

18 MONTH OLD

Safety:

- The Academy of Pediatrics now recommends a rear facing convertible car seat until 2 years of age (or until child reaches highest weight or height allowed by car seat manufacturer). Do not put child in front of an air bag. Air bag/car seat questions: call Safety Restraint Coalition 1800 282 5587.
- Your toddler needs to learn to be afraid of streets, want to hold your hand when crossing.
- Always observe your child around any body of water (pool, bathtub). Pools should be gated.
- Keep house "child proofed."
- Keep toxic chemicals, antibiotics, cosmetics, cleaners in the house and garage locked away.
- Any guns in the house should be in a secured lock box.

Development:

- Your toddler is now walking, running, throwing, manipulating fork/spoon, talking, scribbling.
- Social skills are developing rapidly. Your child should make eye contact, mimic simple tasks (vacuum, picking up), point to objects he/she wants you to see.
- Expressive language advances much slower than receptive language. Your toddler likely has 5-20 words but understands many more.
- Stranger anxiety may be quite prominent. Exams at the doctor's office may be difficult. It will begin to ease soon.

Sleep:

- Ideally your child continues to sleep through the night. A night light or cracked door may calm fears.
- Nightmares and night terrors occur frequently at this age.

Diet:

- Whole milk remains a good source of protein, calcium and calories. 10-24 ounces a day is ideal. Some children may benefit from the decreased fat content of 2% milk.
- Offer a wide variety of fruits, vegetables and meats. Be creative with food choices/presentation. Do not force foods. Extremely picky eaters may benefit from a multi-vitamin (ask your pharmacist for options). Vitamin D supplementation (400 IU/day) is recommended for all children.
- Avoid hard foods such as popcorn, raisins, hard candy, gum until 4 years of age (nuts even longer). Cut up round solids like grapes, cheese, whole beans, meats, cooked carrots, hot dogs into small pieces.

Tips:

- Tantrums may be increasing. 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.
- Continue to brush twice daily (once before bed). Avoid toothpaste with fluoride until your child effectively spits (usually around 2 ½). 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.
- If your child is not drinking fluoridated water, ask your doctor about fluoride drops. Visit a dentist around 3 years of age, sooner if not brushing or strong family history of tooth decay.
- Read, play games, do puzzles, draw, explore motor skills.

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) 18 to 24 pounds: 1.2mL (120mg) each 4-6 hours
(*may not be available much longer) 24 to 30 pounds: 1.6mL (160mg) each 4-6 hours

Suspension (160mg per 5mL) 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):

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

Suspension (100mg per teaspoon):

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

Visit our website for further health information and links to other medical sites: www.ballardpediatrics.com

Ballard Pediatrics 206 783 9300

18 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

Does your child have normal bowel movements? yes no

Development

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

If yes, explain: _____

Does your child walk? yes no

Does your child walk upstairs with one hand held? yes no

Does your child climb onto an adult chair? yes no

Does your child eat with a spoon and fork? yes no

Does your child stack blocks? yes no

Does your child scribble with crayons? yes no

Does your child have 4-10 words? yes no

Does your child know the location of objects that have been hidden? yes no

Does your child play at pretend games such as hugging a doll or talking into a telephone? yes no

Is your child able to tell you what he/she wants? yes no

Does your child point to body parts on command? yes no

Does your child like to play alongside other children? 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

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

Does anyone smoke who cares for your child? yes no

Do you give your child raw vegetables, hard candy, gum, nuts or popcorn? 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: _____

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

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| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE, pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(FOR EXAMPLE, being swung or bounced on your knee) | Yes | No |