



## Baby's Book

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1275 Summer Street  
Suite 301  
Stamford, CT 06905  
203-324-4109

36 Old King's Highway South  
Darien, CT 06820

203-655-3307

Maura Angiello-Smith, M.D., F.A.A.P.  
Danyelle L. Caeti, M.D., F.A.A.P.  
Lambros G. Geotes, M.D., F.A.A.P.  
Debra K. Gotz, M.D., F.A.A.P.  
Andrew S. Hart, M.D., F.A.A.P.  
Jennifer F. Henkind, M.D., F.A.A.P.  
Rebecca L. LePage, M.D., F.A.A.P.  
Jamie M. Roach, M.D., F.A.A.P.

[WWW.STAMFORDPEDIATRICS.COM](http://WWW.STAMFORDPEDIATRICS.COM)

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Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Weight \_\_\_\_\_

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**Please bring this booklet, a bottle, a toy, and any questions with you to each visit.  
Both your baby and your baby's doctor will thank you.**

# We Welcome You As A Patient.

Whether you are new to the practice or we have been caring for your children for years, it is our pleasure and honor to care for your family. We are proud of the practice and are pleased you have selected us. Our practice consists of eight Board Certified pediatricians.

The information that follows is designed to answer many of the questions most patients have. If you are new to our practice, you will also be provided with another handbook, which explains policies and procedures. We have listed some of these policies below:

## GENERAL INFORMATION

### Practice Hours

Appointments for well child care and illness are available at both the Stamford office and Darien office.

*The Stamford and Darien Offices have the following schedule:  
Monday thru Friday 9:00 am -12:45 pm and 2:00 pm – 4:45 pm*

Saturday – The Stamford office is open for emergency sick visits only. The Darien office is closed. Chronic problems and rechecks will not be scheduled on Saturdays. **Please call beginning at 9:00 am the same day to make an appointment.**

Saturday hours are 9:00 am – 12:00 noon, with **no walk-ins**.

There is a physician on call 24 hours a day.

### Walk-In-Time for Sick Children

*“Walk-In-Time” is for acute illnesses only. Please do not bring more than two children at a time during the “Walk-In-Time.”* Chronic problems are better handled by a scheduled appointment with your primary physician. Walk-In-Time will be at both the Stamford office and the Darien office with the following schedule:

*Monday, Tuesday, Wednesday, Friday      8:00 am to 9:00 am  
Thursday      8:00 am to 8:30 am*

You will be seen on a first come first served basis. ***Walk-In-Time will end promptly, so that scheduled appointments can be seen on time. There are no walk-in hours on weekends or major holidays.***

### Appointments

Regular well-child exams are routinely scheduled at two weeks, four weeks, then at 2, 4, 6, 9, 12, 15, 18, 24, and 36 months. Thereafter exams are recommended yearly. Well-child exams at 21 and 30 months are optional and may not be covered by your insurance company. Please note, the 12 month visit must be on or after the child’s first birthday due to the immunization schedule.

Please call in advance for regular exams, especially during the camp and school physical season (May-September). Sick visits will be scheduled the same day that you call.

Well visits, especially from infancy through the pre-school years are important! They allow frequent assessment of your child’s growth and development, and regular

immunization. More importantly, however, they provide a time to discuss your questions and concerns and help prepare you for future developmental stages and routine illnesses.

### Calling Hours

During the week, we are fortunate to have a triage nurse available to answer routine phone calls weekdays from 9:00 am to 4:00 pm. Our triage nurse has been trained by Stamford Pediatric providers and follows Barton Schmidt protocols. The triage nurse makes every effort to return calls within one hour. During busy seasons it may take longer. If you think your child needs to be seen, please make an appointment. Waiting for a call back will only delay your child's evaluation.

Examples of symptoms that need to be evaluated in the office:

- **A child less than 2 months old with a rectal temperature of 100.5° or greater. This needs to be evaluated immediately day or night.**
- Your child was up all night
- You think your child is wheezing
- Temperature of 104° or greater
- Your child has an earache

If after speaking with the triage nurse, it is determined you need to come in, an appointment can be arranged for your child. The triage nurse has access to the providers throughout the day. If you are following up on an ongoing issue with your primary care physician, you may ask for your doctor to return your call. You may contact the nurse or doctors by dialing (203) 324-4109 or (203) 655-3307.

### After Hours Telephone Calls

As a service to our patients, we began using the Pediatric Advice Line (PAL) in 1999. As an adjunct to our after hours care, urgent medical questions may be answered by highly experienced and responsive pediatric nurses from Connecticut Children's Medical Center. The nurses follow our protocol for medical emergencies and medical care and will notify a pediatrician from Stamford Pediatrics if necessary. The feedback from parents about PAL has been extremely positive and many parents know from their own experience how helpful and reliable the PAL's nurses have been. Issues such as behavior, longstanding concerns and prescription refills should be handled during regular office hours. PAL is for medically urgent or emergent issues only. Our current PAL hours are from 9:00 pm to 7:00 am. These hours are subject to change without notice. Effective April 2003, each time you use PAL, a \$20 charge will be added to your private account and will appear on your monthly statement.

Call **324-4109** or **655-3307** when the office is closed and you will reach our answering service. Our answering service can be very busy. Therefore, if your call is not returned within 30 minutes, please repeat your phone call. Please be sure you are giving the answering service the phone number that you are calling from. **Please disconnect call block when you call after hours.**

### Prescriptions, Renewals and Referrals

All prescriptions and authorizations for renewals should be requested during normal office hours. For best continuity of care, requests should be directed to your primary care physician. Adequate time is needed for all renewals.

If your insurance plan requires referrals, you must have the referral completed by us prior to going to the specialist. Referrals require 72 hours notice unless there is an emergency. We **will not** backdate referrals.

## **Emergency Care**

We recognize that you can have an emergency situation arise, and we will do our best to respond to your problem promptly. In the event of a severe situation, or one in which you are in doubt, go immediately to the Stamford Hospital emergency room and ask them to contact your doctor. If the situation is not that severe, but one where you wish to speak with your doctor, please telephone and the doctor will be in touch with you, giving you instructions on where to meet for emergency care.

## **OFFICE POLICY**

### **Fees, Payments, and Insurance**

The goal of Stamford Pediatric Associates is to provide high quality medical care to our patients. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

Payment for service is due at the time services are rendered unless payment arrangements have been approved in advance by our Business Manager. We accept cash, checks, debit cards, MasterCard, or Visa.

#### **Financial Policies**

If we do not participate with your insurance carrier, payment in full is expected at the time of your visit. You will receive a detailed bill to submit to your insurance company. Copays are due at each visit. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is the parents' responsibility to be knowledgeable about their insurance coverage and limitations. The following services are not charged to your insurance company and are your responsibility.

**Charge Fee** - A charge fee is an administrative fee of \$10 charged to your account when your copay is not paid on the date of visit. Effective April 2002.

**Missed Fee** - A missed fee is charged if a physical exam appointment is missed and not canceled within 24 hours. Your account will be charged \$50 per child, per occurrence. Effective April 2002.

**Form Fee** - You are entitled to one school/camp/daycare form per child per year. Additional forms will require a \$5 fee payable when the form is given to us. (See CAMP FORMS) Effective April 2003.

**PAL Calls** - Each time you use Pediatric Advice Line, a \$20 charge will be added to your account and will appear on your monthly statement. Effective April 2003.  
Returned checks will be charged a \$20 fee.

Our practice firmly believes that a good doctor/patient relationship is based upon understanding and open communication. Our staff has been instructed to make every effort to clarify any concerns you may have about your account. We realize families experience financial difficulties at times. Parents may make special arrangements with the Business Office for times partial payments of larger medical bills. If you have any questions concerning our policy or need assistance, please contact us. We are here to help you.

If you have medical insurance, you must realize that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to the contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. **You are responsible for knowing what is and is not covered under your insurance plan.**
3. It is your responsibility to pay for deductibles, co-insurance, copays, lapse in coverage, and any other balance not paid by your insurance company.
4. We do not submit to secondary insurance.
5. We would like to remind everyone whose insurance plan requires selection of a Primary Care Physician “PCP” to please select one of your physicians. If one of the physicians of Stamford Pediatrics is not chosen as your PCP, your insurance plan may deny claims or process claims as out of network making you financially responsible.
6. Please supply your insurance carrier with any information they request, in a timely manner. Claims are held from processing while your insurance carrier waits to hear from you.
7. Please add your newborn to your insurance policy within the 30-day period required by most insurance carriers. If the child is not added within that timeframe, you may have to wait for open enrollment, therefore leaving your child uninsured until that time.

We must emphasize that as childcare providers, our relationship is with you **not** your insurance company. Since we have no control over what your insurance company will pay for, you will need to question and/or dispute disagreements with them personally. All charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, you **must** contact us promptly for assistance in the management of your account.

Current Insurance Companies We Accept:

Aetna Health Plan  
Anthem Blue Cross Blue Shield  
Cigna  
Connecticare  
Great West  
Health Net  
MultiPlan  
Oxford Health Plan  
PHCS  
United Healthcare

We also accept various smaller insurance carriers. Please contact our billing department with any carrier not listed.

## ABC'S OF NEWBORN CARE

### A

**Allergies** – Allergies tend to run in families. Breast feeding is thought to help protect against allergies.

**Auto Safety** – Protect your baby by placing him/her in an infant seat each time you enter the car. All children should be placed in the back seat of your car for travel. Make every ride a safe ride. You must stop the car to breast feed. If the car is in motion, everyone must be buckled in.

### B

**Bathing** – Newborns may be bathed every other day after the umbilical cord has fallen off. Babies have sensitive skin, so use only a mild hypoallergenic soap (Dove® or Neutrogena®).

**Bottles** – Wash your baby's bottles as you would your own glassware. The dishwasher is great!

### C

**Cavities** – Don't put your baby to bed with a bottle of milk or juice at any age. This habit fosters the development of cavities and poor sleep habits. It is time to start brushing teeth as soon as your child has a tooth.

**Circumcision** – Circumcision is an operation that is performed to remove the foreskin on a newborn's penis. It is mainly a matter of personal or cultural preference. There may be some protection against urinary tract infections in the first few years of life.

**Colic** – Colic is a word used to describe the symptoms of frequent inconsolable crying that appears to be related to abdominal discomfort in babies between the ages of three weeks to three months. Colicky babies are said to be quiet only with constant rocking or motion.

**Crying** – Babies cry because they are hungry, wet, cold, tired, or just want to be held. Each reason is a good enough reason to cry, and you will not spoil your baby by attending to his/her needs.

### D

**Diapers** – Cloth or disposable, the most important thing is that diapers be changed frequently. Wet or dirty diapers worn for long periods lead to diaper rash.

### E

**Ears** – Babies hear quite well at birth. Clean your baby's ears with a wash cloth only.

**Enjoy** – Remember that babies should be enjoyed and not endured.

**Eyes** – Babies can see objects well within one foot at birth. They especially like to look at faces. Unequal eye movements (looking cross-eyed) are normal for the first few months. However, if they seem persistent, please alert your pediatrician.

### F

**Feeding** – Breast or bottle, the choice is yours. Advantages of breast feeding include convenience, economy, protection against infection and allergies, and perhaps a special kind of bonding. Advantages of bottle feeding include sharing baby's feedings with others and good nutrition.

**Fussy Periods** – Most babies have an hour or more of fussiness regularly each day, often in the evening. This is not colic.

### G

**Gas** – All babies pass gas, some more than others. Changes in the mother’s diet may affect the quantity of gas in a breast fed infant.

**H**  
**Hiccups** – Babies normally hiccup in utero and then frequently during the first 6 weeks of life. This is not a problem.

**History** – Do any medical conditions run in baby’s immediate or extended family? If so, please alert your pediatrician.

**I**  
**Indoors**- Room temperatures should be just warm enough (65-70 degrees). If you are wearing several layers indoors, so should your baby. During the first two months of life, avoid taking your baby to enclosed areas where he or she may encounter strangers with many germs.

**J**  
**Jaundice** – Jaundice is a yellow coloration of the skin produced by bilirubin. Bilirubin is a pigment created during the breakdown of red blood cells. Your doctor will discuss jaundice with you further if your baby appears yellow.

**K**  
**Kids** – Never leave your baby unattended in a room with another small child.  
**Kisses** – Kisses are great as long as the kisser is healthy.

**L**  
**Love** – Babies need lots of love to grow up strong and healthy.

**M**  
**Mouth** – Eventually everything within reach will wind up in your baby’s mouth. Guard against choking!

**N**  
**Nose** – Newborns breathe primarily through the nose. To remove small amounts of mucus, use a damp Q-tip® swab or Saline nose drops, followed by the use of a bulb suction. A cool vaporizer may also be helpful for congestion. Vaporizers need to be kept clean.  
**Nursing** – For any difficulty associated with nursing, consult your pediatrician. Remember that breast feeding must be learned by both Mom and baby and initially may feel awkward.

**O**  
**Outdoors** – as many layers of clothing as you wear outdoors, so should your baby. Remember to cover the baby’s head, hands and feet if it is particularly cold outside.

**P**  
**Pacifiers** – Babies will suck as much for pleasure as for hunger. If your baby likes them, pacifiers are okay. 4-6 months is a good time to wean them off the pacifier.  
**Pets** – Like children, keep a close eye on pets near your baby.

**Q**  
**Questions** – Every question you have is important. Keep a list of routine questions to ask during well-checks or phone during daytime hours! If you have emergency questions, call at any hour.



## **R**

**Rashes** – Newborns have very sensitive skin and develop rashes easily. If a rash seems to persist or the skin does not turn pale when you press it, consult your physician.

## **S**

**Safety-** See “Safety Tips” throughout the visit sections in this book.

**Sleep** – Newborns usually have erratic wake/sleep cycles until approximately two months or 12 pounds.

**Stools** – Stools vary in color and texture depending upon what the baby is fed. The first stool, meconium, is dark and tarry. Babies may stool as frequently as after every feeding or as infrequently as once every few days. The baby is not constipated unless his/her stools are hard and he/she appears uncomfortable with bowel movements.

## **T**

**Tears** – Tears may be absent for the first few weeks.

**Teeth** – Teeth usually appear between 6-12 months of age. Teething may be associated with drooling, fussiness, loose stools and decreased appetite. Acetaminophen may help relieve the pain. Teething does not cause fevers.

**Toys** – Make sure your baby’s toys are safe and appropriate for his/her developmental level. Wash infant toys regularly.

## **U**

**Umbilical Cord** – The cord will usually dry up and fall off within 3 weeks of birth. Until this happens, cleanse the cord with alcohol twice daily and keep dry.

**Urine** – Newborns have approximately one wet diaper for each feeding.

## **V**

**Vagina** – Newborn girls typically have a white mucousy vaginal discharge. Some may even have a bloody discharge called a “pseudo-period”. These are normal.

**Vitamins** – Breast fed babies will be started on vitamins, such as Tri-Vi-Sol®, at 2 weeks of age. Fluoride should be started at 6 months for all babies with well water (whether breast or formula fed). Please alert your pediatrician after 6 months of age if you have a well, use only bottled water, or if your town does not put fluoride in its drinking water.

## **W**

**Walkers** – The incidence of accidental injury during infancy is increasing with the rising popularity of walkers. It is not safe to leave your baby unattended in a walker. We do not recommend walkers. Stationary saucers are fine.

**Water** – Supplemental water is not necessary during infancy. Boiling water is only necessary in the first 2 months of life; do not boil water for more than five minutes.

**Weaning** – Discuss when and how to wean with your pediatrician.

## **X**

**X-rays** – X-rays are seldom required. When an infant does need an x-ray however, a very low safe dose is used.

## **Y**

**Your Health** – Your own health is very important to the baby’s, so take good care of yourself!

## **Z**

**ZZZ** – Get some zzz’s. When your infant is sleeping so should you.

### **NEWBORN SURVIVAL KIT**

Rectal thermometer  
Infant Acetaminophen / Tylenol® - DO NOT use under 8 weeks of age, without discussing with MD or nurse  
Cotton balls  
Bulb syringe  
Saline nose drops (Baby Ayr®/Little Noses®/Generics are okay)  
Mylicon® or Gaviscon®  
Rubbing alcohol  
Diaper Cream  
Vaseline®

### **INFANT AND TODDLER SURVIVAL KIT**

All of the above items  
Benadryl® or generic: Diphenhydramine  
Pedialyte®, Kao Lectrolyte®  
Tylenol® or generic: Acetaminophen  
First Aid Kit  
Motrin® or generic: Ibuprofen

### **SYMPTOMS OF ILLNESS IN THE NEWBORN**

**Rectal temperature of 100.5 degrees or greater/ 96.0 degrees or lower**  
Poor feeding  
Excessive irritability  
Lethargy  
Persistent cough

*CONSULT YOUR PEDIATRICIAN FOR ANY OF THE ABOVE SYMPTOMS!!!*

## Acetaminophen (Tylenol) Dosing

Here are some important general guidelines for using these products:

- We recommend acetaminophen/Tylenol as a first line treatment for pain and/or fever. If your child's response does not seem adequate, try ibuprofen as an alternative.
- You are treating your child, not a number on the thermometer. Your goal in treating a fever is to make your child comfortable, not to make the number lower.
- Whenever possible, use your child's most current weight when choosing an appropriate dose of medication.
- Do not give both acetaminophen and ibuprofen to a child with fever. It is OK to "tag team" a dose of the second medicine on a one-time basis if you are having trouble making your child comfortable, but this should not be a recurrent procedure. Please discuss this with your physician.
- If necessary acetaminophen and ibuprofen can be used in alternating doses every 4 hours. For example, Tylenol at noon then Motrin at 4 PM.
- Temperature should be measured rectally in children under 12 weeks of age. Temporal artery thermometers (swipe along forehead) can be used after 12 weeks of age. Ear (otic) thermometers should be reserved for children over the age of 6 months. An oral thermometer is not appropriate until your child can hold it under his tongue for several minutes without biting (usually around age 5).

<b>Acetaminophen (Tylenol) Dosage Chart (every 4 hours, as needed)</b>						
WEIGHT	AGE	INFANT DROPS (80 mg/0.8 ml)	CHILDREN'S SUSPENSION/ ELIXIR (160 mg/5 ml)	CHILDREN'S SOFT CHEW TABLETS (80 mg each)	JR. STRENGTH TABS/CAPS (160 mg each)	RECTAL SUPPOSITORIES (various doses)
6-11 lbs	2-3 mos.	0.4 ml = ½ dropper				(½) 80 mg suppository
12-17 lbs	4-11 mos.	0.8 ml = 1 dropper	½ tsp = 2.5 ml			(1) 80 mg suppository
18-23 lbs	12-23 mos.	1.2 ml = 1½ dropper	¾ tsp = 3.75 ml			(1) 120 mg suppository
24-35 lbs	2-3 yrs.	1.6 ml = 2 droppers	1 tsp = 5 ml	2 chew tabs		(½) 325 mg suppository
36-47 lbs	4-5 yrs.		1½ tsp = 7.5 ml	3 chew tabs	1½ tabs/caps	(2) 120 mg suppositories
48-59 lbs	6-8 yrs.		2 tsp = 10 ml	4 chew tabs	2 tabs/caps	(1) 325 mg suppository
60-71 lbs	9-10 yrs.		2½ tsp = 12.5 ml	5 chew tabs	2½ tabs/caps	(1) 325 mg suppository
72-95 lbs	11 yrs.		3 tsp = 15 ml	6 chew tabs	3 tabs/caps	(1½) 325 mg suppository
over 95 lbs	over 11 yrs.				4 tabs/caps OR 2 adult tabs/caps	(1) 650 mg suppository OR (2) 325 mg suppositories

**IBUPROFEN DOSAGE**  
(ex. Advil® Motrin® given every 6-8 hours)

Weight lbs	Infant Drops 50mg/1.25ml	Children's Liquid 100 mg/5 ml	Children's Chewable 50 mg (100mg)*	Junior Tablet 100 mg	Adult Tablet 200 mg
0-10 lbs.	0.625 ml				
10-15 lbs.	1.25 ml	½ tsp.			
15-20 lbs.	1.875 ml	¾ tsp.			
20-25 lbs.	2.50 ml	1 tsp.	2	1	
25-30 lbs.		1 ¼ tsp.			
30-40 lbs.		1 ½ tsp.	3		
40-50 lbs.		2 tsp	4	2	1
50-60 lbs.		2 ½ tsp.			
60-70 lbs.		3 tsp.		3	
70-80 lbs.		3 ½ tsp.			
85 lbs. +		4 tsp.		4	2

\* Chewables available in 50 mg and 100 mg - read packaging carefully before administering dose. For example, for a child 20 lbs. give two 50 mg chews or one 100 mg chew.

## SYMPTOMS OF ILLNESS IN INFANTS AND TODDLERS

Please log onto our website for a more comprehensive and detailed list of information regarding sick and well care for your child. [www.stamfordpediatrics.com](http://www.stamfordpediatrics.com)

**Fever** Treatment – Give your child the appropriate dose of Acetaminophen based on the child’s WEIGHT every four hours, or Ibuprofen based on the child’s WEIGHT every 6 hours. Do not use Ibuprofen in infants younger than four months old unless instructed by a doctor. For temperatures greater than 103 degrees in children under 3 years who appear uncomfortable, you may try a lukewarm water bath for 15 minutes. Children with fever should be lightly dressed and encouraged to drink fluids.

**Cold** (Runny nose, cough) Consult your pediatrician for colds associated with high fever, irritability, persistent cough, loose sounding cough, symptoms lasting more than 7 days, or if your child is up all night with a cold.  
Treatment – A bulb syringe (sparingly) or damp Q-tip® may be used to clean the nose. Normal saline nasal drops may be used to loosen the congestion. Elevate the head of the bed at night. Give decongestant upon the doctor’s recommendation.

**Vomiting** Treatment – Wait at least 1 hour after the last episode of vomiting, then give small sips of clear liquid (Pedialyte® or Kao Lectrolyte®, not water)

frequently over the next 12 hours. If you are nursing, try to nurse more frequently for shorter periods. Consult your pediatrician for persistent vomiting, change in level of alertness, dry mouth, few wet diapers or vomiting associated with high fever, irritability or abdominal pain. Over the next 12-24 hours offer Pedialyte® or Kao Lectrolyte® as needed. You may resume solids when there has been no vomiting for 12-24 hours.

**Diarrhea** Consult your pediatrician if the patient has bloody stools, or exhibits any of the symptoms listed under “vomiting”.

Treatment – Keep your child well hydrated. Continue to breast feed. For each large loose stool, feed an additional 2 ounces of formula or Pedialyte®. If your baby has already begun eating solids, feed the BRAT diet (B= banana, R=Rice/ rice cereal, A=Applesauce, T= toast/crackers). If diarrhea persists more than two days, avoid dairy products for 3 days. If your child has diarrhea only, without vomiting, you can feed normally insuring plenty of fluid intake

## IMMUNIZATIONS

The doctors of Stamford Pediatrics strongly believe in immunizations. Immunizations have saved the lives of countless children. We never want to experience a child dying or becoming permanently disabled from a vaccine preventable disease. Because of this belief, we have come to a decision that those parents who disagree need to find care elsewhere.

Please see our website for the most up to date vaccine schedules and a recommended list of informational websites regarding vaccine safety. [www.stamfordpediatrics.com](http://www.stamfordpediatrics.com)

Birth	Hep B
1 month	Hep B
2 months	IPV, DTaP, HIB, Prevnar, Rotateq®
4 months	IPV, DTaP, HIB, Prevnar, Rotateq®
6 months	IPV, DTaP, HIB, Prevnar, Rotateq®
9 months	Hep B
12 months	Prevnar, MMR, Varivax
15 months	Hep A
18 months	DTaP
6-23 months	Fluzone®
24 month	Hep A
4 years	IPV, DTaP
5-10 years	MMR #2, Varivax booster
11 years & up	Tdap, Meningococcal vaccine, <b>Catch Up</b> Hep B, Hep A, Varivax for all children who have not received it earlier.
11 years & up	Gardasil® - girls only

### Definitions:

**Hep A**= Hepatitis A

**Hep B** = Hepatitis B

**IPV** = Inactivated Polio Virus Vaccine

**DTaP** = Diphtheria, Tetanus, and Acellular Pertussis  
**HIB** = Haemophilus b Influenzae  
**MMR** = Measles, Mumps, Rubella  
**MMRV**= Measles, Mumps, Rubella and Chicken Pox Vaccine  
**Td** = Diphtheria and Tetanus  
**Tdap**=Diphtheria, Tetanus, Acellular Pertussis  
**Prevnar** = Pneumococcal Vaccine  
**COMVAX®** = HIB and Hep B combination  
**Menactra®** = Meningococcal Vaccine  
**Varivax** = Chicken Pox Vaccine  
**Fluzone®** = Flu Vaccine (as indicated by CDC guidelines)  
**Rotateq®** = Rotavirus Vaccine  
**Gardasil®** = Human Papillomavirus Vaccine (HPV)

The following Organizations can assist you in Immunization Education:  
[www.cdc.gov](http://www.cdc.gov) (Center for Disease Control)  
[www.aap.org](http://www.aap.org) (American Academy of Pediatrics)  
[www.fda.gov](http://www.fda.gov) (Food and Drug Administration)

## VACCINE INFORMATION

### **Hep. B: Hepatitis b**

A 3 dose series

It is recommended that this vaccine be given at the following ages:  
Birth, 1-2 mo, 6-18 mo

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, scarring of the liver, liver cancer, liver failure, and death. Chronic liver disease affects 90 % of infants infected at birth, 30 % of children affected at age 1-5 years, 6 % of persons infected after the age of 5 years. About 30% of affected individuals have no signs or symptoms. The vaccine is the best protection. There is an estimated 1.25 million affected Americans, most of whom contracted the disease in childhood.

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### **DTaP: Diphtheria, Tetanus, and Acellular Pertussis**

A 5 dose series

It is recommended that this vaccine be given at the following ages:

2 mo, 4 mo, 6 mo, 15-18 mo, and 4-6 years.

A booster of Tdap is given at 11-12 years old.

Td boosters are recommended every 10 years, or as needed with contaminated wounds.

Diphtheria is caused by the bacteria *Corynebacterium diphtheriae*. Local infections are usually associated with low- grade fever, however serious complications include severe neck swelling with upper airway obstruction, which is due to the formation

of a sloughing membrane, and inflammation of the muscles of the heart. Disease does not confer immunity, however the vaccine provides protection. Tetanus is caused by the neurotoxin produced by the bacterium *Clostridium tetani*. It is a neurological disease whose symptoms include lockjaw and severe muscle spasms, which results in respiratory failure. The organism exists in soil and animal and human intestines. It is ubiquitous in the environment. The organism multiplies in wounds and releases the toxins. Pertussis, or Whooping Cough, is caused by the bacteria *Bordatella pertussis*. It begins with mild upper respiratory symptoms, such as runny nose and low- grade fever, if any and progresses to cough and then usually paroxysms of cough characterized by inspiratory whoop and commonly followed by vomiting. In infants, complications include sudden unexpected death or prolonged periods of breath holding. The best protection is through the vaccine.

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### **IPV: Inactive Polio Virus Vaccine**

A 4 dose series

It is recommended that the vaccine be given at the following ages:  
2 mo, 4 mo, 6-18 mo, and 4-6 years.

Polio virus occurs only in humans and is more common in infants and young children. Roughly, 95% of poliovirus infections are asymptomatic. Serious complications include rapid onset of paralysis with loss of reflexes in the involved limb. Two thirds of people who experience this complication have persistent paralysis of the involved limb. There is no treatment which is why the vaccine is so valuable.

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### **HiB: Haemophilus Influenzae Type B**

A 3 or 4 dose series, depending on which vaccine formulation is used (our office uses the 4 dose series)

It is recommended that this vaccine be given at the following ages:  
2 mo, 4 mo, 6 mo, and 12-15 mo

*Haemophilus influenzae* type B is a bacteria that causes pneumonia, blood infections, meningitis, epiglottitis, septic arthritis, skin infections, ear infections, infections of the lining of the heart, and less commonly, general infections of the heart, eyeball, bone and the lining of the abdominal cavity. Since the implementation of the vaccine, the incidence of serious infection from HiB has gone from roughly 20,000 cases per year to less than 100 in 2002, according to the CDC reports.

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### **Pevnar: Pneumococcal vaccine**

A 4 dose series

It is recommended that this vaccine be given at the following ages:

2 mo, 4 mo, 6 mo, 12-15 mo

Pneumococcal or Streptococcus pneumonia is another bacteria that causes many serious infections in children. There are about 90 different types, but 7 of these account for about 80% of infections among children less than 6 years of age. Pneumococcus is the most common cause of bacterial meningitis in children younger than 1 year of age. Before the vaccine was introduced, pneumococcus was responsible for 17,000 cases of bloodstream infections, 700 cases of meningitis, and 70,000 cases of pneumonia (www.chop.edu). Pneumococcus is also a common cause of ear infections. Prevnar vaccine prevents about 7% of ear infections and about 20% of those infections that are resistant to multiple antibiotics. The biggest problem with Pneumococcus is its growing resistance to available antibiotics, which is why the vaccine is the best way to prevent illness from 7 types that most commonly cause infection.

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### **Rotateq: Rotavirus vaccine**

A 3 dose series

It is recommended that this vaccine be given at the following ages:

2 mo, 4 mo, 6 mo, (this vaccine may not be given after 32 weeks of age and may not be started after 12 weeks of age)

Rotavirus is a virus that causes high fever, vomiting, and diarrhea. By 5 years of age, virtually all children have been affected. Before the vaccine, Rotavirus resulted in 55,000-70,000 hospitalizations annually and 20-60 deaths. The vaccine was studied in more than 70,000 infants before being approved.

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### **MMR: Measles, Mumps, And Rubella**

A 2 dose series

It is recommended that this vaccine be given at the following ages:

12-15 mo and 4-6 years

Measles is a disease caused by a virus. Symptoms include fever, pink eye, and a red, pinpoint rash that starts on the face and spreads to the entire body. Measles can also cause very severe pneumonia that may result in death and an infection of the brain that can cause permanent brain damage. Measles is still quite prevalent throughout the developing world and remains one of the leading causes of death worldwide. There is no treatment of measles; only the vaccine can prevent it.

Mumps is a virus as well. It commonly causes the swelling of the parotid glands just below the ears that lasts for 7 days. Mumps can be very serious and used to be the most common cause of meningitis and acquired deafness before the vaccine (www.chop.edu). Also, mumps can cause swelling of and inflammation of the testicles, which may cause long-term sterility. Finally, mumps infections during pregnancy occasionally resulted in the death of the unborn child.

Rubella, also known as German measles, is a virus that generally causes a rash, swelling of the glands behind the ears, and sometimes swelling of small joints such



as fingers. Children often recover without consequence, however if a woman is infected with rubella during the first trimester of the pregnancy, there is about an 85% chance of the child being permanently affected, Rubella can cause blindness, deafness, heart defects, and mental retardation in the unborn child.

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**Varivax: Varicella (Chickenpox)**

A 2 dose series

It is recommended that this vaccine be given at the following ages:

12-15 mo and 4-6 years

Chickenpox is usually a relatively benign disease, however anyone can experience serious complications from the virus. Possible complications include pneumonia and inflammation of the brain. Because the virus causes many blisters to form, the skin barrier is compromised. As a result, people who have chickenpox are especially susceptible to skin infections, especially by Group A Streptococcus, which can be severe and sometimes fatal. In addition, if a pregnant woman gets chickenpox, there are many possible birth defects that could result.

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**Hep A: Hepatitis A**

A 2 dose series

It is recommended that this vaccine be given at the following ages:

12-15 mo and 24 mo.

Hepatitis A is a virus that causes inflammation of the liver. Symptoms include fever, nausea, vomiting, diarrhea, and jaundice (yellowing of the skin). The illness tends to be relatively mild in children but can be quite severe in adults, and in rare cases, it has been known to cause permanent liver damage. Thankfully, Hepatitis A can not become chronic and once a person is infected, he or she cannot be infected again, however the best way to prevent infection is to be vaccinated.

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**Menactra: Meningococcal vaccine**

It is recommended that this vaccine be given at the following ages:

11-12 years old

Meningococcus or Neisseria meningitides is a bacteria that causes meningitis and infections of the blood. It is always serious because of how rapidly it affects people. The bacteria is contagious and can cause outbreaks in settings where intimate contact occurs (intimate contact includes sharing food/beverages, staying in the same room or house for more than four hours a day, or kissing). Each year “2600 people are infected and 300 die while 400 of the survivors have permanent disabilities such as seizures, loss of limbs, mental retardation, kidney disease, or deafness” ([www.chop.edu](http://www.chop.edu)).

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## **Gardasil: Human Papilloma Virus vaccine**

A 3 dose series

It is recommended that the vaccine be given at the following ages:

Begin series at 11-12 years old in girls only

Human Papilloma virus is the most commonly sexually transmitted infection. At least 50 % of sexually active men and women acquire the infection at some point in their lives, and certain types of the virus are responsible for cervical cancer, along with other genital cancers. This is the first vaccine developed with a goal of preventing cancer.

## **TWO WEEK VISIT**

**Parents' concerns** (Please write down your questions)

**Diet**      Breast milk/formula; (Similac Advance® With Iron)  
                 Vitamins like Tri-Vi-Sol® if breast fed  
                 Boil water for the first 2 months if well water supply.  
                 Wash bottles in hot soapy water, Dishwasher is fine.  
                 Do not give additional water bottles unless instructed by a doctor.  
                 Never give your infant honey.

### **Safety Tips**

- An infant car seat is essential for safety and is required by law.
- Protect your baby from fire by installing a smoke detector in your home.
- Protect your baby from older siblings and pets.
- To protect against SIDS, babies should sleep on their backs. They should sleep in a crib or bassinette, not in your bed.
- Guard against falls. Do not leave babies unattended on beds or changing tables.
- Do not use the microwave to warm up bottles.

### **Recommendations**

**Encourage “tummy time” while awake.**

## FOUR WEEK VISIT

**Parents' concerns** (Please write down your questions)

**Diet** Breast milk/formula; (Similac Advance® With Iron); Tri-Vi-Sol® for breast fed infants

**Recommendations:**  
**Encourage tummy time while awake.**

## TWO MONTH VISIT

**Parents' concerns** (Please write down your questions)

**Diet** Breast milk/formula; (Similac Advance® With Iron); Tri-Vi-Sol® for breast fed infants

### **Safety Tips**

- Make sure that your crib and dressing table are secure.
- Avoid bottle-propping.
- Check bath water temperature.
- Be sure your water heater is not hotter than 120° to prevent scald injuries.

**Recommendations**  
**Start to establish a regular bedtime routine.**

## FOUR MONTH VISIT

**Parents' concerns** (Please write down your questions)

**Diet** Breast milk/formula; (Similac Advance® With Iron); Tri-Vi-Sol® for breast fed infants  
Begin rice cereal, vegetables, and fruits.  
Wait several days before introducing each new food.  
Do not feed your child honey.  
Babies are now capable of sleeping through the night without feeding.

### Safety Tips

- Guard against falls.
- Keep small objects that might cause choking out of baby's reach. This includes food, toys, paper, etc. Anything within reach will probably wind up in your baby's mouth from now on.
- If an object can fit through a toilet paper tube, it is a choking hazard.
- Guard against choking. Learn CPR.
- Walkers are very dangerous and we do not recommend them.
- Use sunscreen on the baby when outdoors (SPF 45 or higher).

### Recommendations

**Consider establishing a consistent bedtime routine to encourage your baby to sleep through the night.**

## SIX MONTH VISIT

**Parents' concerns** (Please write down your questions)

**Diet** Breast milk/formula; (Similac Advance® With Iron); Tri-Vi-Sol® for breast fed infants.  
When the baby is able to sit without support, introduce a sippy cup or straw cup. Fruit juice has lots of sugar, keep it to a minimum-as a treat.  
May start stage 2 foods, meats, egg yolk.  
**No** egg whites, peanut products, nut products, honey, shellfish, citrus or berries **before 1 year old**. Early exposure to these foods can increase the risk of subsequently developing food allergies.  
Vitamins with fluoride if you have well water or are using bottled water exclusively.

### Safety Tips

- If your baby ingests a potentially harmful substance, call **poison control** at **1-800-222-1222**.
- Make sure that your high chair is stable.
- Place safety caps on all electrical outlets.
- Place guards around floor heaters.
- Inspect toys for loose or broken pieces.
- Walkers are very dangerous and we do not recommend them.
- Use sunscreen on the baby when outdoors (SPF 45 or higher).

### Recommendations

**Your baby will be mobile soon, review your household “baby-proofing”**

## NINE MONTH VISIT

**Parents’ concerns** (Please write down your questions)

**Diet** At 8-10 months begin processed dairy products. When your child has pincer grasp you may start finger foods like cheerios, small pieces of bananas, Gerber puffs. Avoid foods that are choking hazards (i.e.: peanuts, nuts, popcorn, hot dogs, raisins, grapes, small hard candies). **No** egg whites, peanut products, nut products, honey, shellfish, citrus or berries **before 1 year old**. Early exposure to these foods can increase the risk of subsequently developing food allergies. Fluoride as directed.

**Tests** Hemoglobin (blood test for anemia)  
Lead test when indicated

### Safety Tips

- If your baby ingests a potentially harmful substance, call **poison control** at **1-800-222-1222**.
- Before your baby becomes too mobile, child proof your home!
- Remove all appliance cords from reach.
- Remove all chemicals, medications, and cleaning agents from reach.
- Use gates on stairways.
- An infant should never crawl or walk with food in their mouth.
- Check car safety seat height and weight requirements.

### Recommendations

**Your baby may be holding the bottle well now, consider using a sippy cup.**

## TWELVE MONTH VISIT

**Please make this appointment on or after your child's first birthday.**

**Parents' concerns** (Please write down your questions)

### **Diet**

Begin eggs, citrus, berries and whole milk. Table food may be started when the baby has several teeth. Fluoride as directed. Good time to stop the bottle. Avoid foods that are choking hazards (i.e.: peanuts, nuts, popcorn, hot dogs, raisins, grapes, small hard candies). No peanuts or shellfish until age two due to high incidence of food allergies. Use whole milk until 2 years of age, children need the extra fat to encourage brain growth.

### **Safety Tips**

- A toddler is an accident waiting to happen!
- Anticipate a dangerous situation and remove the threatening object or the toddler from the environment.
- Never leave your toddler alone.
- Be careful around water. Six inches of water is enough to drown.
- May change to forward facing car seat once child weighs 20 pounds.

### **Recommendations**

**Talk to your child. Read with your child.**

## FIFTEEN MONTH VISIT

**Parents' concerns** (Please write down your questions)

**Diet** Four basic food groups (dairy, meat, cereal, fruit/vegetables). Some toddlers become "picky eaters." Be patient; healthy children will not allow themselves to starve!!! Do not feed more than 4 ounces of juice per day or more than 24 ounces of milk per day. Stop the bottle. Fluoride as directed. Remember, no peanuts or shellfish until age two due to high incidence of food allergies.

### **Safety Tips**

- Toddlers begin to climb. Guard against falls.
- Anticipate and PREVENT injuries.
- Do not leave hot beverages on tabletops to prevent scald injuries. Do not hold child while drinking hot beverages.

- Cook on back burners.
- Put gates at top and bottom of the stairs.

**Recommendations**

**If you haven't already, try and discontinue the bottle.**

**EIGHTEEN MONTH VISIT**

**Parents' concerns** (Please write down your questions)

**Diet** See fifteen month visit.  
Remember, no peanuts or shellfish until age two due to high incidence of food allergies.

**Safety Tips**

- Begin to teach your child water safety.
- Be sure your toddler remains in his/her car seat every time you drive. Set a good example. Always wear your own seat belt.
- Begin to teach street safety.

**Recommendations**

**Child proof room and put up gate.**

**Use a toddler bed if your child is able to climb out of the crib.**

**TWO YEAR VISIT**

**Parents' concerns** (Please write down your questions)

**Diet** Stress good nutrition by keeping only healthy foods and snacks at home.  
May use 1% or skim milk.  
Fluoride as directed.

**Safety Tips**

- The world is your toddler's oyster. Make sure that his/her outdoor environment is safe.
- Teach street safety.
- Be aware of swimming pool dangers.

**Recommendations**  
**Consider toilet training.**  
**Dental visit**

### **THREE YEAR VISIT**

**Parents' concerns** (Please write down your questions)

**Diet**      Stress good nutrition and healthy snacks.  
                 Fluoride as directed.

**Safety Tips**

- Teach child to be kind to animals and cautious near them.
- Lock doors to dangerous areas.
- Begin to teach stranger safety.

**Recommendations**  
**Dental visit**

### **FOUR YEAR VISIT**

**Parents concerns** (Please write down your questions)

**Diet**      Stress good nutrition and healthy snacks.  
                 Fluoride as directed.

**Safety Tips**

- Your child may be transitioning to a booster seat in the car.
- Keep gates at the top and bottom of the stairs.
- Never leave your preschooler unattended near water, even if he or she knows how to swim.
- Insist that your child wear a helmet when on a tricycle.

**Recommendations**  
**Dental Visit**



## **FIVE YEAR VISIT**

### **Parents' Concerns (Please write down your questions)**

**Diet** Stress good nutrition and healthy snacks.  
Fluoride as directed.

### **Safety Tips**

- Your child may be transitioning to a booster seat in the car
- Never leave your preschooler near unattended water, even if he or she knows how to swim.
- Insist that your child wear a helmet when on a tricycle, bicycle, or a scooter.

### **Recommendations**

**Encourage daily physical activity.**

## **IMPORTANT PHONE NUMBERS/ WEBSITES**

POISON CONTROL: 800-222-1222  
[Poisoncontrol.uchc.edu](http://Poisoncontrol.uchc.edu)

LOCAL HEALTH DEPARTMENTS:  
GREENWICH: 203-622-7836  
NEW CANAAN: 203-594-3018  
NORWALK: 203-854-7776  
STAMFORD: 203-977-4398

BIRTH TO THREE: 800-505-7000  
[www.birth23.org](http://www.birth23.org)

STAMFORD HOSPITAL: 203-276-1000  
[www.stamfordhospital.org](http://www.stamfordhospital.org)

QUEST DIAGNOSTICS LOCATOR: 800-377-8448  
[www.questdiagnostics.com](http://www.questdiagnostics.com)

LABCORP LOCATOR:  
[www.labcorp.com](http://www.labcorp.com)

## GROWTH RECORD

DATE	AGE	HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

See our website for a more complete reference list as well as recommended websites. [www.stamfordpediatrics.com](http://www.stamfordpediatrics.com)

### Bibliography

- Your Baby and Child*, by Penelope Leach  
*Baby and Infant Care*, by Dr. Benjamin Spock  
*Caring for Your Baby and Young Child*, by Dr. Steven P. Shelov  
*Mother and Child*, by Dr. Brazelton  
*Toilet Learning*, by Alison Mack  
*Solve Your Child's Sleep Problems*, by Ferber  
*Touchpoints*, by Dr. Brazelton  
*Your Child's Health*, by Dr. Schmitt  
*The Magic Years*, by Selma Fraibert

### American Academy of Pediatrics:

1. *Guide To Your Child's Symptoms*
2. *Caring for Your Baby and Young Child Birth to Age 5*
3. *Caring for Your School Age Child 5 to 12*
4. *Caring for Your Adolescent 12 to 21*

IMMUNIZATIONS				
Date:		Rotateq®	1	
<b>Polio</b>	1		2	
	2		3	
	3	<b>Gardasil®</b>	1	
	4		2	
	5		3	
<b>DTaP</b>	1	<b>Meningococcal</b>	1	
	2	<b>Other</b>	1	4
	3		2	5
	4		3	6
	5			
			<b>LAB TESTS</b>	
<b>Td</b>	1		<b>Dates:</b>	<b>Results:</b>
<b>Tdap</b>	1	<b>PPD</b>	1	
<b>HIB</b>	1		2	
	2		3	
	3		4	
	4	<b>Hgb</b>	1	
<b>Hep B</b>	1		2	
	2		3	
	3		4	
	4		5	
<b>Prevnar</b>	1		6	
	2	<b>PKU</b>	1	
	3	<b>Lead</b>	1	
	4		2	
<b>Varivax (chicken pox)</b>	1			
	2	Blood Types:		
<b>MMR</b>	1	Mother - _____		
	2	Baby - _____		
	3			
<b>Hep A</b>	1			
	2			