



Well Child Book **AGE: 24 MONTHS**

Riley Physicians Pediatrics

Date: _____

Weight: _____

Length: _____

Head Cir.: _____



Riley Physicians
Indiana University Health

A partner with IU Health Arnett Physicians

DEVELOPMENT

Your child will display certain physical and mental developmental skills, also known as developmental milestones. Please keep in mind, development is different for every child. If you have concerns about your child's development, please talk to his or her healthcare provider.

At 24 months, your child may be able to:

- Run well (a “knock knees” appearance often develops after age 2).
- Walk up and down stairs without help.
- Jump in place and kick a ball.
- Build a tower of four cubes.
- Make a scribble mark on a piece of paper and turn pages of a book one at a time.
- Remove shoes and pants.
- Feed herself or himself and give a kiss.
- Say 10 to 50 words but understand many more. The number of words at this age can be extremely variable. It should also be rapidly expanding during the next few months. Talk to your pediatrician if you have any concerns about your child's speech. Stuttering is common.
- Identify multiple body parts.
- Understand two-step directions.
- Play alongside other children and tolerate separation from parents.
- Put 2 - 3 words together.

At this age, the wheels are turning in children's little brains. They are starting to figure out things such as where to find and get the things they want, and how to influence their parents to meet their wishes.

Toddlers model their behaviors after their parents. Teach your child good habits by setting a good example and modeling behaviors such as reading, treating others kindly and cleaning up without complaining.

Although your child is becoming more independent he or she may still be very clingy. Separation, including at bedtime, may be difficult.

DEVELOPMENT	ACTIVITY
Communication	Sing Together – Teach your toddler to sing simple songs such as “Twinkle, Twinkle, Little Star.” Your child will enjoy singing with you. Encourage your toddler to sing for someone else.
Fine Motor	Beginning Puzzles – Show your child how to put together simple puzzles. Make your own puzzle by cutting a cereal box into two to three wide strips. Offer praise and encouragement when your toddler tries to place a piece in the right place.
Gross Motor	Red Light, Green Light – In a safe and open place, teach your toddler this new game. Hold your child's hand and say “green light,” and begin to run. Say, “red light,” and quickly stop. Repeat the activity until your child knows the game. As you stand at the finish line with open arms, call out, “green light, red light” and let your child run toward you.
Problem Solving	Topsy Turvy – During breakfast, turn a cup or box of cereal upside down. See if your child notices and fixes the item. Have fun and try this activity with other items. For example, try reading a book upside down.
Personal-Social	Play Dates – Your toddler enjoys playing with other children, but may need some help. Have several of the same kind of toys available to help the children cooperate. Stay close by and encourage the children to play and share.

DIET

By 24 months of age, it is recommended that children eat three meals a day. Their growth has slowed down so their appetite may have decreased. Offer healthy options like these:

BREAD, CEREAL, RICE & PASTA

Serving size is ½ - 1 slice of bread (whole-grain preferred), ¼ - ½ cup cooked cereal, ½ - 1 cup dry cereal or ½ cup of rice or pasta.

FRUITS AND VEGETABLES

Four to five servings are recommended each day. To prevent choking, cook hard vegetables until they are soft. Serve them in bite-sized pieces so your child can feed himself or herself. Fruit juices are not recommended as a substitute for fruits. However, if you do choose to offer fruit juice, limit it to one 4-ounce serving per day.

MILK AND DAIRY

Two to three servings or 16 - 24 ounces of whole milk are recommended per day. Whole milk is recommended until age 2 years. Your child should be totally off the bottle. Serve milk in a “sippy cup” with meals. For a child who just will not drink milk, supply needed calcium by giving calcium-fortified orange juice, yogurt or cheese. Calcium supplements are available, such as Flintstones® or Tums®. Your child should be receiving 800 mg of calcium per day.

PROTEIN

Two to three serving of protein are recommended per day. At this age, 1 - 2 ounce(s) per servings is suggested. Lean deli meats cut into small pieces are a good option. Unfortunately, many children at this age are not very fond of meat. Thankfully, just 2 to 4 tablespoons meet the dietary recommendations. If your child does not have allergies, peanut butter, eggs, beans and tofu are also good sources of protein.

Supplemental vitamins are not routinely recommended. If you are concerned that your child is not eating a balanced diet, you may give one children's multivitamin with iron per day. If you give a chewable vitamin, be sure your child can chew it properly. Keep multivitamins out of reach, as an overdose could occur and cause serious harm.

FEEDING TIPS

1. OFFER NUTRITIOUS FOODS

Try to avoid fast foods, fried foods and excessive sweets. Do not make “junk food” available to your toddler. Resist giving soft drinks or Kool-Aid® on a daily basis. The best way to teach your child to eat healthy foods is by your good example.

2. EXPECT APPETITE CHANGES

Expect your toddler's appetite to vary. It is common to go through periods of wanting only one type of food. Sometimes toddlers do not seem to eat enough. However, if the growth curve that we plotted in your child's medical record is normal, he or she is getting the necessary calories. If your child refuses to eat a specific food (e.g., broccoli) one day, offer it again another day.

3. BE CAUTIOUS OF CHOKING

Certain foods may cause choking. Wait until age 4 to introduce peanuts, popcorn and hard candies. Hot dogs, grapes and firm

vegetables such as string beans need to be cut up into tiny little pieces, not chunks that could get caught in your child's windpipe.

4. EAT TOGETHER

Family mealtimes are important. Your child should be sitting, not walking, running or speaking while chewing. Let your toddler feed herself or himself. Let your child help choose what foods to eat, but be sure to give only nutritious options. These should be the same foods that the rest of the family is eating, with a few exceptions.

5. DO NOT USE A BOTTLE

Your child should be completely off the bottle by now.

PLAYTIME

1. Toddlers are usually active and on the go. They need a safe place to explore and constant supervision.
2. At this age, children often imitate behaviors. They may sweep, dust, play with dishes and dolls and copy other things they see their parents do.
3. Fun toys at this age are a blackboard and chalk, blocks, housekeeping toys and books. Read to your child daily.
4. Play is generally solitary. The concept of sharing is not established.
5. Suggested activities include teaching body parts, drawing and imitating strokes with crayons, chasing and "rough house" play.
6. Do not leave your television on all the time. One hour of supervised TV per day is enough.
7. Do not allow your child to have a TV or a computer in his or her room at this age, or at any age. Research has shown that this increases the risk for obesity, less than optimal school performance and other high-risk behaviors.

TOILET TRAINING

This is not a developmental milestone but a task to be mastered by your child. The following signs will let you know that your child is ready for toilet training.

- Your child remains dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- Facial expressions, posture or words reveal that a bowel movement or urination is about to occur.
- Your child can follow simple verbal instructions.
- Your child can walk to and from the bathroom, undress and then dress again.
- Your child seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear grown-up underwear.

Most children are potty-trained between 2 to 3 ½ years. If you have any concerns, please discuss them with your child's healthcare provider.

SLEEPING TIPS

1. Set a regular bedtime and morning wake time, and stick to them.
2. Establish a routine so that your child is calmed down before bed.

No rough play or television.

3. Stick to your routine, be consistent and do not drag it out.
4. Ignore your child thereafter, despite any protests (unless your child is sick).
5. Return your child to bed quietly and promptly if he or she wanders out. Initially, this may have to be repeated several times.
6. Reward your child with praise or stickers immediately in the morning if he or she was well-behaved the night before.
7. Children this age require on average 13 hours of sleep per day, with one 2-hour nap.

DISCIPLINE

Discipline means "to teach" and is essential for your child to learn self-control, to respect the rights of others and to become a productive member of society. Unfortunately, it is not always easy. Each child has his or her own temperament/personality, and some may present more of a challenge than others. This is the time to consciously decide how you are going to discipline your child and stick to it. Toddlers need reasonable limits to teach them what to expect and to protect them from harm. Parents have been given the primary responsibility to care for and to discipline their own children. It is not the responsibility of the babysitter, daycare provider, classroom teacher or society to be the primary disciplinarian for your child.

1. BE CONSISTENT

If unacceptable behavior is corrected one time but not another, it will continue and likely worsen. Teach that "no" means "no" for the same things every time. Your child may say "no" in return. To avoid having to say "no" all the time, plan ahead. For example, put breakable objects out of reach. Also use distractions to attract your child's attention to more acceptable activities.

Expectations and discipline should be similar among all caregivers, including parents. Doing otherwise may confuse the child and perhaps worsen existing bad behaviors.

2. KEEP THINGS SIMPLE

Rules should be short and simple and pertain to safety and respect for authority figures. Two-year-olds really begin to challenge the limits.

Reinforcing the rules actually gives your child a sense of security and will prevent further behavior problems.

If your child breaks a rule, remove him or her from the problem area and encourage some other activity. A time out might be appropriate as well. Avoid lengthy explanations, as studies have shown this to be counterproductive. A simple, two-word phrase such as, "no biting" is enough. Spanking should not be the primary form of discipline. If parents show loss of control by hitting and yelling, children will learn to do the same and feel more frustrated.

3. USE VERBAL COMMANDS

Using verbal commands to initiate a behavior is generally more effective than trying to stop a behavior.

4. USE TIME OUTS

Time outs should be around 2 minutes at this age. Start the timer after the tantrum or crying has ceased. While in time out,

your child should not be able to see you or play with toys. Time out should be in a place where your child is safe. It works because it is a time out from getting your attention. The less emotion exhibited by you at the onset of the time out, the better. After the time out is over, hug and lovingly reassure your child. Let your toddler know that the specific behavior is not to be repeated.

5. PRAISE CORRECT BEHAVIOR

Whenever you catch your child behaving well, show him or her you approve with a kind word, eye contact and touch. Say something like, "I like it when you pick up your toys." Praising good behavior may prevent your child from learning to misbehave to get your attention.

6. PLAY AND INTERACT WITH YOUR CHILD

Spend a lot of time playing and interacting with your child. You are very important to your toddler, and he or she needs plenty of interaction with you. This also prevents your child from acting out to get attention.

7. IGNORE BREATH HOLDING AND TANTRUMS

As children realize there are rules to follow, they sometimes respond at this age with acts of frustration and anger. Examples are breath-holding spells and temper tantrums. Try to ignore these behaviors.

8. TEACH YOUR CHILD TO RESPECT AUTHORITY

The next year is critical in teaching your child respect for authority. If it is not learned in these early formative years, more serious behavior problems will occur.

Remember children need unconditional love from their parents, but equally important, they need limits, routines and loving, consistent discipline.

or a neck injury is possible, do not move the child and call 911.

2. PREVENT BURNS

Set your hot water heater to a maximum of 120° F. Do not leave liquids or hot foods on edges of counters or tabletops. Children will reach for anything. It is best to not have your toddler in the kitchen while you are cooking, since hot liquid, foods or grease can cause serious burns. Teach the meaning of "hot." Also, keep hot appliances and cords out of reach. If your child does get burned, immediately put cold water only on the burned area. Then cover the burn loosely with a bandage or clean cloth. Call the doctor for all burns.

3. PREVENT FIRES

Check your smoke detector batteries frequently and change them 1 - 2 times per year on a date you will remember. This device can save the lives of your family in the event of a fire. Practice a fire escape plan. Do not allow smoking in your home. Many house fires are caused by improperly extinguished cigarettes and cigars.

4. PRACTICE SUN SAFETY

Avoid sunburns, which increase the risk of skin cancer later in life. Protect your child with a sunscreen, 30 SPF or higher, applied 30 minutes before sun exposure, and reapply at least every 2 hours.

5. PRACTICE POISON SAFETY

Keep all medicines, vitamins, cleaning fluids and other potential hazards locked away. Purchase all medicines in containers with safety caps. Do not store toxic substances in drink bottles, glasses or jars. If poisoning should occur, call the American Association of Poison Control Centers at 800.222.1222. Explain what your child ingested and how much. Follow the instructions given. Do not give syrup of ipecac unless specifically advised to do so. Medications look like candy to a 2-year-old. Be especially careful at the homes of family members and friends where your child may visit. They may have medications that are within your child's reach.

6. PRACTICE CHILD PASSENGER SAFETY

Because motor vehicle accidents are the number one killer of children ages 1 - 14 in the United States, it is important to transport children in the safest way possible. This sobering statistic reminds us that even if you are a careful driver, you can't eliminate the possibility of an auto accident. Child safety seats are made to properly restrain a child in the safest way possible.

SAFETY TIPS

- Select a car seat based on your child's age and size. Choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.
- Never leave your child alone in the car.
- The American Academy of Pediatrics recommend keeping children rear facing until 2 years of age.

SAFETY

According to the Centers for Disease Control and Prevention (CDC), unintentional injuries are one of the leading causes of death in children 1 - 4 years of age in the United States. Most of these injuries can be prevented. At this age, children can walk, run, climb and explore. However, they do not understand danger adequately. The following tips will help you keep your child safe.

1. PREVENT FALLS

A closed door is not a barrier to a 2-year-old, who can reach most door handles easily. Be sure doors and stairs, driveways and storage areas are locked or blocked by a gate or guard. Also, install operable window guards above the first floor. Remove sharp-edged furniture from rooms where your child plays and sleeps. Your child is able to climb. Teach him or her not to climb on furniture or cabinets. Avoid placing furniture (on which children may climb) near windows and balconies. At this time, your child is safer in a bed than of a crib. Consider a "toddler bed" or start with simply a mattress on the floor. Jumping on a trampoline should be limited to those that are enclosed with safety netting, as serious injuries may occur even with parental supervision. If your child has a serious fall that causes a loss of consciousness, vomiting or changes in behavior, have him or her evaluated by a healthcare provider immediately. If the fall was more than 6 feet

For more information or to get your car seat inspected, please contact IU Health Arnett Childbirth Education at 765.838.4670 or email childbirthed@iuhealth.org.



7. PRACTICING WATER SAFETY

Kids this age love to play in water. Never leave your child alone in the bathtub or near a pool of water. Children can drown in less than two inches of water so empty all buckets after use and keep the bathroom doors closed. Most children do not learn how to swim adequately until 5 - 6 years of age. Stay within an arm's length of your child around water. If you already have a swimming pool, fence it in on all four sides with a fence that is 4 feet high, and be sure the gates are self-latching. If you do not have a pool, wait until your child is 5 - 6 years old and can swim well. Most children drown when they wander out of a house and fall into a pool that is not fenced off from the house.

8. PREVENT PEDESTRIAN INJURIES

If your child plays outside, a fenced yard and constant supervision are necessary. Streets and driveways are very dangerous. Hold on to your child when you are near traffic.

9. AVOID FARM AND YARD EQUIPMENT

Never let your child travel on a riding lawn mower or farm vehicles. Also, be sure you know where your child is when you are mowing the lawn or operating equipment.

IMMUNIZATIONS

By now your child should have completed his or her first immunization series (see chart on page 6). Additional immunizations are not required until age 4 or 5. The flu vaccine is recommended annually for everyone at least 6 months of age, especially those with asthma or any underlying medical condition. Many small children can develop complications from the flu that require hospitalization.

The flu vaccine protects only from influenza, which causes severe respiratory symptoms along with high fever for 4 - 5 days. Getting the flu vaccine does not protect from other "cold viruses" or the "stomach flu" (i.e., vomiting and diarrhea illnesses). The flu vaccine does not cause the flu.

Call your doctor during office hours if you have any questions. If you have an after-hours emergency, your call will be returned by a nurse who has experience in pediatrics and is trained to give advice. If your call is urgent, the nurse will call the covering pediatrician for further instructions.

NEXT VISIT

We would like to see your child back for a checkup at 30 months of age. As recommended by the American Academy of Pediatrics, a formal developmental screening will be completed at that visit.

IMPORTANT PHONE NUMBERS

American Association of Poison Control Centers	800.222.1222
IU Health Arnett	
Appointments	765.448.8100
	800.542.7818
Car Seat Inspections	765.838.4670
General Information	765.448.8000
	800.899.8448
Lactation Services	765.838.5353
Pediatric Triage Nurse	765.838.7400

(Your Child's Physician)

REFERENCES

Toilet Training

By the American Academy of Pediatrics, 1993.

The Injury Prevention Program

By the American Academy of Pediatrics, 1994.

Pharmacy Refill Line for Pediatrics

765.446.4499 or 800.899.8448 Ext 4499

or request refills through **MyChart** at iuhealth.org/mychart

Please leave the following information:

- Your name and phone number
- Patient name and birth date
- Physician's name
- Name of medicine to be filled
- Medicine dose and frequency
- Pharmacy name and location

Please allow 48 hours for refills.



Arnett Physicians

Pediatric Dosage Charts

Acetaminophen & Ibuprofen

Give EVERY 4 - 6 HOURS as needed for fever or discomfort								
Acetaminophen (Tylenol®)	WEIGHT (lbs)	WEIGHT (kg)	DOSE (mg)	CHILDREN'S/ INFANTS LIQUID (160 mg/5 ml) <small>Please confirm the concentration for Tylenol® *</small>	CHILDREN'S CHEWABLE (80 mg)	CHILDREN'S JUNIOR STRENGTH TABLETS (160 mg)	ADULT TABLETS (320 mg)	
	6 - 11 lbs	2.7 - 5 kg	Consult your physician					
	12 - 17 lbs	5.5 - 7.7 kg	80 mg	½ tsp (2.5 mL)*	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	
	18 - 23 lbs	8.2 - 10.5 kg	120 mg	¾ tsp (3.7 mL)*	1 ½ tablets			
	24 - 35 lbs	10.9 - 15.9 kg	160 mg	1 tsp (5 mL)	2 tablets	1 tablet		
	36 - 47 lbs	16.4 - 21.4 kg	240 mg	1 ½ tsp (7.5 mL)	3 tablets	1 ½ tablets		
	48 - 58 lbs	22 - 26 kg	320 mg	2 tsp (10 mL)	4 tablets	2 tablets	1 (325 mg) tablet	
	59 - 69 lbs	27 - 31 kg	400 mg	2 ½ tsp (12.5 mL)	NOT RECOMMENDED	2 ½ tablets	NOT RECOMMENDED	
	70 - 80 lbs	32 - 36 kg	480 mg	3 tsp (15 mL)		3 tablets		
	81 - 95 lbs	37 - 43 kg	560 mg	3 ½ tsp (17.5 mL)		3 ½ tablets	1 (500 mg) tablet	

*The Tylenol® brand is no longer available in the 80 mg/0.8 mL concentration formulation.

NOT TO BE GIVEN UNDER 6 MONTHS OF AGE							
Give EVERY 6 - 8 HOURS as needed for fever or discomfort							
Ibuprofen (Advil® & Motrin®)	WEIGHT (lbs)	WEIGHT (kg)	DOSE (mg)	INFANT DROPS (50 mg/1.25 ml)	CHILDREN'S LIQUID (100 mg/5 ml) <small>*Please confirm the concentration</small>	CHILDREN'S JUNIOR STRENGTH TABLETS OR CHEWABLES (100 mg)	ADULT TABLETS (200 mg)
	12 - 17 lbs	5.5 - 7.7 kg	50 mg	1 dropper	½ tsp (2.5 mL)*	NOT RECOMMENDED	NOT RECOMMENDED
	18 - 23 lbs	8.2 - 10.5 kg	75 mg	1 ½ droppers	¾ tsp (3.7 mL)*		
	24 - 35 lbs	10.9 - 15.9 kg	100 mg	2 droppers	1 tsp (5 mL)	1 tablet	
	36 - 43 lbs	16.4 - 19 kg	150 mg	NOT RECOMMENDED	1 ½ tsp (7.5 mL)	1 ½ tablets	
	44 - 54 lbs	20 - 24 kg	200 mg		2 tsp (10 mL)	2 tablets	1 tablet
	55 - 65 lbs	25 - 29 kg	250 mg		2 ½ tsp (12.5 mL)	2 ½ tablets	1 tablet**
	66 - 76 lbs	30 - 34 kg	300 mg		3 tsp (12.5 mL)	3 tablets	1 tablet**
	77 - 87 lbs	35 - 39 kg	350 mg		3 ½ tsp (17.5 mL)	3 ½ tablets	1 tablet**
	88 - 98 lbs	40 - 44 kg	400 mg		4 tsp (20 mL)	4 tablets	2 tablets

**Adult tablets can be used. However, children's liquid and children's junior strength tablets provide the most effective dose.

mL = milliliter mg = milligram kg = kilogram lbs = pounds
tsp = teaspoon (Household teaspoons vary in size and are not recommended for administering medication.)



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Indiana University Health

POISON CONTROL = 800.222.1222

Pediatric Preventative Health Plan

Riley Physicians Pediatrics

WELL CHILD VISIT	DTAP/IPV/HIB (Pentacel®)	HEP B	PCV-13	MMR	VARICELLA (Varivax®)	HEP A	ROTAVIRUS (RotaTeq®)	FLU*	SCREENING
Birth (hospital)		X							Hearing & Heart
2 - 3 Weeks									Newborn Screen Results
2 Months	X	X	X				X		
4 Months	X		X				X		Anemia
6 Months	X	X	X				X	X	Tuberculosis
9 Months								X	Developmental
12 Months			X	X	X	X		X	Tuberculosis, Lead & Anemia
15 Months	DTaP & Hib							X	Lead & Anemia
18 Months						X		X	Autism & Developmental
24 Months								X	Autism, Heart, Lead, Anemia & Tuberculosis
30 Months								X	Developmental
3 Years								X	Tuberculosis, Head & Anemia
4 Years								X	Hearing & Vision
5 Years	DTaP & IPV			X	X			X	Tuberculosis, Head & Anemia
6 Years								X	Tuberculosis, Lead, Anemia, Hearing & Vision
7 Years								X	Tuberculosis
8 Years								X	Vision, Hearing & Tuberculosis
9 Years								X	Tuberculosis
10 Years								X	Vision, Hearing, Tuberculosis & Cholesterol

* Please note: Children under 9 years of age will need two vaccines, 4 weeks apart the first year the vaccine is give to ensure protection.

WELL VISITS	RECOMMENDATIONS - ANNUAL VISITS	SCREENING
11 - 14 Years	Vaccines: Tdap (tetanus and whooping cough), Meningitis, HPV (human papiloma virus), Flu (annually) & Hep A (if not completed)	Tuberculosis, Depression, Cardiovascular, Anemia & Vision (age 12 years)
15 - 21 Years	Meningitis (age 16 years), HPV if not completed, Hep A if not completed & Flu (annually)	Tuberculosis, Depression, Cardiovascular, Anemia (females), Vision (age 15 & 18 years), Sexually transmitted infections, HIV (age 16 years), Cholesterol (age 20 years), Pap smear (females, age 21 years)

BRIEF DESCRIPTION OF VACCINES

- **DTaP** - Diphtheria, tetanus (lockjaw) and pertussis (whooping cough) vaccine
- **IPV** - Inactivated poliovirus vaccine
- **Hib** - Haemophilus influenza type b (leading cause of bacterial meningitis among children under 5 years)
- **Hep B** - Hepatitis B vaccine
- **PCV-13** - Pneumococcal conjugate vaccine (protects against 13 pneumococcal serotypes)
- **MMR** - Measles, mumps and rubella vaccine
- **Varicella vaccine** - Chickenpox vaccine
- **Hep A** - Hepatitis A vaccine
- **Rotavirus vaccine** - Rotavirus (leading cause of severe diarrhea and dehydration in infants)
- **Flu vaccine** - Influenza vaccine



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