

## ONE YEAR OLD

### Safety:

- Always use a *car seat*. The Academy of Pediatrics now recommends keeping children rear facing in car seats until 2 years of age. The center rear seat remains safest. Air bag/car seat questions: call Safety Restraint Coalition 1800 282 5587.
- Once your child walks more hazards arise. Any body of water is a potential danger. Pools should be gated. Supervise your child around streets/cars, always hold a hand. More burns occur as he/she can reach your coffee cup, candle, stove, fireplace.
- Toxic chemicals, vitamins, antibiotics, cosmetics, small “choking” objects should be stored safely. Have poison control number near phone: 1 800 222 1222.
- Stairs need to be blocked at top and bottom.
- Keep bathroom doors closed.
- Consider lowering crib mattress.
- Use a sunscreen when shade is not an option (SPF >15)

### Development:

- Your child should be pulling to stand, cruising along furniture, crawling, picking up objects with two fingered pincer grasp, hear even soft sounds, turn to his/her name, mimic adult behavior.
- Children around a year of age begin to have their first words and take their first steps. If your child is not talking (one or two words) or walking by 15 months, let your pediatrician know.

### Sleep:

- Your child may have some fears at nighttime. Nightmares and night terrors do occur. Soothe your child upon a frightening awakening. A night light may be helpful. Continue bed time routine.
- The average child moves from two to one daytime naps at 16 months, however, naps are quite variable.

### Diet:

- A year of age is the time to transition from formula to whole milk. Some children will transition easily to whole milk in a cup. Others need whole milk to be mixed into formula slowly (over 1-2weeks) and still prefer the bottle.
- Breastfeeding mothers may continue if desired. When weaning transition to whole milk.
- Try to limit your child to 20-24 ounces of whole milk a day.
- Milk does not contain all the vitamins and minerals in formula or breast milk. Offer a variety of fruits, vegetables and meats/other iron rich foods. Consider a multivitamin if poor/picky eater. The AAP recommends Vitamin D supplementation (400 IU/day) for all children.
- If allergies strongly run in the family, your pediatrician may advise a slower initiation of nuts, shellfish and possibly other highly allergenic foods.
- Avoid excessive mercury containing fish such as tuna steak, swordfish, king mackerel, shark or tilefish. Canned tuna has less mercury; limit your child to 1 Tablespoon per 25lbs of weight per week.
- Offer three meals and 2-3 snacks daily. Make mealtimes fun.
- Consider discontinuing bottle soon.

### Tips:

- Tantrums may begin around a year of age. Praise good behavior. Try to limit the use of “no” to aggressive or dangerous behavior. Pay attention to what your child is trying to communicate. Briefly ignoring tantrum behavior may help prevent tantrums from becoming “useful” and flourishing.
- Parents need to supply clear and consistent messages.
- Continue brushing with water or non-fluoridated toothpaste twice daily. If there is a strong family history of tooth decay, your child consumes a lot of juice or brushing is difficult, a speck (less than pea sized) of toothpaste with fluoride once daily may be beneficial.
- Encourage playing with blocks, stacking toys, books, drawing, using fork/spoon and imitating.

**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 (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

24 to 30 pounds: 1.6mL (160mg) each 4-6 hours

Suspension (160mg per 5mL)

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

24 to 30 pounds: 5mL = 1 teaspoon (160mg) each 4-6 hours

**-Ibuprofen** (Advil, Motrin)

Drops (50mg per 1.25mL):

11 to 17 pounds: 1 dropper = 1.25mL (50mg) each 6-8 hours

17 to 22 pounds: 1 ½ droppers = 1.875mL (75mg) each 6-8 hours

Suspension (100mg per teaspoon):

11 to 17 pounds: 2.5mL = ½ teaspoon (50mg) each 6-8 hours

17 to 22 pounds: 3.8mL = ¾ teaspoon (75mg) each 6-8 hours

22 to 30 pounds: 5mL = 1 teaspoon (100mg) each 6-8 hours

-We generally do not recommend *over the counter* cough and cold medicines in children less than 2 years old because of lack of benefit and possibility of side effects.

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

# 12 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 child?  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

What type of milk does your child drink?

Breast  Bottle  Cup  Whole Milk \_\_\_\_\_ oz/day  Other (Almond Milk/Soy Milk/Hemp Milk) \_\_\_\_\_

Does your child eat a good variety of foods (meat, vegetables, grains, fruit)?

## Sleep

Where does your child sleep:  Crib  Toddler Bed  Parents' bed  Other

Does your child sleep through the night?  yes  no

## 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 child pull to stand?  yes  no

Does your child stand alone?  yes  no

Does your child cruise?  yes  no

Does your child walk with support?  yes  no

Does your child walk alone?  yes  no

Does your child pick up objects well between thumb and forefinger (i.e. pincer grasp)?  yes  no

Does your child point?  yes  no

Does your child wave 'bye bye'?  yes  no

Does your child babble?  yes  no

Does your child enjoy playing 'peek-a-boo'?  yes  no

Does your child say any specific words?  yes  no

Does your child feed him/herself using his/her fingers?  yes  no

## Safety

Is your child's car seat rear facing in back seat?  yes  no

Does your house have working smoke detectors?  yes  no

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

Are all medicines and household products in locked cabinets?  yes  no

If your house has stairs, are they blocked off at all times?  yes  no

Do you leave your baby alone in the bathtub?  yes  no

Does anyone smoke who cares for your child?  yes  no

Completed by: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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

End of parent questionnaire

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