



What to Expect at your Child's Well Visit

A yearly physical exam by your pediatrician is an important part of your child's health care. This annual appointment allows the pediatrician to give your child a thorough physical examination, perform routine screenings (e.g., vision and hearing tests), make sure vaccinations are up-to-date and obtain any recommended laboratory testing. It's also a good opportunity to address important questions relating to nutrition, sleep habits, safety, and development.

During the check-up, we can often address other problems so you don't have to make another trip to the office. Please note, however, that we will have to bill your insurance for an additional office visit when we address these issues. Depending on the terms of your insurance plan, you may be subject to an additional copay and/or deductible amount for the additional services.

Please let us know if you have any questions.

Cockerell & McIntosh Pediatrics

Things You Should Know: Your Child 10 - 11 Years

NUTRITION

- It is often a challenge to get your child to eat foods from all four food groups. The best thing you can do is to keep healthy foods in the house and offer them at meal and snack times. Limit the amount of fatty foods, salty snacks, sweets and soda you have in the house. If the junk food isn't around, they won't eat it.
- Milk is important for bone growth. **Get three servings a day of milk or high calcium foods.**
- It is important for your child to **eat a healthy breakfast.** Children who eat breakfast are more likely to have more energy, work faster, be more creative and do better in school.
- **Eat meals together as a family at the kitchen table.** Create a pleasant atmosphere at meal time. Give your child opportunities to join in the conversation.
- **The major contributors to obesity are 1) sugar containing drinks 2) fast food and 3) large portion sizes.**
- We recommend a daily multivitamin.

SLEEP

- It is very important for children in school to have a set bedtime that allows them to get **8-12 hours of sleep.**

DISCIPLINE

- Discipline is very important. Every child needs structure and limit setting. In fact, many children act out and misbehave to explore what their limits are. By setting limits, you teach your child appropriate behaviors and show that you love and care. Loss of privileges (grounding) is an effective method of discipline. Positive reinforcement and consistency are the keys.

SAFETY

- **Make sure your child rides in the back seat and wears a seat belt.** Do not leave the driveway until all are buckled up, including you. Be firm about this. Set a good example.
- Children should wear appropriate helmets and protective padding when bicycling, skating and skateboarding.
- If your child participates in team sports, make sure safety is a priority and that fun is the goal and not winning.
- **Children under 16 should not use all-terrain vehicles (four-wheelers).**
- Trampoline use is dangerous and is discouraged in children.
- **To avoid sunburn, limit your child's exposure to the sun and use sunscreen. Purchase a sunscreen that is "broad spectrum" with at least an SPF of 15. Apply the sunscreen 15-30 minutes before going outside.**
- There should be smoke detectors outside every bedroom. Check the batteries frequently. Buy a fire extinguisher. Practice a fire escape plan with your child.
- Carbon monoxide detectors are recommended in every home.
- Guns in the home are a danger to the family. Guns should be locked up and ammunition stored separately.
- Children should be closely supervised by an adult while around water. Life jackets are critical when boating and swimming in lakes and streams.
- Children should learn how to swim.
- Teach your child the appropriate use of 911.
- Remind your child not to talk to strangers or get into cars with strangers.
- Water activities and use of power tools must be supervised.
- If your child is active in sports, injury prevention should include wearing proper equipment and avoiding over-exercising, fatigue and stress.

GOOD HEALTH HABITS

- **Exercise is very important** to keep your child healthy. Children who exercise regularly, sleep better, have more energy and build strong bones and muscles. It will also help your child feel good about him or herself.
- **Your child should see the dentist every six months and brush twice a day with a small amount of fluoride toothpaste.**

GOOD PARENTING PRACTICES

- Remember parents are role models for their children in terms of behavior, attitudes and morality.
- Spend active time with your child daily. Talk with your child about school and other activities and praise good work. Show pride and affection in your child's special strengths.
- **Limit television viewing, video games and computer time to no more than 2 hours daily and supervise the types of programs your child watches.** It is helpful for you to watch and talk about programs with your child.
- **Gradually provide age appropriate decision making and independence.** For example, give your child an allowance or offer job opportunities so that your child can learn to manage modest amounts of money.
- Arrange adult supervision when you are away. You should know where your child is at all times.
- **Maintain good communication with your child. Your child should feel free to share worries and fears with you without fear of punishment.**
- **Parents should prepare girls for starting menstrual periods. You should answer your child's questions about sex comfortably.** If there are any questions you can't answer, you should find the answer with your child. Various books are available that may help you in your discussions.
- **A drug-free, tobacco-free and alcohol-free environment is essential for your child.**

IMMUNIZATIONS AND WELL VISITS

- Your child continues to need yearly well exams.
- At the 11 year visit, your child will receive the Tdap and Menactra (meningitis) vaccines and may need catch-up doses of the HPV vaccine.
- Also your child may be screened for anemia and kidney problems with blood and urine tests.

Please do not hesitate to call the office if you have any questions or concerns!



Preventive Care Schedule

Age	Procedures
4-5 Day	Physical Exam Immunizations Hep B (if not given at birth) Labs: None
2 Weeks	Physical Exam
1 Month	Physical Exam Immunizations: Hep B
2 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
4 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
6 Months	Physical Exam Immunizations: DTaP, Hib, PCV Rotavirus, Hep B
9 Months	Physical Exam Immunizations: IPV
12 Months	Physical Exam Immunizations: MMR, Varivax, Hep A Labs: Lead, Hematocrit
15 Months	Physical Exam Immunizations: DTaP, Hib, PCV
18 Months	Physical Exam Immunizations: Hep A
2 Years	Physical Exam Immunizations: May need catch-up dose of Hep A Labs: Lead, Hematocrit
30 Months	Physical Exam
3 Years	Physical Exam Labs: Lead Hematocrit
4-5 Years	Physical Exam Immunizations: Immunizations: DTaP, IPV, MMR, Varivax Labs: Lead, Hematocrit, Urinalysis
6-8 Years	Yearly Physical Exam
9-10 Years	Yearly Physical Exam Immunizations: HPV Labs: Cholesterol
11-15 Years	Yearly Physical Exam Immunizations: Tdap, Meningococcal, may need catch-up does of HPV Labs: Hematocrit, Urine, Cholesterol at 11 years if not obtained at 9-10 years
16-18 Years	Yearly Physical Exam Meningococcal Labs: Hematocrit (females only), Cholesterol screening at 17-18 years if not previously performed

Immunization/Lab Key
Cholesterol: blood test to screen for high cholesterol
DTaP: Diphtheria, Tetanus and acellular Pertussis vaccine
Hematocrit: test for anemia
Hep A: Hepatitis A vaccine
Hep B: Hepatitis B vaccine
Hib: Haemophilus Influenzae type B vaccine, an anti-meningitis vaccine
HPV: Human Papillomavirus vaccine for preventing genital warts, cervical cancer and anal cancer
IPV: Inactivated Polio vaccine
Lead: test for lead poisoning
Meningococcal: Meningococcal vaccine, an anti-meningitis vaccine
MMR: Measles, Mumps and Rubella vaccine
PCV: Pneumococcal vaccine, an anti-pneumonia and anti-meningitis vaccine
Rotavirus: Rotavirus vaccine for preventing Rotavirus stomach flu
Tdap: Tetanus, Diphtheria and acellular Pertussis vaccine
Urinalysis: urine test
Varivax: Chickenpox vaccine

CAR SEAT GUIDELINES

- Car seats should be installed tightly using the vehicle seat belt or LATCH system. There should be no more than one inch of movement side to side or front to back.
- Do not place rear-facing car seats in the front seat of vehicles with air bags.
- All children under 2 years old should ride rear-facing. You may switch from an infant seat to a convertible car seat before age 2 years as long as your child remains rear-facing and fits the height and weight requirements of the seat.
- All children younger than 13 years should ride in the back seat.
- A car seat must be replaced if it has been in a moderate or severe crash. Consider replacing seats that have been in a minor crash.
- Always read the car seat manufacturer's instruction manual and your vehicle owner's manual for specific installation instructions.
- For complete guidelines from the American Academy of Pediatrics visit www.healthychildren.org and search for "Car Seats".

Infants/Toddlers (Birth to 2 years)

Weight/Height Requirements: Make sure your child fits within the weight and height limits of the car seat.

Types of Seats: Rear-facing only seat, Convertible seat

Seat Position: Rear-facing

Installation Tips: Harness straps should slide through the slots that are at or below shoulder level. Straps should fit snugly against your child. Make sure the seat is at the correct angle so your child's head does not flop forward.

Toddlers/Preschoolers (2 and 3 year olds)

Weight/Height Requirements: Make sure your child fits within the weight and height limits of the car seat.

Types of Seats: Convertible seat, Forward-facing only seat, Combination seat with harness.

Seat Position: Forward-facing.

Installation Tips: Harness straps should slide through the slots that are at or above shoulder level. Some seats require using the top harness slot for the forward-facing position. Also, you may have to adjust the angle of the seat.

Young Children (4 to 12 year olds)

Weight/Height Requirements: Children should remain in a booster seat until the seat belt fits properly, typically when they are 4 feet 9 inches tall and between 8 and 12 years of age. They should be able to use just the seat belt when they can ride with their knees bent at the seat edge without slouching and with their seat belt low across their upper thighs and snug across their shoulder and middle chest.

Types of Seats: High back booster seat, Backless booster seat

Seat Position: Forward-facing

Installation Tips: Belt-positioning booster seats must be used with both lap and shoulder belts. Make sure the lap belt fits low and snug across your child's upper thighs. The shoulder strap should cross the mid-chest and shoulder.