

SIX MONTH OLD

Safety:

-*Child-proof your house!*

-All medicines, vitamins, cosmetics, cleaners, toxic chemicals should be locked or out of reach. Have poison control number by phone: 1 800 222 1222. Never induce vomiting prior to talking with poison control.

-Electrical outlets should have plug protectors. Tape down exposed lamp cords/extension cords to prevent burn injuries from infants biting on such objects.

-Make living room/play areas safe. Rearrange or place "bumpers" on dangerous furniture edges/corners. Gates may contain infants into known safe areas.

-Keep small objects off floor. Keep balloons, coins, marbles, batteries, etc. away from an infant.

-Stairs should be gated on top and bottom.

-Bathroom door kept closed. Never leave bathtub full with water. Water heater set at 120 F.

-Child resistant safety latches may be helpful for kitchen/bathroom cupboards.

-Candles, fireplace must be out of reach or avoided. Classic burn injury is hot coffee/tea/soup pulled off of table.

-Do not use baby walkers.

-Be careful of long cords (strangulation risk).

-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. Move to a *convertible* car seat placed rear facing if your child's length exceeds specifications on your *infant* car seat.

Development:

-Your child likely is reaching for and grasping objects, transferring objects from one hand to another, babbling, laughing, rolling, turning to sound well, tracking people/objects 180 degrees across room.

-He/she should make good eye contact, be excited/laugh at peek-a-boo, exhibit some early mimicry.

-Around six months (often seven months) children are starting to sit without support when placed in sitting position.

-Separation anxiety becomes more prominent now, peaking at nine months. Reassure your infant.

Sleep:

-Ideally your child is now sleeping eight or more hours in one stretch.

If this is not happening and you are frustrated you are not alone. The two most common reasons sleeping "through the night" has not yet occurred are feeding for comfort at night and/or an inability to put self back to sleep on awakening. Remember all children awaken in the night, the good sleepers get back to sleep without waking the family. There are many books on sleep which many families find helpful, however, be aware each book (and each neighbor/friend of yours) has a different philosophy on how to approach these issues. Find what feels comfortable to you, give it a shot being as consistent as you can and bring questions in if sleep is not improving.

-Continue bed-time routine. Continue to place to sleep on back.

Diet:

-Formula with iron and/or breast milk remains the majority of your infant's nutrition. Introduction of solids is to explore eating. Forcing your child to eat is not necessary.

-Try solids (pureed) twice a day. Introduce a new food each three or four days.

-Start with rice/oatmeal cereal, pureed vegetables and fruits. Pureed meats are also reasonable. Hold on solids with more texture until 8-9months.

-Introduce wheat and dairy after working through above foods. 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.

-Breast fed babies need to focus on getting some iron rich foods daily (fortified cereals, green vegetables, meats).

-Constipation (hard stools, staining) is common on the introduction of solids. Rice cereal and bananas are especially constipating. Try oatmeal cereal in place of rice cereal, and increase fruits (especially prunes or apricots) and green vegetables.

Tips:

- Seattle water is fluoridated. Offer water between feedings for hydration and prevention of dental caries. Infants do not need juice; the sugars in juice increase the risk of caries. Brush (or wipe with gauze/cloth) your child's teeth twice daily with a nonfluoridated toothpaste.
- Let your child gnaw on a cold washcloth, teething ring or fingers to soothe erupting teeth.
- If your house was built before 1950 and contains peeling paint or had a recent remodel, discuss possibility of lead toxicity with your pediatrician.
- Avoid sunburns. Shade and covering skin is ideal. Use a sunscreen made for children.
- Distraction is quite useful.
- Give a comfort object such as a blanket or teddy bear.
- Read to your baby!

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) 12 to 18 pounds: 0.8mL (80mg) each 4-6 hours
(*may not be available much longer) 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
Ballard Pediatrics: 206 783 9300

6 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: _____

Has your baby started solid foods? yes no

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

Sleep

Where does your baby sleep: Crib Parents' bed Other

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: _____

Can your baby sit with support or alone? yes no

Can your baby roll over at least one way? yes no

Does your baby smile, laugh, squeal, and babble? yes no

If you talk to your baby, does he/she seem to "talk" back to you? yes no

Does your baby turn to your voice? yes no

Does your baby reach for objects? yes no

Does your baby seem to recognize you or other caregivers? yes no

Does your child bear weight on his/her legs? yes no

Does your baby transfer objects between both hands? yes no

Safety

Have you started to baby-proof your house? yes no

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

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

End of parent questionnaire

Provider review _____

Patient Name: _____ DOB: _____