

## TWO MONTH OLD

### Safety:

- 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.
- Never leave your child in the bathtub or on a high surface unsecured-even for a few seconds.
- Avoid sunburns. Shade is the rule for infants. We typically do not recommend sunscreen for children <6mo, however if you cannot avoid exposure, use a sunscreen for babies only on exposed areas and wash sunscreen off once inside.
- Avoid smoking in the same house as your child.
- Be extremely cautious with hot liquids (coffee, tea, etc.) around your baby.
- Parents and care providers consider augmenting immunity to “whooping cough” by getting Tdap booster.

### Development:

- Your infant should track a face briefly and startle to noise.
- Smiling and cooing has begun.
- At three or four months your child should begin to reach out for objects.

### Sleep:

- Ideally an infant is having some longer stretches of sleep at night.
- 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).
- Put your baby to sleep on his/her back without extra bedding, pillows, etc.. The highest risk of Sudden Infant Death Syndrome is 1-6 months.
- Do not put a child to bed with bottle propped in baby’s mouth.

### Diet:

- Formula with iron or breast milk is total nutrition. AAP recommends vitamin D supplement (400 IU/day) for all solely breastfed infants
- Premature infants (<37 weeks gestation) should receive supplementation of iron for the first year of life.
- Hold on solids until at least four months of age
- Most infants are now feeding about every three hours in the daytime. Baby Bjorns, slings, swings, “bouncy” seats, rocking, singing are techniques to pacify a child who needs comfort but is not really hungry.
- Avoid honey. Infants are at risk for botulism from honey.

### Tips:

- Colic-like* pain should be lessening now, much improved by three months.
- Your child will become more social and interactive over the next several months. Hold your child, talk to him, play peek-a-boo, provide simple toys he can interact with.
- Give your infant some “tummy time” daily when alert and awake. Get on the floor with her to make it more enjoyable.

### Medications:

- Any fever prior to 3 months of age please call Ballard Pediatrics to discuss with nurse (only exception being evening after 2 month vaccines).
- We generally do not advise ibuprofen, antihistamines and decongestants before six months of age.
- Acetaminophen (Tylenol) is general a safe medication after 2 months of age (dosing below).

*\*\*\*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 (80mg) each 4-6 hours  
18 to 24 pounds: 3.75mL (120mg) each 4-6 hours

(Note: 5mL = 1 measured teaspoon)

Visit our website for further health information and links to other medical sites: [www.ballardpediatrics.com](http://www.ballardpediatrics.com)  
Ballard Pediatrics: 206 783 9300

# 2 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: \_\_\_\_\_

Will you be returning to work?  yes  no

If 'yes', who will be caring for your child when at work? \_\_\_\_\_

## 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.

## 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 a long stretch at 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: \_\_\_\_\_

Can your baby lift his/her head slightly when lying face down?  yes  no

Does your baby smile at you?  yes  no

Does your baby coo and babble spontaneously?  yes  no

Does your baby respond to noise?  yes  no

When you move a toy from side to side in front of his/her face  
does he/she follow the toy to midline?  yes  no

Will your child grasp an object placed in his/her hand?  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: \_\_\_\_\_

Provider review: \_\_\_\_\_

End of parent questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_