



Well Child Book **AGE: 18 MONTHS**

Riley Physicians Pediatrics

Date: _____

Weight: _____

Length: _____

Head Cir.: _____



Riley Physicians
Indiana University Health

A partner with IU Health Arnett Physicians

DEVELOPMENT

At 18 months of age, your child will display certain physical and mental developmental skills, also known as developmental milestones. Please keep in mind, development is slightly different for every child. If you have concerns about your child's development, please talk to his or her healthcare provider.

At 18 months, your child is able to:

- Leave you (parent) to play with others, but may check back often
- Use 10 – 20 words, phrases or jargon words
- Point to several body parts
- Turn the pages, look at pictures and identify objects in a book
- Copy crayon strokes
- Build a tower of 3 - 4 blocks
- Use a spoon and drink from a cup
- Throw a ball
- Walk without falling, sit, walk down stairs with hand held and climb into adult chairs
- Understand the word “no” and simple commands

DEVELOPMENT	ACTIVITY
Communication	Treasure Box – Create a box filled with safe and interesting, everyday items such as a plastic cup, small shoe or soft sock. Each time your child grabs something from the box, identify and describe the item. For example, you may say, “you found a soft blue sock.”
Fine Motor	Stacking Blocks – Let your toddler play with small blocks, cubes or clean plastic containers. Show your child how to build a tower. Count aloud as you stack the blocks. Your toddler will also enjoy knocking the tower down.
Gross Motor	Kickball – Show your toddler how to kick a medium-size ball (6 inches). You can make the ball from newspaper. Let your child kick the ball as far as he or she can and chase it.
Problem Solving	Copy Cat – Scribble something on a large piece of paper and then encourage your child to copy your scribbles. Take turns copying each other's drawings.
Personal-Social	Big Time Mealtime - Family meal time is a great time to encourage your child to eat using his or her own utensils. Your child may need a booster seat. Your child may also be able to drink from his or her own plastic cup (avoid filling it to the top).

DIET

Choose your child's meals from the basic food groups: fruits, vegetables, grains, protein and dairy.

DAIRY

To meet the recommended calcium requirements, your child needs at least 16 - 24 ounces of milk per day. Your child can get the same amount of calcium that is in 1 cup of milk from 1 ounce of swiss cheese, 1 ½ ounces of cheddar cheese or 1 cup of calcium-fortified orange juice.

PROTEIN

Two servings of meat are recommended per day. A serving size is 1 ounce (2 tablespoons) of beef, chicken, pork or chili (not too spicy). The following foods offer the same protein as 1 ounce of meat: 1 ounce of cheese, ½ cup of cooked dry beans or 2 tablespoons of peanut butter (creamy, not crunchy). Avoid peanut butter if there is a family history of nut allergies.

FRUITS & VEGETABLES

Your child should have 4 - 5 servings of fruits and vegetables every day. A serving size is equal to ½ a small fruit or ¼ cup of fruit or vegetables. Serve one serving of a vegetable high in Vitamin A, such as broccoli, carrots, squash, sweet potatoes or spinach. Serve one serving of fruit, vegetable and juice high in Vitamin C. Juices like orange, grapefruit or tomato (4 - 6 ounces equals one serving) are high in Vitamin C. In general, no more than 4 - 6 ounces of juice should be given per day.

GRAINS

Four servings of grains are recommended per day. A serving size is ½ slice of bread or ½ cup cereal. Serve whole-grain or enriched breads and iron-fortified cereals. Substitutes include roll, biscuit, crackers, cornbread, rice, macaroni, spaghetti, vermicelli and cooked or ready-to-eat cereals (do not use sugar-coated cereals).

FEEDING REMINDERS

- Family meals are important. Although your child may have most of the same foods as the rest of your family, there are a few he or she should not have. Avoid nuts, fruits with seeds, round fruits like grapes, stringy vegetables, raw carrots, popcorn, hard candy and gum until around 4 years of age when your child can chew better.
- There are things you can do to avoid choking. Do not give large pieces of food. Eating time should be quiet, with no excitement. No walking, running or talking while chewing. Meals should be supervised.
- Your child should be urged to drink from a cup and eat with fingers and a spoon.
- Children this age are growing at a slower pace than they did during their first year. As a result, they do not eat as much. They do not need as much to grow well. Do not force children to eat or finish their food. Do not make mealtime a battle.
- Resist foods that can spoil your child's appetite, such as desserts, puddings, sweets, chips, punches or soft drinks.
- Do not offer food as a reward.
- Clean your child's teeth at least once a day. Use a washcloth or soft toothbrush. Never let your child run around with a toothbrush in his or her mouth, as serious injury may occur.

TOILET TRAINING

This is not a developmental milestone, but a task to be mastered by your child. Most children are potty-trained between 2 and 3 years. At 18 months, most children are not yet showing signs of readiness for toilet training.

DISCIPLINE

Teach your child to demonstrate self-control, respect others and live by society's rules using discipline. Children at this age need reasonable limits to teach them what we expect and to protect them from harm.

1. BE CONSISTENT

An 18-month-old understands the meaning of "no." Be consistent in teaching him or her that "no" means "no" for the same things every day. Your child may say "no" in return. To avoid having to say "no" all the time, plan ahead. For example, put breakable objects out of your child's reach.

2. USE VERBAL COMMANDS

Verbal commands are generally more effective in initiating than stopping behavior. For example, telling your toddler, "Pet the kitty," is more likely to get results than, "Don't hit the kitty."

3. CHILDPROOF YOUR HOME

Remove things that are valuable, dangerous or messy. This may help to avoid discipline problems. At this age, do not expect your child to not get into things just because you said "no."

4. USE DISTRACTIONS

Divert and substitute if your child is doing or playing with something he or she is not supposed to. Remove your child from the problem area and encourage some other activity. A time out may also be appropriate if this is an ongoing behavior. Avoid lengthy explanations, as studies have shown this to be counterproductive. A simple two-word phrase such as, "no biting" is enough.

5. AVOID HITTING AND YELLING

Spanking should not be a form of discipline. If parents show loss of control by hitting and yelling, children will learn to do the same and feel more frustrated.

6. TEACH AND LEAD

Have as few rules as necessary and enforce them. These rules should be important for the child's safety. If a rule is broken, a short, clear, gentle explanation followed by an immediate time out is needed.

7. PRAISE CORRECT BEHAVIOR

Whenever you catch your child being good, show him or her you approve with a kind word, eye contact and a touch. Say something like, "I like it when you help me pick up the toys." Praising good behavior may prevent your child from learning to misbehave to get your attention.

8. BE CONSISTENT

Do not make threats that you cannot carry out. If you say you are going to do it, do it.

BREATH HOLDING & TANTRUMS

As children realize there are rules to follow, they sometimes respond at this age with acts of frustration and anger. Examples are breath-holding spells and temper tantrums.

"Breath-holding episodes" are fairly common at this age. They may be triggered by the child's anger. While terrifying to the parent, these spells are not life threatening. Some children may hold their breath until they turn blue or pale and actually even pass out for a few seconds (after which they begin to breathe again). Some jerking movements may occur and the eyes may roll up briefly. The best way to handle this is to ignore the child and walk away, every time it occurs. This may not be easy to do without feeling guilty. At first the frequency of such spells may increase as the child tries harder to control the parent, but with continued ignoring, they will eventually stop.

Temper tantrums are similar breath-holding spells. Try to engage your child in other activities before his or her anger escalates. For example, if your child tends to cry for sweets at the supermarket, do not go down the snack aisle. When a full-blown temper tantrum begins, ignore it and walk away. Although your toddler may bang his or her head, no more harm than a bruise will occur. Do not laugh or make fun of your child. When the tantrum stops, then give him or her your attention.

TIME OUT

Time out is a healthy discipline strategy that can be used as early as 15 - 18 months of age. It is used each time your child breaks a serious, pre-announced rule. An example of a behavior necessitating time out is biting others. Being consistent is one of the keys to effective discipline.

You should discipline the child each and every time he or she breaks that predetermined rule. This instills a sense of security for your child. The time out place can be a chair or a room. Ideally, it should not be a fun place where toys or TV are available. Studies show fewer time outs are required if the child cannot see the parent. Time out can also mean simply removing attention or objects from your child.

To be effective, time out should be about 1 minute for each year of age. However, the time starts after the child has calmed down. After the time out is over, reassure your child that you love him or her, but the "specific behavior" is why they were in trouble.

Research shows you can expect your child to attempt to escape from time out about 70 percent of the time in the first week. If you are consistent with time out, escape attempts will occur hardly ever by the fourth week.

Once the undesirable behavior has decreased, you may use time out intermittently.

SLEEP TIPS

- An 18-month-old may sleep in a regular bed, "toddler" bed or even a mattress alone. This is a must if your child is attempting to climb out of the crib.
- Toddlers often become upset when left by their parents at bedtime or with a sitter. They may cry and cling or throw temper tantrums as the parents try to go out for the evening. If your child does this, give him or her a moment of love and comfort, but then leave as planned, being firm but calm if he or she continues to fuss.
- Establish a routine for bedtime. Set a time for bed, with a story or quiet time beforehand. Be firm when it comes to going to bed.

Toddlers need routines because so much is happening as they continue to grow and develop.

- If you find a nighttime visitor in your bed, return your child to his or her own room. Do not encourage playing, eating or drinking at night.
- Your child may have a favorite toy or blanket or suck his or her thumb. This behavior is normal for age 18 months and helps the child handle moments of stress.

PLAYTIME

- Your toddler will be active and on the go most of the time. Give your child a safe place to explore and supervise him or her constantly.
- Imitative behavior occurs. Sweeping, dusting, playing with dishes and dolls and copying other things you do interest your child.
- Fun toys at this age are stuffed animals, small cars, pull-toys and books. Read a short story daily.
- Play is generally solitary. The concept of sharing is not established.
- Suggested activities include teaching body parts, drawing and imitating strokes with crayons, chasing and "rough house" play.
- Do not leave your television on all the time. One hour or less of supervised TV per day is enough. Some experts recommend no TV prior to age 2 years of age.

SAFETY

According to the Centers for Disease Control and Prevention (CDC), unintentional injuries are one of the leading causes of death in children 1 to 4 years of age in the United States. Most of these injuries can be prevented. At this age, children can walk, run, climb and explore. However, they do not understand danger adequately. The following tips will help you keep your child safe.

1. PREVENT FALLS

An 18-month-old can open doors. Be sure your child cannot get to stairs, driveways or storage areas. Your child is able to climb. Bunk beds are discouraged for young children. Check the stability of furniture to ensure it will not fall over onto a child. Avoid placing furniture that your child may climb on near windows or balconies. Install window guards on windows above the first floor, and make sure windows are closed or have screens that cannot be pushed out.

2. PREVENT BURNS

Keep your child away from appliances that get hot, such as irons, a frequent cause of serious burns. Turn handles of skillets away from the edge of the stove. Set your hot water heater to a maximum of 120 °F. Do not leave hot liquids on edges of counters or tabletops. Barbecue equipment and vehicle tail pipes are other sources of serious burns. Teach the meaning of "hot." Try and keep your child out of the kitchen when you are cooking. If your child gets a burn, run it under cold water only, and call your child's doctor.

3. PRACTICE POISON SAFETY

Your child is very curious at this age and will put just about anything in his or her mouth. Pills and medications look like candy. Keep all medications out of sight and reach, and be

especially careful when your child visits family members who may have medications. Remember, toddlers can climb. Keep all products in their original containers with safety caps. Do not put poisons in drink bottles, glasses or jars. Kerosene, solvents, furniture oil, paint remover and drain cleaner are especially dangerous. These poisons must be locked up or thrown away properly. If poisoning should occur, call the American Association of Poison Control Centers at 800.222.1222. Explain what your child ingested and how much. Follow the instructions given. Do not give syrup of ipecac unless specifically advised to do so.

4. PRACTICE FIREARM SAFETY

It is best to keep guns out of the home. Handguns are especially dangerous. If you choose to keep a gun, keep it unloaded and in a locked place that is separate from the ammunition. Also ask about guns in the homes that your child visits.

5. PRACTICE CHILD PASSENGER SAFETY

Because motor vehicle accidents are the number one killer of children ages 1 - 14 in the United States, it is important to transport children in the safest way possible. This sobering statistic reminds us that even if you're a careful driver, you can't eliminate the possibility of an auto accident. Child safety seats are made to properly restrain a child in the safest way possible.

SAFETY TIPS

- 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 the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.
- Never leave your child alone in the car.
- The American Academy of Pediatrics recommend keeping children rear facing until 2 years of age.

For more information or to get your car seat inspected, please contact IU Health Arnett Childbirth Education at 765.838.4670 or email childbirthed@iuhealth.org.



6. AVOID FARM AND YARD EQUIPMENT

Never let your child travel on a riding lawn mower or farm vehicle. Also, be sure you know where your child is when you are mowing the lawn or operating equipment.

7. PRACTICE PEDESTRIAN SAFETY

If your child plays outside, a fenced yard is recommended and constant supervision is necessary. Streets and driveways are very dangerous. Monitor your child carefully when you are near traffic.

8. PRACTICE SUN SAFETY

Avoid sunburns, which increase the risk of skin cancer later in life. Protect your child with a sunscreen, 30 SPF or higher, applied 30 minutes before sun exposure and reapply often.

9. PRACTICE WATER SAFETY

Never leave your child alone in the bathtub or near a pool of water. Many drownings occur when toddlers fall into a pool or other body of water without being seen. Most children do not learn to swim adequately until 5 to 6 years of age, so it is best to wait until then to get a pool. A fence around the pool separating it from the house is recommended.

10. AVOID SMOKING HAZARDS

Age 1 to 2 years of age is a peak time for the development of respiratory and ear infections. Tobacco smoke in your child's environment is proven to increase the frequency and severity of these infections.

Call your child's doctor during office hours if you have questions. If you have an after-hours emergency, your call will be returned by a nurse who has experience in pediatrics and is trained to give advice. Should your call be urgent, the nurse will contact the covering pediatrician for further instructions.

IMMUNIZATIONS

Additional immunizations are not required until 4 - 6 years. The only exception is the flu vaccine. The Centers for Disease Control and Prevention recommends that everyone over 6 months of age receive an annual flu vaccine when it becomes available. A booster is required 4 weeks after the first time a child under 9 years of age receives a flu vaccine. To ensure your child has adequate protection, be sure to have him or her vaccinated early in the season.

NOTES

The flu vaccine protects from influenza, a severe respiratory flu. It does not protect from other "cold viruses" or the "stomach flu." The flu vaccine does not cause the flu.

NEXT VISIT

We would like to see your child again at 24 months of age.

IMPORTANT PHONE NUMBERS

American Association of Poison Control Centers	800.222.1222
IU Health Arnett	
Appointments	765.448.8100
	800.542.7818
Car Seat Inspections	765.838.4670
General Information	765.448.8000
	800.899.8448
Lactation Services	765.838.5353
Pediatric Triage Nurse	765.838.7400
<hr/>	
(Your Child's Physician)	


Pharmacy Refill Line for Pediatrics

765.446.4499 or 800.899.8448 Ext 4499
or request refills through **MyChart** at iuhealth.org/mychart

Please leave the following information:

- Your name and phone number
- Name of medicine to be filled
- Patient name and birth date
- Medicine dose and frequency
- Physician's name
- Pharmacy name and location

Please allow 48 hours for refills.



Arnett Physicians

Pediatric Dosage Charts

Acetaminophen & Ibuprofen

Give EVERY 4 - 6 HOURS as needed for fever or discomfort								
Acetaminophen (Tylenol®)	WEIGHT (lbs)	WEIGHT (kg)	DOSE (mg)	CHILDREN'S/ INFANTS LIQUID (160 mg/5 ml) <small>Please confirm the concentration for Tylenol® *</small>	CHILDREN'S CHEWABLE (80 mg)	CHILDREN'S JUNIOR STRENGTH TABLETS (160 mg)	ADULT TABLETS (320 mg)	
	6 - 11 lbs	2.7 - 5 kg	Consult your physician					
	12 - 17 lbs	5.5 - 7.7 kg	80 mg	½ tsp (2.5 mL)*	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	
	18 - 23 lbs	8.2 - 10.5 kg	120 mg	¾ tsp (3.7 mL)*	1 ½ tablets			
	24 - 35 lbs	10.9 - 15.9 kg	160 mg	1 tsp (5 mL)	2 tablets	1 tablet		
	36 - 47 lbs	16.4 - 21.4 kg	240 mg	1 ½ tsp (7.5 mL)	3 tablets	1 ½ tablets		
	48 - 58 lbs	22 - 26 kg	320 mg	2 tsp (10 mL)	4 tablets	2 tablets	1 (325 mg) tablet	
	59 - 69 lbs	27 - 31 kg	400 mg	2 ½ tsp (12.5 mL)	NOT RECOMMENDED	2 ½ tablets	NOT RECOMMENDED	
	70 - 80 lbs	32 - 36 kg	480 mg	3 tsp (15 mL)		3 tablets		
	81 - 95 lbs	37 - 43 kg	560 mg	3 ½ tsp (17.5 mL)		3 ½ tablets	1 (500 mg) tablet	

*The Tylenol® brand is no longer available in the 80 mg/0.8 mL concentration formulation.

NOT TO BE GIVEN UNDER 6 MONTHS OF AGE							
Give EVERY 6 - 8 HOURS as needed for fever or discomfort							
Ibuprofen (Advil® & Motrin®)	WEIGHT (lbs)	WEIGHT (kg)	DOSE (mg)	INFANT DROPS (50 mg/1.25 ml)	CHILDREN'S LIQUID (100 mg/5 ml) <small>*Please confirm the concentration</small>	CHILDREN'S JUNIOR STRENGTH TABLETS OR CHEWABLES (100 mg)	ADULT TABLETS (200 mg)
	12 - 17 lbs	5.5 - 7.7 kg	50 mg	1 dropper	½ tsp (2.5 mL)*	NOT RECOMMENDED	NOT RECOMMENDED
	18 - 23 lbs	8.2 - 10.5 kg	75 mg	1 ½ droppers	¾ tsp (3.7 mL)*		
	24 - 35 lbs	10.9 - 15.9 kg	100 mg	2 droppers	1 tsp (5 mL)	1 tablet	
	36 - 43 lbs	16.4 - 19 kg	150 mg	NOT RECOMMENDED	1 ½ tsp (7.5 mL)	1 ½ tablets	
	44 - 54 lbs	20 - 24 kg	200 mg		2 tsp (10 mL)	2 tablets	1 tablet
	55 - 65 lbs	25 - 29 kg	250 mg		2 ½ tsp (12.5 mL)	2 ½ tablets	1 tablet**
	66 - 76 lbs	30 - 34 kg	300 mg		3 tsp (12.5 mL)	3 tablets	1 tablet**
	77 - 87 lbs	35 - 39 kg	350 mg		3 ½ tsp (17.5 mL)	3 ½ tablets	1 tablet**
	88 - 98 lbs	40 - 44 kg	400 mg		4 tsp (20 mL)	4 tablets	2 tablets

**Adult tablets can be used. However, children's liquid and children's junior strength tablets provide the most effective dose.

mL = milliliter mg = milligram kg = kilogram lbs = pounds
tsp = teaspoon (Household teaspoons vary in size and are not recommended for administering medication.)



Riley Physicians
Indiana University Health

POISON CONTROL = 800.222.1222

Pediatric Preventative Health Plan

Riley Physicians Pediatrics

WELL CHILD VISIT	DTAP/IPV/HIB (Pentacel®)	HEP B	PCV-13	MMR	VARICELLA (Varivax®)	HEP A	ROTAVIRUS (RotaTeq®)	FLU*	SCREENING
Birth (hospital)		X							Hearing & Heart
2 - 3 Weeks									Newborn Screen Results
2 Months	X	X	X				X		
4 Months	X		X				X		Anemia
6 Months	X	X	X				X	X	Tuberculosis
9 Months								X	Developmental
12 Months			X	X	X	X		X	Tuberculosis, Lead & Anemia
15 Months	DTaP & Hib							X	Lead & Anemia
18 Months						X		X	Autism & Developmental
24 Months								X	Autism, Heart, Lead, Anemia & Tuberculosis
30 Months								X	Developmental
3 Years								X	Tuberculosis, Head & Anemia
4 Years								X	Hearing & Vision
5 Years	DTaP & IPV			X	X			X	Tuberculosis, Head & Anemia
6 Years								X	Tuberculosis, Lead, Anemia, Hearing & Vision
7 Years								X	Tuberculosis
8 Years								X	Vision, Hearing & Tuberculosis
9 Years								X	Tuberculosis
10 Years								X	Vision, Hearing, Tuberculosis & Cholesterol

* Please note: Children under 9 years of age will need two vaccines, 4 weeks apart the first year the vaccine is give to ensure protection.

WELL VISITS	RECOMMENDATIONS - ANNUAL VISITS	SCREENING
11 - 14 Years	Vaccines: Tdap (tetnus and whooping cough), Meningitis, HPV (human papiloma virus), Flu (annually) & Hep A (if not completed)	Tuberculosis, Depression, Cardiovascular, Anemia & Vision (age 12 years)
15 - 21 Years	Meningitis (age 16 years), HPV if not completed, Hep A if not completed & Flu (annually)	Tuberculosis, Depression, Cardiovascular, Anemia (females), Vision (age 15 & 18 years), Sexually transmitted infections, HIV (age 16 years), Cholesterol (age 20 years), Pap smear (females, age 21 years)

BRIEF DESCRIPTION OF VACCINES

- **DTaP** - Diphtheria, tetanus (lockjaw) and pertussis (whooping cough) vaccine
- **IPV** - Inactivated poliovirus vaccine
- **Hib** - Haemophilus influenza type b (leading cause of bacterial meningitis among children under 5 years)
- **Hep B** - Hepatitis B vaccine
- **PCV-13** - Pneumococcal conjugate vaccine (protects against 13 pneumococcal serotypes)
- **MMR** - Measles, mumps and rubella vaccine
- **Varicella vaccine** - Chickenpox vaccine
- **Hep A** - Hepatitis A vaccine
- **Rotavirus vaccine** - Rotavirus (leading cause of severe diarrhea and dehydration in infants)
- **Flu vaccine** - Influenza vaccine

