BRIGHT FUTURES HANDOUT ▶ **PARENT**

15 THROUGH 17 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- Set aside time to be with your teen and really listen to her hopes and concerns.
- Support your teen in finding activities that interest him. Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Support your teen as she figures out ways to deal with stress, solve problems, and make decisions.
- Help your teen deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

YOUR GROWING AND CHANGING TEEN

- Make sure your teen visits the dentist at least twice a year.
- Give your teen a fluoride supplement if the dentist recommends it.
- Support your teen's healthy body weight and help him be a healthy eater.
  - Provide healthy foods.
  - Eat together as a family.
  - Be a role model.
- Help your teen get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage at least 1 hour of physical activity a day.
- Praise your teen when she does something well, not just when she looks good.

YOUR TEEN'S FEELINGS

- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- If you have questions about your teen's sexual development, you can always talk with us.

HEALTHY BEHAVIOR CHOICES

- Know your teen's friends and their parents. Be aware of where your teen is and what he is doing at all times.
- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.
- Be a role model.
- Know your teen's friends and their activities together.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Be there for your teen when she needs support or help in making healthy decisions about her behavior.

15 THROUGH 17 YEAR VISITS—PARENT

SAFETY

- Encourage safe and responsible driving habits.
  - Lap and shoulder seat belts should be used by everyone.
  - Limit the number of friends in the car and ask your teen to avoid driving at night.
  - Discuss with your teen how to avoid risky situations, who to call if your teen feels unsafe, and what you expect of your teen as a driver.
  - Do not tolerate drinking and driving.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

BRIGHT FUTURES HANDOUT ▶ **PATIENT**

15 THROUGH 17 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to you and your family.

HOW YOU ARE DOING

- Enjoy spending time with your family. Look for ways you can help at home.
- Find ways to work with your family to solve problems. Follow your family's rules.
- Form healthy friendships and find fun, safe things to do with friends.
- Set high goals for yourself in school and activities and for your future.
- Try to be responsible for your schoolwork and for getting to school or work on time.
- Find ways to deal with stress. Talk with your parents or other trusted adults if you need help.
- Always talk through problems and never use violence.
- If you get angry with someone, walk away if you can.
- Call for help if you are in a situation that feels dangerous.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.
- When you're dating or in a sexual situation, "No" means NO. NO is OK.
- Don't smoke, vape, use drugs, or drink alcohol. Talk with us if you are worried about alcohol or drug use in your family.

YOUR DAILY LIFE

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Be a healthy eater. It helps you do well in school and sports.
  - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
  - Limit fatty, sugary, and salty foods that are low in nutrients, such as candy, chips, and ice cream.
  - Eat when you're hungry. Stop when you feel satisfied.
  - Eat with your family often.
  - Eat breakfast.
- Drink plenty of water. Choose water instead of soda or sports drinks.
- Make sure to get enough calcium every day.
- Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products, such as yogurt and cheese.
- Aim for at least 1 hour of physical activity every day.
- Wear your mouth guard when playing sports.
- Get enough sleep.

YOUR FEELINGS

- Be proud of yourself when you do something good.
- Figure out healthy ways to deal with stress.
- Develop ways to solve problems and make good decisions.
- It's OK to feel up sometimes and down others, but if you feel sad most of the time, let us know so we can help you.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings toward the opposite or same sex. Please consider asking us if you have any questions.

HEALTHY BEHAVIOR CHOICES

- Choose friends who support your decision to not use tobacco, alcohol, or drugs. Support friends who choose not to use.
- Avoid situations with alcohol or drugs.
- Don't share your prescription medicines. Don't use other people's medicines.
- Not having sex is the safest way to avoid pregnancy and sexually transmitted infections (STIs).
- Plan how to avoid sex and risky situations.
- If you're sexually active, protect against pregnancy and STIs by correctly and consistently using birth control along with a condom.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

15 THROUGH 17 YEAR VISITS—PATIENT

STAYING SAFE

- Always be a safe and cautious driver.
  - Insist that everyone use a lap and shoulder seat belt.
  - Limit the number of friends in the car and avoid driving at night.
  - Avoid distractions. Never text or talk on the phone while you drive.
- Do not ride in a vehicle with someone who has been using drugs or alcohol.
  - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Wear helmets and protective gear while playing sports. Wear a helmet when riding a bike, a motorcycle, or an ATV or when skiing or skateboarding. Wear a life jacket when you do water sports.
- Always use sunscreen and a hat when you're outside.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

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VACCINE INFORMATION STATEMENT

HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

HPV (human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers, including:

- cervical, vaginal, and vulvar cancers in women
- penile cancer in men
- anal cancers in both men and women
- cancers of tonsils, base of tongue, and back of throat (oropharyngeal cancer) in both men and women

HPV infections can also cause anogenital warts.

HPV vaccine can prevent over 90% of cancers caused by HPV.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all people will get at least one type of HPV at some time in their lives. Most HPV infections go away on their own within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

2. HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age.

HPV vaccine may be given to adults 27 through 45 years of age, based on discussions between the patient and health care provider.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. People who get the first dose at or after 15 years of age and younger people with certain immunocompromising conditions need 3 doses. Your health care provider can give you more information.

HPV vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant**—HPV vaccine is not recommended until after pregnancy

In some cases, your health care provider may decide to postpone HPV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting HPV vaccine.

Your health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given can happen after HPV vaccination.
- Fever or headache can happen after HPV vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

Meningococcal B Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Meningococcal B vaccine can help protect against **meningococcal disease** caused by serogroup B. A different meningococcal vaccine is available that can help protect against serogroups A, C, W, and Y.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal B vaccine

For best protection, more than 1 dose of a meningococcal B vaccine is needed. There are two meningococcal B vaccines available. The same vaccine must be used for all doses.

Meningococcal B vaccines are recommended for people 10 years or older who are at increased risk for serogroup B meningococcal disease, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris"®) or ravulizumab (also called "Ultomiris"®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

These vaccines may also be given to anyone 16 through 23 years old to provide short-term protection against most strains of serogroup B meningococcal disease, based on discussions between the patient and health care provider. The preferred age for vaccination is 16 through 18 years.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal B vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant or breastfeeding**

In some cases, your health care provider may decide to postpone meningococcal B vaccination until a future visit.

Meningococcal B vaccination should be postponed for pregnant women unless the woman is at increased risk and, after consultation with her health care provider, the benefits of vaccination are considered to outweigh the potential risks.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given, tiredness, headache, muscle or joint pain, fever, or nausea can happen after meningococcal B vaccination. Some of these reactions occur in more than half of the people who receive the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
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Meningococcal ACWY Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris"®) or ravulizumab (also called "Ultomiris"®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding women, but no safety concerns have been identified. A pregnant or breastfeeding woman should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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  - Visit CDC's website at **www.cdc.gov/vaccines**.

You're 16…

We Recommend These Vaccines For You!





You have the rest of your life in front of you. Be sure you're protected against these serious diseases!

This vaccine	helps protect you from…	Dose(s) you need at this age
Meningitis vaccine against types A, C, W, and Y (MenACWY)	**the most serious types of meningitis that can cause:** • Dangerous infections of the brain and spinal cord • Blood infections that can lead to death within 24 hours • Brain injury, limb amputations, deafness, skin grafts, and kidney damage	**MenACWY vaccine** • Dose #2 at age 16 • (Dose #1 at age 11–12)
Meningitis vaccine against type B (MenB)		**MenB vaccine** *(talk with your provider about this vaccine)* • Dose #1 at age 16 • Dose #2 is given 1 or 6 months after dose #1, depending on the vaccine brand used
Human Papillomavirus (HPV) vaccine	**viruses that can cause:** • Cancers of the cervix • Cancers of the penis, vagina, vulva, and anus • Cancers of the throat • Genital warts	**HPV vaccine** • The vaccine series is given as 2 or 3 doses, beginning at age 11–12. • Ask your provider if you're up to date with this vaccine
Flu vaccine (influenza)	**a virus that can cause:** • High fevers • Severe body aches everywhere • Serious complications, including pneumonia, hospitalization, and death	**Influenza vaccine** • 1 dose every year

If you're behind on your shots, you may need these vaccines, too. Check with your provider.

- Chickenpox (varicella)
- Hepatitis A
- Hepatitis B
- MMR (measles, mumps, rubella)
- Tdap (tetanus, diphtheria, pertussis/whooping cough) *If you're pregnant, you'll need an additional dose.*

Remember: Getting shots is better than getting these diseases. Get protected!

immunization action coalition
IAC
immunize.org

Saint Paul, Minnesota • 651-647-9009
www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4022.pdf • Item #P4022 (10/19)

SAHM
SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE

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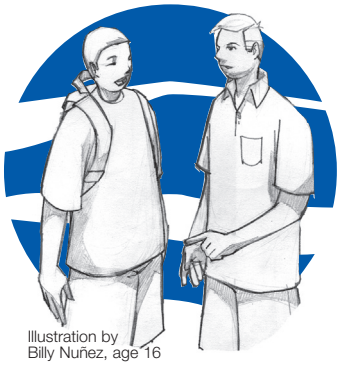


Illustration by
Billy Nuñez, age 16

DRUG ABUSE PREVENTION STARTS WITH PARENTS

PREVENTION STARTS WITH PARENTS

As a parent, you have a major impact on your child's decision not to use tobacco, alcohol, and drugs.

- Prevention starts when you start talking with, and listening to, your child.
- Help your child make good choices and good friends.
- Teach your child different ways to say "No!"

Drugs, including tobacco and alcohol, are easily available to children and adolescents. As a parent, you have a major impact on your child's decision not to use drugs.

Most likely, children in grade school have not begun to use alcohol, tobacco, or any other kind of drug. That is why grade school is a good time to start talking about the dangers of drug use. Prepare your child for a time when drugs may be offered.

Drug abuse prevention starts with parents learning how to talk with their children about difficult topics. Then, the programs offered by school, sports, and other groups can support what you have started.

PARENTS ARE POWERFUL

Parents are the strongest influence that children have. There is no guarantee that your child won't use drugs, but drug use is much less likely to happen if you:

- Provide guidance and clear rules about not using drugs.
- Spend time with your child.
- Do not use tobacco or other drugs yourself.

If you do drink, do so in moderation, and never drive after drinking.

What messages do your actions and words send to your child?

Children notice how parents use alcohol, tobacco, and drugs at home, in their social life, and in other relationships. This includes how parents deal with strong feelings, emotions, stress, and even minor aches and pains.

Having a designated driver sends a very important message to children—safety and responsibility.

Actions speak louder than words. Children really do notice what their parents say and do.

PREVENTION STARTS WHEN YOU START TALKING—AND LISTENING

Talk honestly with your child about healthy choices and risky behaviors. Listen to what your child has to say. Make talking and listening a habit, the earlier the better!

Learn the facts about the harmful effects of drugs.
Talk with your child about the negative effects alcohol and drugs would have on their brains and bodies and their ability to learn or play sports. Ask your pediatrician about the other dangers of drug use.

As part of your regular safety conversations, talk about avoiding tobacco, alcohol, and drug use.

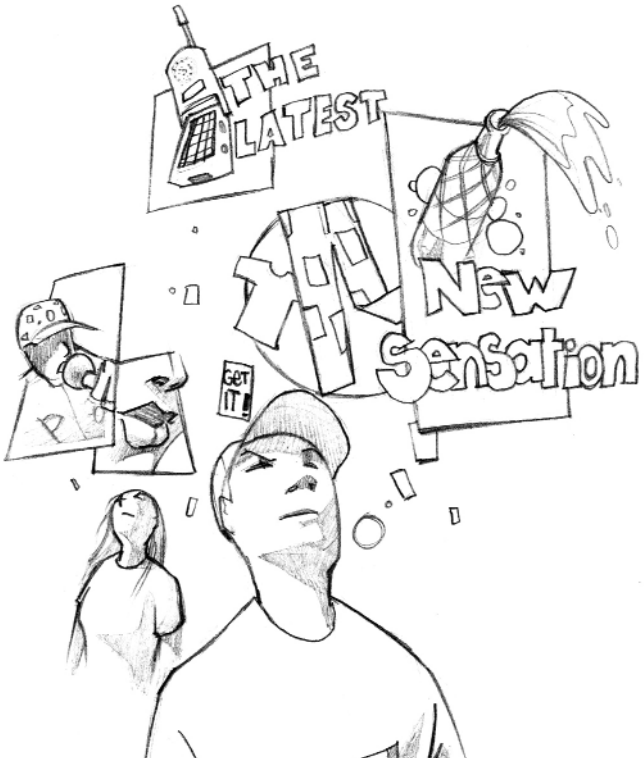
Be clear and consistent about family rules.
It does not matter what other families decide; your family rules show your family values.

Correct any wrong beliefs your child may have.

- "Everybody drinks."
- "Marijuana won't hurt you."

Avoid TV programs, movies, and video games that glamorize tobacco, alcohol, and drugs.
Since it's hard to escape the messages found in music and advertising, discuss with your child the influence these messages have on us.

Find time to do things together.
Eating together as a family is a good time to talk and learn about what's going on.



MAKING SMART CHOICES

It's a parent's job to use love and experience to correct mistakes and poor choices.

By using a mix of praise and criticism, you can correct your child's behavior without saying your child is bad. This helps children build self-confidence and learn how to make healthy and safe choices. In time, making smart choices on their own will become easier.

Let children know you care about them. Talk with them about being safe.

HELP YOUR CHILD MAKE GOOD CHOICES AND FRIENDSHIPS

A good sense of self-worth and knowing what is right and wrong will help your child say "No!" to drugs and other risky behaviors. Help your child by

- Noticing efforts as well as successes.
- Praising for things done well and for making good choices.

Encourage positive friendships and interests.

- Check to see that the friends and neighbors your child spends time with are safe and have values similar to yours.
- Find ways to get your child involved in sports, hobbies, school clubs, and other activities. These usually are positive interactions that help develop character and lead to good peer relationships.
- Look for activities that you and your child or the entire family can do together.

Help your child learn the importance of being a responsible individual and what it means to be a real friend.
Children need to learn that doing something they know is wrong is not a good way to "fit in" or feel accepted by others.

Remind your child that real friends do not:

- Ask friends to do risky things like use alcohol, tobacco, or drugs.
- Reject friends when they don't want to do something that they know is wrong.

Good communication between you and your child is one of the best ways to prevent drug use. If talking with your child becomes a problem, ask your pediatrician for help.

HELP YOUR CHILD LEARN DIFFERENT WAYS TO SAY "NO!"

Teach your child how to respond to someone offering drugs. It is much easier to say "No!" when prepared ahead of time.

It helps if you role play and practice. This way, it becomes natural to do at least one of the following:

- Firmly say, "No!"
- Give a reason—"No thanks, I'm not into that." or "No, my parents would get really mad at me."
- Suggest something else to do, like watch a movie or play a game.
- Leave—go home, go to class, go join other friends.

Connected Kids are Safe, Strong, and Secure

Graphic design and illustrations by Artists For Humanity, a non profit arts and entrepreneurship program for Boston teens.

The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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American Academy of Pediatrics

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After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- ☐ Does your child have a temperature that your healthcare provider has told you to be concerned about?
- ☐ Is your child pale or limp?
- ☐ Has your child been crying for more than 3 hours and just won't quit?
- ☐ Is your child's body shaking, twitching, or jerking?
- ☐ Is your child very noticeably less active or responsive?

▶ *Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.*

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 104 °F or 40 °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number 605-721-8939

immunization action coalition
IAC
immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4015.pdf • Item #P4015 (2/19)

Medicines and Doses to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child's weight. If you don't know your child's weight, give the dose based on your child's age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. **Always use a proper measuring device when giving acetaminophen liquid (e.g., Tylenol) or ibuprofen liquid (e.g., Advil, Motrin):**
   - **Use the device enclosed in the package.**
   - **If you misplace the device**, consult your healthcare provider or pharmacist for advice.
   - **Meal-time spoons are not accurate measures.** Never use a meal-time spoon for giving medication.

Take these two steps to avoid causing a serious medication overdose in your child.

1. Don't give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can be extremely dangerous.
2. When you give your child acetaminophen or ibuprofen, don't also give them over-the-counter cough or cold medicines. This can cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don't ever give over-the-counter cough and cold medicines to your child unless you talk to your child's healthcare provider first.

ACETAMINOPHEN (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	**Child's age**	**Infants' or children's liquid** 160 mg in each 5 mL	**Children's chewables – current product** 160 mg in each tablet	~~**Infants' drops**~~ 80 mg in each 0.8 mL	~~**Children's chewables**~~ 80 mg in each 0.8 mL
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose*_____			
12–17 lbs (5.5–7.7 kg)	4–11 mos	**2.5 mL**		OLD PRODUCT Throw away this product. It is out of date and should not be used.	OLD PRODUCT Throw away this product. It is out of date and should not be used.
18–23 lbs (8.2–10.5 kg)	12–23 mos	**3.75 mL**			
24–35 lbs (10.9–15.9 kg)	2–3 yrs	**5 mL**	**1 tablet**		
36–47 lbs (16.4–21.4 kg)	4–5 yrs	**7.5 mL**	**1½ tablets**		
48–59 lbs (21.8–26.8 kg)	6–8 yrs	**10 mL**	**2 tablets**		
60–71 lbs (27.3–32.3 kg)	9–10 yrs	**12.5 mL**	**2½ tablets**		
72–95 lbs (32.7–43.2 kg)	11 yrs	**15 mL**	**3 tablets**		

IBUPROFEN (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	**Child's age**	**Infants' drops** 50 mg in each1.25 mL 	**Children's liquid** 100 mg in each 5 mL 	**Children's chewables or junior tablets** 100 mg in each tablet	~~**Children's chewables**~~ 50 mg in each tablet
less than 11 lbs (5 kg)	0–5 mos				
12–17 lbs (5.5–7.7 kg)	6–11 mos	**1.25 mL**	Advised dose* 2.5 mL		OLD PRODUCT Throw away this product. It is out of date and should not be used.
18–23 lbs (8.2–10.5 kg)	12–23 mos	**1.875 mL**	Advised dose* 3.75 mL		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		**5 mL**	**1 tablet**	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		**7.5 mL**	**1½ tablets**	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		**10 mL**	**2 tablets**	
60–71 lbs (27.3–32.3 kg)	9–10 yrs		**12.5 mL**	**2½ tablets**	
72–95 lbs (32.7–43.2 kg)	11 yrs		**15 mL**	**3 tablets**	

* **HEALTHCARE PROVIDER:** Please fill in the advised dose.