

# PEDIATRIC ASSOCIATES OF ORLANDO, P.A.

## FOUR-MONTH CHECK UP

DATE \_\_\_\_\_

WEIGHT \_\_\_\_\_ %      HEIGHT \_\_\_\_\_ %      HEAD CIRC \_\_\_\_\_ %

### WELL VISIT IMMUNIZATION SCHEDULE

2 Month	4 Month	6 Month	9 Month	12 Month	15 Month	18 – 24 Months	5 Year	11+ Years
DTaP	DTaP	DTaP			DTaP	Vaccine Review	DTaP	Tdap (tetanus)
IPV	IPV		IPV				IPV	
Prevnar	Prevnar	Prevnar			Prevnar			
Comvax (Hepatitis B & Hib)	Hib	Hib			Hib			Gardasil (for girls)
		Hepatitis B		Hepatitis B	MMR		MMR	Menactra
RotaTeq (oral)	RotaTeq (oral)	RotaTeq (oral)		Chickenpox (Varivax)			Chickenpox (Varivax)	
				Hepatitis A		Hepatitis A		
		Flu (Seasonal)						Catch Up Vaccines

\*\* Please verify your vaccinations with your physician at the time of your visit \*\*

These preventative immunizations can cause your baby to have a fever >100.4, decreased appetite, act fussy or change in normal sleep pattern. The injection site may be red or slightly swollen, or form a knot. If this occurs gently put a cool cloth over the injection site. Please see accompanying vaccine information sheets. Give your baby Infant's Acetaminophen Suspension (80 mg/0.8 ml) the following dosage:

Weight	Dose
6-11 lbs	½ dropperful
12-17 lbs	1 dropperful
18-24 lbs	1 ½ dropperful

You may repeat this dose every four hours for Tylenol, and every 6-8 hours for Motrin for fever/fussiness. Notify your physician if your baby has any adverse side effects such as fever greater than 104, seizure activity, or hives.

### NUTRITION

Each month your baby gains between 1.5 – 2 lbs and grow 1 – 1.5 inches. These figures are only averages; your doctor will plot your child on the growth chart and follow the rate of growth on their individual curve. At about four months we recommend starting solids, although some breastfed babies may not require them until 6 months. Starting two foods simultaneously makes it difficult to decipher which may be causing a rash or allergy therefore **INTRODUCE ONE NEW FOOD AT A TIME WITH 5-7 DAYS IN BETWEEN.** Generally, iron fortified cereal is the best to introduce first with two portions/day. Start with rice cereal 1-2 tbsp mixed with breast milk, formula or juice (apple, white grape, or prune. NO orange juice or citrus juice until 12 months). You may want to gradually thicken cereal to the consistency of applesauce. Your baby will generally spit out the cereal in the beginning until they learn to coordinate swallowing the thickened cereal consistency. Then 5 – 7 days later, try oatmeal: 1 –2 tsp twice daily, then mixed cereal, which is a combination of rice, barley and oatmeal. Cereal can often produce harder stools and constipation. If this occurs, mix cereal with undiluted apple, prune, or white grape juice. Gradually introduce one new fruit or vegetable with 5-7 days in between until all are completed. Avoid citrus products including oranges, pineapple, strawberries, tomatoes, papayas, and mangos until your baby is twelve months old. **DO NOT SUPPLEMENT WITH WATER,** unless instructed by your physician.

## **ANTICIPATORY GUIDANCE**

Schedule next appointment for six months of age. Your child will again receive a complete physical exam and the third set of immunizations at that time. Balance your time. Allow each parent alone time, time together as a family unit, and arrange babysitting to go out as a couple. Do not put your baby to bed with a bottle or prop it in his mouth. Encourage your partner and other children to help out with the baby.

## **SAFETY**

- A. Always guard against ingestion of harmful objects and substances. Check toys for vulnerability to breakage, choking or ingestion such as buttons, or plastic tags.
- B. Never hold infant when handling hot liquids.
- C. Do not use or purchase a walker. Severe head injuries and skull fractures have resulted from infants falling down steps while placed in walkers.
- D. Always keep one hand on your baby and do not leave him alone in the bathtub or on high places. Bring all bath supplies into the bathroom prior to bath (shampoo, towel, diaper, pajamas). Never use cordless telephone while bathing infant. Avoid answering door and phone. If you must step away, carry the baby with you.
- E. To avoid severe lung irritation due to breathing in powder, never use talc powder.
- F. Be careful not to jiggle or shake baby's head too vigorously. Always support baby's head when moving his/her body.
- G. Place infant on backside to sleep to reduce SIDS. Keep smoke-free zone around your baby. Babies and young children exposed to smoke have more colds and other upper respiratory tract infections, as well as an increased risk of Sudden Infant Death Syndrome (SIDS).

## **DEVELOPMENT**

Look for your baby to: Hold head high and start raising body on hands when lying on abdomen. Open hands while at rest, discover and play with hands, hold a rattle. Look at mobile and activate arms. Follow objects with eyes through a 180-degree range. Initiate social contact by smiling, cooing, laughing, and squealing. Recognize food preparation and be able to wait a short time.

## **SLEEP**

Many infants have developed relatively predictable sleep schedules. Establish a consistent daily bedtime routine. Sleep is a highly organized process that is influenced by the care-taking environment. Putting an infant to bed alone and helping your baby sleep through the night are important tasks. Babies who weigh 12 – 15 pounds usually can sleep a 6- 8-hour stretch. Normal sleep is composed of two distinct states, rapid eye movement (REM), and non rapid eye movement (NREM) sleep. REM is a lighter state of sleep characterized by irregular pulse, respiratory rate, body twitches, suppression of muscle tone, and dreaming. Non REM sleep varies from drowsiness to deep sleep with regular respiratory rate, pulse, and minimal body movements. A sleep cycle consists of non-Rem sleep followed by REM sleep lasting about 50 minutes. Infants often awaken during REM sleep and must learn to fall back to sleep. Put your infant to bed while they are still awake so they can learn internal devices to help themselves fall asleep, and return to sleep alone after REM awakening. Teach your infant to fall asleep unaided without rocking, holding, or feeding. Place your infant in the crib AWAKE after establishing a daily bedtime ritual...feeding, bath, books, prayers, talking or singing. What your bedtime routine entails is less important than the fact that you are consistent and establish a routine.

## **WHEN TO CALL YOUR PEDIATRICIAN**

Axillary temperature greater than 101 degrees (unless your child received immunizations within the past two days and is acting ok otherwise), projectile vomiting, green (bilious) vomiting, seizure, excessive irritability or lethargy. Our telephone nurse is available during office hours for common pediatric questions. Life threatening emergencies, such as severe respiratory distress, should be directed to the emergency room or 911.

Resources: [www.aap.org](http://www.aap.org), [www.brightfutures.org](http://www.brightfutures.org)