

FOUR MONTH OLD

Safety:

- At four months of age, everything your infant grasps goes directly to his/her mouth. Keep peanuts, plastic bags, coins, sharp objects away from your child. Teach siblings not to bring small objects (legos, etc.) to infant. If there is an older sibling a playpen becomes a safe refuge from the clutter on the floor.
- Never leave your child in the bathtub or on a high surface unsecured-even for a few seconds.
- Always use a *car seat*. Infants should be rear facing until 2 years of age. The safest place is the back seat, ideally the center back seat. Never put an infant in the front seat with an air bag.

Development:

- Your infant is cooing, may shriek or grunt, laughing, smiling responsively, reaching for objects, grasping objects, tracking 180 degrees across the room and turning to sound.
- Rolling is quite variable and often occurs between 4 and 6 months.
- Your child is becoming more social and more fun!

Sleep:

- Develop a bedtime routine: (i.e. feed your baby, brush teeth once present, read/rock to him/her, put child down to sleep while drowsy but awake).
- At four months many children sleep through the night (eight or more hours). If your child falls asleep independently, he/she may get back to sleep in the night easier on awakenings. When your child awakens in the middle of the night, it is reasonable to let her cry for a few minutes to see if she will fall back to sleep on her own or try patting or rocking instead of feeding.

Diet:

- Formula with iron or breast milk is total nutrition. AAP recommends vitamin D supplement (400 IU/day) for all solely breastfed infants.
- If you decide to start solids, once or twice a day offer rice/oatmeal cereal or pureed fruits or vegetables. Take it slow! Introduce no more than one new food each few days.
- Once starting solids, breastfed babies need to focus on getting some iron rich foods daily (fortified cereals, green vegetables, meats).
- If there is a strong family history of asthma, allergies or eczema discuss with your pediatrician if longer avoidance of allergenic foods is necessary.
- Avoid honey until at least one year.

Tips:

- All children drool and put things in their mouth at this age (even if their teeth are not coming in!). The first teeth erupt between 4 and 12 months. If you think your child is teething, let him/her gnaw on a cold washcloth, teething ring or fingers.
- Provide opportunity for your child to reach/grasp/roll toward objects. Talk, sing and read to your baby.
- It is important for parents to look out for their own well being. Consider getting a baby sitter and going to dinner alone.

Medications:

****Important Dosing Changes: Starting in Fall 2011 manufacturers of acetaminophen will begin to discontinue Infant Drop formulations (80mg per 0.8mL). This is an attempt to avoid dosing errors caused by caregiver confusion over different concentrations. Acetaminophen will be moving to a single pediatric concentration of 160mg per 5mL for Infants' suspension liquid and Children's suspension liquid. Please be sure to confirm the concentration of acetaminophen before following dosing parameters below:*

-**Acetaminophen** (Tylenol, paracetamol, APAP):

Infant drops

Concentration: (80mg per 0.8mL):
(*may not be available much longer)

12 to 18 pounds:	0.8mL (80mg) each 4-6 hours
18 to 24 pounds:	1.2mL (120mg) each 4-6 hours

Suspension

Concentration: (160mg per 5mL):

10 to 12 pounds:	2mL (64mg) each 4-6 hours
12 to 18 pounds:	2.5mL = ½ teaspoon (80mg) each 4-6 hours
18 to 24 pounds:	3.75mL = ¾ teaspoon (120mg) each 4-6 hrs

-We generally do not recommend ibuprofen, antihistamines and decongestants before six months of age.

Visit our website for further health information and links to other medical sites: www.ballardpediatrics.com
Ballard Pediatrics: 206 783 9300

4 Month Parent Questionnaire

Please complete this side only

Interval History/New Problems

Has there been any change in general family history since last visit? yes no

If "yes", please specify: _____

Any changes at home since last visit? yes no

If "yes", please specify: _____

General

Do you have any concerns or worries about your baby? yes no

If "yes", please specify: _____

Is your child in daycare or the care of a babysitter/nanny? yes no

Do you have concerns about your child's vision/hearing? yes no

If "yes", please specify: _____

Do your child's eyes cross, even briefly? yes no

Feeding

How is your baby fed?

Breast Bottle: Expressed breast milk Formula: Name of formula _____ Ounces per feeding: _____

My baby feeds every _____ hours during the day and is usually up _____ times during the night to feed.

Has your baby started solid foods? yes no

If 'yes', what solid foods (list examples): _____

Sleep

Where does your baby sleep: Crib/bassinet/co-sleeper Parents' bed Other

Does your baby sleep on his/her back? yes no

Does your baby sleep through the night? yes no

If not, what is the longest stretch of night time sleep: _____ hrs.

Elimination

Do you think your baby's bowel movements are normal? yes no

Development

Do you have concerns about your baby's development or behavior? yes no

If "yes", please specify: _____

Does your baby coo, squeal and laugh? yes no

Does your baby bring his/her hands together in midline and into mouth? yes no

Does your baby respond to your voice? yes no

When you sit your baby up, does he/she hold his/her head steady? yes no

When you move a toy from side to side will he/she follow it with his/her eyes past midline 180°? yes no

Does your baby roll? yes no

When on his/her tummy, can your baby lift his/her head up 90°? yes no

Safety

Does your home have working smoke detectors? yes no

Is your water heater turned down to below 120 degrees? yes no

Does your child ride in a rear-facing car seat in the back seat? yes no

Does anyone smoke who cares for your child? yes no

Are you afraid of your partner or anyone close to you? yes no

Completed by: _____ Relationship to Patient: _____ Date: _____

End of parent questionnaire

Provider review _____

Patient Name: _____

DOB: _____