

PEDIATRIC HEALTH CARE

TWO YEAR EXAM

WEIGHT: _____ LBS. _____ OZ. LENGTH: _____ IN.
 _____ % _____ %

FEEDING:

Don't worry if your child's appetite decreases—this is normal. This may last for years—the "Picky Eater Syndrome". Offer small portions of colorful food from all the food groups. Many children appear thin at this age. Eating should be a table activity only. Try to include your child in family meal time. Running around while eating can cause choking.

Your goal for milk intake is 16 ounces (2 cups) per day. The American Academy of Pediatrics and the Institute of Medicine recommend a daily intake of at least 600 IU of Vitamin D for everyone over age 1. This may be accomplished by offering a children's multivitamin that offers 400-600 IU of vitamin D per serving once a day in addition to the daily milk intake.

Continue brushing teeth. Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk. A smear (the size of a grain of rice) of toothpaste should be used up to age 3. Parents should dispense toothpaste for young children and supervise and assist with brushing. Aim for a goal of at least 6 oz of city water from your tap daily to help achieve maximum protection against dental caries. If you have well water, please notify us.

DEVELOPMENT:

Your child can jump, kick a ball, climb stairs, stoop, scribble, build block towers, turn pages of a book, and use two-word sentences. Continue reading books—this helps build his/her vocabulary. Reading is not just for bedtime anymore!

SAFETY:

You may now turn your child's car seat to a front-facing position (as long as your child is at least 20 pounds). Your child should be in a 5-point harness. Ensure that your car seat is installed correctly and that your child is properly restrained. Ask us if you have questions.

Watch driveways and parking lots, always hold the child's hand. Watch out for matches and lighters, tools, plastic bags, and poisonous cleaning supplies. Never leave a child in a car unattended. Watch fingers when closing car doors and windows. Watch out for potential burns and falls. Anticipate potential for accident prevention! Get your child used to wearing a bike helmet.

Please let us know if your child has a high risk of lead exposure: lives in a house built before 1978, exposed to old peeling/chipped paint, he likes to put non-food items in his mouth (such as jewelry, keys, dirt, etc.), he has a parent whose job or hobby involves lead exposure, or he has a sibling or playmate who has been treated for lead poisoning.

IMMUNIZATIONS:

Catch up. No more until age 4.

Lead level if high risk.

PROBLEMS:

DISCIPLINE: Remove dangerous and breakable item from the environment to avoid constantly saying "no". Be consistent. At this age, expect frustration, negativism, and temper tantrums. A "time-out" place may work well in controlling negative behavior. Offer your child something else to do in place of the unfavorable behavior. Don't forget praise for good behavior.

TOILET TRAINING: Children vary in their readiness, especially regarding bowel movements. Do not be concerned if your child does not show readiness (boys are generally slower than girls). Give positive reinforcement.

FEARS: Some children develop fears of loud noises, the dark, and water in the bathtub. Reassure your child and don't force the feared object upon him/her. Gradually reintroduce these items that are feared and read books on the subject with him/her.

NEXT VISIT:

See you at 30 months of age. Please complete the 30 months ASQ developmental screening form within 2-3 weeks of that appointment and bring it with you. If you have not received this form, please ask one of our staff members. The ASQ and MCHAT screens are recommended by the American Academy of Pediatrics to assist in early detection of developmental delays.

Teach your child empathy, to see things from another's point of view.