaminophen or ibuprofen, let your child's doctor know.

About Febrile Seizures

In some children younger than 6 years, fever can trigger seizures. While this can be frightening, these seizures are usually harmless. During a seizure, your child may look strange for a few minutes, shake, and then stiffen, twitch, and roll her eyes. The color of her skin may also change and appear blue. If this happens

- Place her on the floor or bed, away from any hard or sharp objects.
- Turn her head to the side so that any saliva or vomit can drain from her mouth.
- Do not put anything into her mouth, not even a finger.
- Call your child's doctor.

Your child's doctor will want to check your child, especially if it is your child's first febrile seizure. It is important to look for the cause of the febrile seizure.

Remember

If you have any questions or concerns about your child's health, ask your child's doctor.

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Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years after birth. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months after birth. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up to date. Keep track of the vaccines each child receives and bring this information to each doctor visit.

Q: What side effects will my child have after getting a vaccine? Are they serious?

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

Q: Should some children not be immunized?

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

Q: Does the MMR vaccine cause autism?

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year after birth or later, ASD starts before a baby is born.

Q: Do vaccines cause SIDS?

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

Q: How do we know vaccines are safe?

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

Q: What is thimerosal and does it cause neurologic problems?

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

Q: Is it safe to give more than one vaccine at a time?

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

Q: Where can I find more information?

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the internet. Credible sources include

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

CDC Vaccines & Immunizations

www.cdc.gov/vaccines

Immunization Action Coalition

www.immunize.org

Remember

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Keep Your Family Safe

Fire Safety and Burn Prevention at Home

Fires and burns cause almost 4,000 deaths and about 20,000 hospitalizations every year. Winter is an especially dangerous time, as space heaters, fireplaces, and candles get more use in the home. It is no surprise that fires in the home are more common between December and February. However, you might be surprised at how easy it is to reduce the risk of fire in your home. Follow these suggestions to help keep your home and family safe from fire all year round.

Smoke alarms save lives

Half of home fire deaths are due to fires that happen while people are sleeping. One of the most important steps you can take to protect your family against fire is to install smoke alarms and keep them in good working order. You can buy smoke alarms at most home and hardware stores, and they often cost $10 or less. Check with your fire department to see if they give out and install free smoke alarms.

- **Install** smoke alarms outside every bedroom or any area where someone sleeps. Also install them in furnace areas. Be sure there is at least 1 alarm on every level of your home, including the basement, or at each end of a mobile home.
- **Place** smoke alarms away from the kitchen and bathroom. False alarms can occur while cooking or even showering.
- **Test** smoke alarms every month by pushing the test button. It is best to use smoke alarms that have long-life batteries, but if you do not, change the batteries at least once a year, such as when you change your clocks in the fall.
- **Replace** smoke alarms every 10 years.
- **Never** paint a smoke alarm.
- **Clean** (dust or vacuum) smoke alarms once a month.
- **Use** smoke alarms equipped with a flashing light and an alarm in homes with children or adults who are hard of hearing or deaf.

Safety around the home

Take a careful look at each room of your home.

Use the following checklists and safety tips to reduce the risk of fire:

- **Do not smoke in your home.** If you do, use deep ashtrays and do not smoke in bed.
- **Make an escape plan.** Practice it every 6 months. Every member of the family should know at least 2 exits from each room and where to meet outside. Make sure doors and windows are easy to open to permit easy escape if needed.
- **Check electrical cords.** Replace any electrical cords that are worn, frayed, or damaged. Never overload outlets. Avoid running electrical cords under carpets or furniture because they can overheat and start a fire.
- **Consider installing an automatic home fire sprinkler system.** They are now practical for many homes.
- **Ask your local fire department to make sure woodstoves in your home are safely vented.** They usually cannot be installed safely in mobile homes.
- **Avoid using kerosene heaters and electric space heaters.** If electric space heaters must be used, keep them away from clothing, bedding, and curtains, and unplug them at night. Kerosene heaters give off carbon monoxide and should not be used in enclosed spaces, such as inside your home.

Bedrooms

- ☐ Check the labels of your child's pajamas. Children should always wear flame-retardant and/or close-fitting sleepwear.
- ☐ If a bedroom is on an upper floor, make sure there is a safe way to reach the ground, such as an escape ladder that will not burn.
  - ♦ *Never smoke in bed or when you are drowsy or have been drinking. Tobacco and smoking products, matches, and lighters are the most common cause of fatal fires in the home.*

Living and family rooms

Make sure all matches, lighters, and ashtrays are out of your child's sight and reach. Better yet, keep them in a locked cabinet.

- ☐ Use large, deep ashtrays that won't tip over, and empty them often. Fill ashtrays with water before dumping ashes in the wastebasket.
- ☐ Give space heaters plenty of space. Keep heaters at least 3 feet from anything that might burn, like clothes, curtains, and furniture. Always turn space heaters off and unplug them when you go to bed or leave the home.
- ☐ Have fireplaces and chimneys cleaned and inspected once a year.
- ☐ Use a metal screen or glass doors in front of the fireplace.
  - ♦ *Never leave a room unattended when candles, heaters, or fireplaces are in use.*

Kitchen

- ☐ Keep your stove and oven clean and free of anything that could catch fire. Do not place pot holders, curtains, or towels near the burners.
- ☐ Install a portable fire extinguisher in the kitchen, high on a wall, and near an exit. (Choose a multipurpose, dry chemical extinguisher.) Adults should know how to use it properly when the fire is small and contained, such as in a trash can. Call your fire department for information on how to use fire extinguishers.
  - ♦ *Never leave cooking food unattended.*

- ♦ *Never pour water on a grease fire.*
- ♦ *If a fire starts in your oven, keep the oven door closed, turn off the oven, and call the fire department.*

Garage, storage area, and basement

- ☐ Have your furnace inspected at least once a year.
- ☐ Do not store anything near a heater or furnace. Keep the area free of clutter.
- ☐ Clean your dryer's lint filter after every use. Lint buildup can start a fire.
- ☐ Check to make sure paint and other flammable liquids are stored in their original containers, with tight-fitting lids. Store them in a locked cabinet if possible, out of your child's reach, and away from appliances, heaters, pilot lights, and other sources of heat or flame.
- ☐ Never use flammable liquids near a gas water heater.
- ☐ Store gasoline, propane, and kerosene outside the home in a shed or detached garage. Keep them tightly sealed and labeled in approved safety containers.
  - ♦ *Gasoline should be used only as a motor fuel, never as a cleaning agent.*
  - ♦ *Never smoke near flammable liquids.*

Outdoors

- ☐ Move barbecue grills away from trees, bushes, shrubs, or anything that could catch fire. Never use grills indoors, on a porch, or on a balcony.
- ☐ Place a barrier around open fires, fire pits, or campfires. Never leave a child alone around the fire. Always be sure to put the fire out completely before leaving or going to sleep.
- ☐ Create a "fire break" around your home. Make sure woodpiles, dead leaves, pine needles, and debris are removed or kept as far away from the home as possible.
  - ♦ *Do not start lawnmowers, snow blowers, or motorcycles near gasoline fumes. Let motors cool off before adding fuel.*
  - ♦ *Be very careful with barbecue grills. Never use gasoline to start the fire. Do not add charcoal lighter fluid once the fire has started.*

Know what to do in a fire

- **Test any closed doors with the back of your hand for heat.** Do not open the door if you feel heat or see smoke. Close all doors as you leave each room to keep the fire from spreading.
- **Crawl low under smoke.** Choose the safest exit. If you must escape through a smoky area, remember that cleaner air is always near the floor. Teach your child to crawl on her hands and knees, keeping her head less than 2 feet above the floor, as she makes her way to the nearest exit.
- **Don't stop. Don't go back.** In case of fire, do not try to rescue pets or possessions. Once you are out, do not go back in for any reason. Firefighters have the best chance of rescuing people who are trapped. Let firefighters know right away if anyone is missing.
- **If you get trapped by smoke or flames,** close all doors. Stuff towels or clothing under the doors to keep out smoke. Cover your nose and mouth with a damp cloth to protect your lungs. If there is no phone in the room, wait at a window and signal for help with a light-colored cloth or flashlight.
- **Stop, drop, and roll! Cool and call.** Make sure your child knows what to do if her clothes catch fire.
  Stop!—Do not run.
  Drop!—Drop to the ground right where you are.
  Roll!—Roll over and over to put out the flames. Cover your face with your hands.
  Cool—Cool the burned area with water.
  Call—Call for help.

Fire and children

A child's curiosity about fire is natural and in most cases is no cause for concern. However, when a child begins to use fire as a weapon, it can be very dangerous. If you suspect that your child is setting even very small fires, address the problem right away. Talk with your pediatrician, who can suggest ways to help.

Use the following tips when talking with your child about preventing fires:

- Teach your child that matches and lighters are tools for grown-ups only.
- Older children should be taught to use fire properly, and only with an adult present.

For your sitters

When you are away from home and someone else cares for your children, make sure that your children and the sitter will be just as safe as when you are there.

- Let your sitter know about your family's escape plan.
- Remind sitters never to leave the children alone.
- Remind sitters that you do not allow smoking in or around your home.

Leave emergency information near the phone. Include the local fire department phone number, your full home address and phone number, and a neighbor's name and phone number.

Burn prevention

Most burn injuries happen in the home. For a young child, many places in the home can be dangerous.

Hot bathwater, radiators, and even food that is too hot can cause burns. The following are tips to help prevent your child from getting burned:

- Keep matches, lighters, and ashtrays out of the reach of children.
- Cover all unused electrical outlets with plastic plugs or other types of outlet covers.
- Do not allow your child to play close to fireplaces, radiators, or space heaters.
- Replace all frayed, broken, or worn electrical cords.
- Never leave barbecue grills unattended.
- Teach your children that irons, curling irons, grills, radiators, and ovens can get very hot and are dangerous to touch or play near. Never leave these items unattended. Unplug and put away all appliances after using them.
- Keep electrical cords from hanging down where children can pull on them or chew on them. Mouth burns can result from chewing on a live extension cord or on a poorly insulated wire.

Kitchen concerns

- Never leave a child alone in the kitchen when food is cooking.
- Enforce a "kid-free" zone at least 3 feet around the oven or stove while you are cooking. Use a playpen, high chair, or other stationary device to keep your child from getting too close.

- Never leave a hot oven door open.
- Use back burners if possible. When using front burners, turn pot handles rearward. Never let them stick out where a child could grab them.
- Do not leave spoons or other utensils in pots while cooking.
- Turn off burners and ovens when they are not being used.
- Do not use wet pot holders because they may cause steam burns.
- Carefully place (not toss) wet foods into a deep fryer or frying pan containing grease. The reaction between hot oil and water causes splatter.
- Remove pot lids carefully to avoid being burned by steam. Remember, steam is hotter than boiling water.
- In case of a small pan fire, carefully slide a lid over the pan to smother the flames, turn off the burner, and wait for the pan to cool completely.
- Never carry your child and hot liquids at the same time.
- Never leave hot liquid, like a cup of coffee, where children can reach it. Don't forget that a child can get burned from hot liquids by pulling on hanging tablecloths.
- Wear tight-fitting or rolled-up sleeves when cooking to reduce the risk of your clothes catching on fire.
- In microwave ovens, use only containers that are made for microwaves. Test microwaved food for heat and steam before giving it to your child. (Never warm a bottle of milk or formula in the microwave oven. It can heat the liquid unevenly and burn your child.)
- Avoid letting appliance cords hang over the sides of countertops, where children could pull on them.
- Do not use mobile baby walkers. They allow your child to move quickly before he knows how to use this mobility safely. It may allow him to gain access to hot liquids, appliance cords, and hot surfaces.

Hot water

- The hottest water temperature at the faucet should be no higher than 120°F to prevent scalding. In many cases, you can adjust your water heater to prevent exceeding this temperature.
- When using tap water, always turn on the cold water first, then add hot. When finished, turn off the hot water first.
- Test the temperature of bathwater with your forearm or the back of your hand before placing your child in the water.
- Use a cool-mist vaporizer instead of a hot-water vaporizer. Hot-water vaporizers can cause steam burns or can spill on your child.
- Never leave children alone in the bathroom for any reason. They are at risk of burns and drowning.

First aid for burns

For severe burns, call 911 or your local emergency number right away. Until help arrives, follow these steps.

1. **Cool the burn.**
   For 1st and 2nd degree burns, cool the burned area with cool running water for a few minutes. This helps stop the burning process, numbs the pain, and prevents or reduces swelling. Do not use ice on a burn. It may delay healing. Also, do not rub a burn; it can increase blistering.
   For 3rd degree burns, cool the burn with wet, sterile dressings until help arrives.
2. **Remove burned clothing.**
   Lay the person flat on her back and take off the burned clothing that isn't stuck to the skin. Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins. If possible, elevate the injured area.
3. **Cover the burn.**
   After the burn has cooled, cover it loosely with a dry bandage or clean cloth. Do not break any blisters. This could allow bacteria into the wound. Never put grease (including butter or medical ointments) on the burn. Grease holds in heat, which may make the burn worse. It also makes the burn harder to examine by medical personnel later.
4. **Keep the child from losing body heat.**
   Keep the person's body temperature normal. Cover unburned areas with a dry blanket.

Fire drills—be prepared!

Even young children (3 and older) can begin to learn what to do in case of a fire.

Install at least 1 smoke alarm on every level of your home.

Have an escape plan and practice it with your family. This will help you and your family reach safety when it counts. When a fire occurs, there will be no time for planning an escape.

Draw a floor plan of your home. Discuss with your family 2 ways to exit every room. Make sure everyone knows how to get out and that doors and windows can be easily opened to permit escape.
If you live in an apartment building, never use an elevator during a fire. Use the stairs!

Agree on a meeting place. Choose a spot outside your home near a tree, street corner or fence where everyone can meet after escaping. Teach your children that the sound of a smoke alarm means to go outside right away to the chosen place.

Know how to call the fire department. The fire department should be called from outside using a portable phone or from a neighbor's home. Whether the number is 911 or a regular phone number, everyone in the family should know it by heart. Make sure your children know your home address too. Teach your children that firefighters are friends and never to hide from them.

Practice, practice, practice. Practice your exit drill at least twice a year. Remember that fire drills are not a race. Get out quickly, but calmly and carefully. Try practicing realistic situations. Pretend that some exits or doorways are blocked or that the lights are out. The more prepared your family is, the better your chances of surviving a fire.

Note: Parents of very young children or children with special needs should have a safety plan that fits their child's needs and abilities. For example, a child who is hard of hearing or deaf may need a smoke alarm with a flashing strobe-light feature. Parents with children younger than 5 years must plan on an adult rescuing them in the case of a house fire; they are too young to be able to reliably rescue themselves.

Different degrees of burns

Following are the 4 different levels of burns and the symptoms of each:

1st degree burns are minor and heal quickly. Symptoms are redness, tenderness, and soreness (like most sunburns).

2nd degree burns are serious injuries. First aid and medical treatment should be given as soon as possible. Symptoms are blistering (like a severe sunburn), pain, and swelling.

3rd degree burns (also called full-thickness burns) are severe injuries. Medical treatment is needed right away. Symptoms are white, brown, or charred tissue often surrounded by blistered areas. There may be little or no pain at first.

4th degree burns are severe injuries that involve skin, muscle, and bone. These often occur with electrical burns and may be more severe than they appear. They may cause serious complications and should be treated by a doctor right away.

Call your pediatrician if your child suffers anything more than a minor burn. ALL electrical burns and any burn on the hand, foot, face, genitals, or over a joint worse than 1st degree should receive medical attention right away.

From your doctor

Adapted from material provided by the National Fire Protection Association (NFPA). For more information, call 617/770-3000, or visit the NFPA Web site at www.nfpa.org or its family Web site at www.sparky.org.

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