



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 at 3 Years

DIET

- It is normal for children this age to be picky eaters. This presents a challenge to get your child to eat healthy food from all four food groups every day. The best thing you can do is to keep healthy food in the house and offer it for meals and snacks. Offer a wide variety of foods and let your child decide the types and amounts. Limit the amount of fatty foods, salt and sugar. If junk food isn't around, they won't eat it.
- Your child needs 3 meals and 2 snacks a day. **Offer 3-4 servings of 1% or skim milk and 5 servings of fruits and vegetables daily.**
- **Avoid fast food and sugary drinks including soda, kool-aid, sports drinks and sweet tea. Limit juice to 4-6 ounces per day.**
- Your child should be feeding him or herself and using utensils.
- We recommend a daily multivitamin.
- Children should not be fed nuts, hard candy or chewing gum because of possible choking.
- **Eat meals together as a family at the kitchen table.**

SLEEP

- Your child may stop taking naps. Children become more irritable when they are overtired, particularly after they discontinue naps, and may need help calming down. Switching from highly active play to a quieter activity may be helpful before bedtime.
- **Set a regular bedtime routine that allows your child ten or more hours of sleep each night.** You might consider an earlier bedtime when your child stops napping.
- It is not unusual for children this age to have bad dreams. If this happens, it is best to comfort your child in bed. Give reassurance that all is well, but don't fall into the habit of having your presence required for him or her to fall asleep.

DISCIPLINE

- Discipline is very important. **Every child needs structure and limit setting.** In fact, many children act out or misbehave to explore what their limits are. **By setting limits, you teach the child appropriate behaviors and show that you love and care.** Physical punishment, like spanking, may be effective, but often gives the child a message that physical violence and hitting are okay. Discipline should be humane, age-appropriate, time-limited and fair. Time out and removing toys or privileges are very effective in this age group. Time out should be one minute per year of age. Use this as a teaching tool. Ask if they understand why the behavior is unacceptable and then forget it after the time out is completed. Positive reinforcement and consistency are the keys.

SAFETY

- **ALWAYS use a car seat.** A seat belt alone is not safe for children this age. Be firm. Don't leave the driveway until all are buckled up, including you. Set a good example. See the attached sheet for current car seat guidelines.
- Children should be taught the danger of chasing a ball or pet into the street. Your child must be closely supervised when near a street.
- Children should not play around hot liquids in the kitchen.
- Guns should be locked up and the ammunition stored separately. Knives should be stored out of the reach of children.
- Children this age should be taught to be careful around unfamiliar dogs, especially when the dog is eating.

- Children should be constantly supervised in and near water. Never leave your child unattended in the bathtub. Life jackets are critical when swimming in streams or lakes. Knowing how to swim does not guarantee the child's safety in water.
- Children this age are very curious about fire. Keep all matches, lighters, candles and cigarettes away from children. Install smoke detectors outside every bedroom and check the batteries frequently. Buy a fire extinguisher.
- Small children should not be allowed to play with plastic bags or balloons.
- Carbon monoxide detectors are recommended.
- **Talk about safe touch with your child.** Teach your child that no one should touch parts of the body that are covered by a swim suit. Teach your child to tell you if he or she is touched in a way that is unpleasant.
- Poisoning is still a concern. Medications, cleaners and hazardous chemicals should be kept out of sight and reach of children and in a locked cabinet. The Poison Control number should be kept readily available. **1-800-366-8888.**
- **Use sunscreen when your child will be exposed to direct sunlight. Purchase a sunscreen that is "broad spectrum" with at least an SPF of 15. Apply the sunscreen 15-30 minutes before going outside.**
- Teach your child good hand washing.

GROWTH AND DEVELOPMENT

- Twenty percent of children are not potty trained at 3 years of age. This is okay.
- Bedwetting is very common in children up to 5-6 years. Daytime wetting accidents are not as common and may be a sign of urinary tract infection. There are a few things you can do to help prevent nighttime accidents. First, limit the amount of fluids that your child drinks in the evening (nothing to drink after supper except sips of water). Second, take the child to the bathroom before he goes to bed and, if you like, before you go to bed. **Do not punish the child for night time accidents.** You may include your child in cleaning the soiled laundry, but do not be negative.
- **Schedule an appointment with a dentist. Your child needs to visit the dentist every six months. Help your child brush 2 times a day with a small amount of fluoride toothpaste.**
- At three years of age your child's speech should be 75% understandable to others.

PARENTING PRACTICES

- **Read to your child every day** and talk about the pictures and stories.
- Each parent should spend some time alone with each child every day.
- **Provide opportunities for daily physical exercise.** Try family exercise such as walking, swimming or bicycling (with helmet).
- Provide experiences outside the home to help your child explore and develop social skills such as sharing and taking turns.
- **Limit TV time to no more than 2 hours per day.** Do not put a television in your child's bedroom.
- It is important to show affection.
- Parents should never threaten to leave or abandon their child.
- At this age children may be curious about where babies come from and about the differences between boys and girls. Parents should be prepared to answer these questions honestly, at a level appropriate to the child's understanding. Children are very honest in expressing their need to know. They will ask questions until their curiosity is satisfied. Parents should use correct terms for the genitalia and understand that the child's sexual curiosity and explorations are normal.
- **A drug-free, alcohol-free and tobacco-free environment is essential for your child.**

IMMUNIZATIONS AND WELL CHILD VISITS

- At the 3 year old visit your child will be checked for lead and anemia.
- The nurses and doctors will check your child's shot record at the beginning of the visit and will be able to identify if any immunizations are needed.
- Your child continues to need yearly well child exams.

Do not hesitate to call the office with 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.