

BRIGHT FUTURES HANDOUT ► PARENT

4 YEAR VISIT

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



✓ HOW YOUR FAMILY IS DOING

- Stay involved in your community. Join activities when you can.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Teach your child about how to be safe in the community.
 - Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.

✓ HEALTHY HABITS

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have your child brush her teeth twice each day. Use a pea-sized amount of toothpaste with fluoride.

✓ GETTING READY FOR SCHOOL

- Give your child plenty of time to finish sentences.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let him choose books.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model saying you're sorry and help your child to do so if he hurts someone's feelings.
- Praise your child for being kind to others.
- Help your child express his feelings.
- Give your child the chance to play with others often.
- Visit your child's preschool or child care program. Get involved.
- Ask your child to tell you about his day, friends, and activities.

✓ TV AND MEDIA

- Be active together as a family often.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Discuss the programs you watch together as a family.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan

Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

4 YEAR VISIT—PARENT



SAFETY

- Use a forward-facing car safety seat or switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- The back seat is the safest place for children to ride until they are 13 years old.
- Make sure your child learns to swim and always wears a life jacket. Be sure swimming pools are fenced.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

WHAT TO EXPECT AT YOUR CHILD'S 5 AND 6 YEAR VISIT

We will talk about

- Taking care of your child, your family, and yourself
- Creating family routines and dealing with anger and feelings
- Preparing for school
- Keeping your child's teeth healthy, eating healthy foods, and staying active
- Keeping your child safe at home, outside, and in the car

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®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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DTaP (Diphtheria, Tetanus, Pertussis) 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?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP 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 any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

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

Your child’s 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 or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

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.



Polio Vaccine:

What You Need to Know

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1. Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called "post-polio syndrome."

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2. Polio vaccine

Children should usually get 4 doses of polio vaccine at ages 2 months, 4 months, 6–18 months, and 4–6 years.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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



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 polio vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone polio 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 polio vaccine.

Not much is known about the risks of this vaccine for pregnant or breastfeeding women. However, polio vaccine can be given if a pregnant woman is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio 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.*

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7. How can I learn more?

- Ask your health care provider.
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- Contact the Centers for Disease Control and Prevention (CDC):
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MMRV Vaccine (Measles, Mumps, Rubella, and Varicella): *What You Need to Know*

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

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1. Why get vaccinated?

MMRV vaccine can prevent **measles, mumps, rubella, and varicella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a woman gets rubella while she is pregnant, she could have a miscarriage or the baby could be born with serious birth defects.
- **VARICELLA (V)**, also called “chickenpox,” causes an itchy rash, in addition to fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infection of the blood, bones, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Most people who are vaccinated with MMRV will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMRV vaccine

MMRV vaccine may be given to **children 12 months through 12 years of age**, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

MMRV vaccine may be given at the same time as other vaccines. Instead of MMRV, some children might receive separate shots for MMR (measles, mumps, and rubella) and varicella. Your health care provider can give you more information.

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 MMRV, MMR, or varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks she might be pregnant—pregnant women should not get MMRV vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has a **history of seizures**, or has a **parent, brother, or sister with a history of seizures**
- Is **taking or plans to take salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMRV vaccination until a future visit or may recommend that the child receive separate MMR and varicella vaccines instead of MMRV.

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

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Sore arm from the injection, redness where the shot is given, fever, and a mild rash can happen after MMRV vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints sometimes occur after MMRV vaccination.
- Seizures, often associated with fever, can happen after MMRV vaccine. The risk of seizures is higher after MMRV than after separate MMR and varicella vaccines when given as the first dose of the two-dose series in younger children. Your health care provider can advise you about the appropriate vaccines for your child.
- More serious reactions happen rarely, including temporary low platelet count, which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMRV vaccine.

If a person develops a rash after MMRV vaccination, it could be related to either the measles or the varicella component of the vaccine. The varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

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?

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Pediatric Dental Care

Now is the time to schedule your child's dental visit!

The AAP now recommends that all children regardless of age should use fluoride toothpaste as soon as they have teeth.

(A grain size amount for children under 3 and pea size for 3 and older)

Routine dental visits are recommended at 12 months of age then every 6 mo.



If you would like to schedule your pediatric dental visit, please call:

605-721-8939 - Follow the prompts for the Dental Department

Or stop by our dental clinic here at our Complete Health site (350 Pine Street)

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YOUR CHILD IS ON THE MOVE: REDUCE THE RISK OF GUN INJURY

PROTECTING YOUR CHILD FROM GUN INJURY

- A home is safer without a handgun.
- In homes with guns, children are safest if both
 - Guns are stored unloaded and locked up or with a trigger lock
 - Bullets are stored and locked in another place
- Even if you do not own a gun, you need to make sure that the homes your child visits are safe too.

Children love to explore. As they learn new skills, like crawling, walking, climbing, or running, there are more ways of getting into trouble! Much of this trouble will be small. But, if there is a gun in the house, a child's curiosity can lead to severe injury or death.

FACT: Nearly 40% of the homes with children in the United States have a gun.

FACT: Children as young as 3 years may be strong enough to pull the trigger on a handgun.

FACT: Every other day, on average, an American child under age 10 is killed or disabled with a gun.

When it comes to guns, parents can't be too careful!



PARENT NEED TO ASK

Asking Saves Kids

Even if you do not own a gun, ask your neighbors, friends, and family if they do before your child visits their homes.

- If they don't, that's one less thing you have to worry about.
- If they do, keep your child away from homes where there are guns or where guns are not stored safely.

Sometimes it can be hard for a parent to ask about guns. One mother asks this way, "My child is very curious. Do you have guns or anything dangerous that he might get into?"

Some people may not agree with you, but it's important that you talk with them about your concerns. Here are some tips to make asking about guns easier

- Bring up the topic when you are talking about other health and safety issues, such as car seats, seat belts, pets, or allergies.
- Share facts about gun safety. You are not judging people you just want to make sure your child is safe.

COMMONLY ASKED QUESTIONS

“With so much violence, isn’t it safer for me to have a handgun in my home to protect my family?”

No. In homes with handguns, it is much more likely that the handgun will be used to shoot a family member or friend than in self-defense.

Every year, thousands of Americans are seriously injured or killed when

- A child finds a gun or is showing a friend the gun kept at home and, without meaning to, pulls the trigger.
- A depressed teenager or adult becomes suicidal.
- An argument between family members gets out of control.
- A friend or family member is mistaken for an intruder.

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The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

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.

The original version of this product was developed in part with a generous grant from the American Legion Child Welfare Foundation and the American Academy of Pediatrics Friends of Children Fund. This project was supported by Grant No. 2001-JN-FX-0011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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“Can’t I just hide my gun and teach my child not to touch it?”

No. Children need better protection from guns.

- Exploring and playing are the ways children learn about the world.
- Any child’s curiosity and urge to discover new things can overcome a parent’s warnings. Young children simply do not understand how dangerous guns can be.
- Young children are not able to tell the difference between toy guns and real guns.
- Many TV shootings do not look dangerous or deadly.
- The only safe way to hide a gun is to lock it up.

In one mother’s words: “My brothers admitted as adults that as children they would go in my dad’s room and take out the gun and play with it.” This family was lucky, but many others are not.



Beyond Screen Time:

A Parent's Guide to Media Use

Media in all forms, including TV, computers, and smartphones, can affect how children and teens feel, learn, think, and behave. However, parents (you) are still the most important influence.

The American Academy of Pediatrics (AAP) encourages you to help your children develop healthy media use habits early on. Read on to learn more.

Media Use and Your Children

You can decide what media use is best for your family. Remember, all children and teens need adequate sleep (8–12 hours, depending on age), physical activity (1 hour), and time away from media. (See the “Media Use Guidelines” chart for general guidelines for media use based on age.)

Because children today are growing up in a time of highly personalized media use experiences, parents must develop personalized media use plans for their children. Media plans should take into account each child's age, health, personality, and developmental stage. Create a Family Media Use Plan online at HealthyChildren.org/MediaUsePlan. By creating a Family Media Use Plan, parents can help children and teens balance their media use with other healthy activities.

Why use digital media?

- Digital media use can
 - Expose users to new ideas and information.
 - Raise awareness of current events and issues.
 - Promote community participation.
 - Help students work with others on assignments and projects.
- Digital media use also has social benefits that
 - Allow families and friends to stay in touch, no matter where they live.
 - Enhance access to valuable support networks, especially for people with illnesses or disabilities.
 - Help promote wellness and healthy behaviors, such as how to quit smoking or how to eat healthy.

Why limit media use?

Overuse of digital media may place your children at risk of

- **Not enough sleep.** Children with more media exposure or who have a TV, computer, or mobile device in their bedroom sleep less and fall asleep later at night. Even babies can be overstimulated by screens and miss the sleep they need to grow. Exposure to light (particularly blue light) and stimulating content from screens can delay or disrupt sleep and have a negative effect on school.
- **Delays in learning and social skills.** Children who watch too much TV in infancy and preschool years can show delays in attention, thinking, language, and social skills. One of the reasons for the delays could be because they interact less with parents and family. Parents who keep the TV on or focus on their own digital media miss precious opportunities to interact with their children and help them learn. Children and teens often use entertainment media

at the same time they're doing other things, such as homework. Such multitasking can have a negative effect on school.

- **Obesity.** Watching TV for more than 1.5 hours daily is a risk factor for obesity for children 4 through 9 years of age. Teens who watch more than 5 hours of TV per day are 5 times more likely to have overweight than teens who watch 0 to 2 hours. Food advertising and snacking while watching TV can promote obesity. Also, children who overuse media are less apt to be active with healthy, physical play.
- **Behavior problems.** Violent content on TV and screens can contribute to behavior problems in children, either because they are scared and confused by what they see or they try to mimic on-screen characters.
- **Problematic Internet use.** Children who overuse online media can be at risk for problematic Internet use. Heavy video gamers are at risk for Internet gaming disorder. They spend most of their free time online and show less interest in off-line or real-life relationships. There may be increased risks for depression at both the high and low ends of Internet use.
- **Risky behaviors.** Teens' displays on social media often show risky behaviors, such as substance use, sexual behaviors, self-injury, or eating disorders. Exposure of teens through media to alcohol, tobacco use, or sexual behaviors is associated with earlier initiation of these behaviors.
- **Sexting, loss of privacy, and predators.** Sexting is sending nude or seminude images, as well as sexually explicit text messages, using a cell phone. About 12% of youth 10 to 19 years of age have sent a sexual photo to someone else. Teens need to know that once content is shared with others, they may not be able to delete or remove it completely. They may also not know about or choose not to use privacy settings. Another risk is that sex offenders may use social networking, chat rooms, e-mail, and online games to contact and exploit children.
- **Cyberbullying.** Children and teens online can be victims of cyberbullying. Cyberbullying can lead to short- and long-term negative social, academic, and health issues for both the bully and target. Fortunately, programs to help prevent bullying may reduce cyberbullying.

More Media Use Tips for Parents, Families, and Caregivers

- Do not feel pressured to introduce technology early. Media interfaces are intuitive, and children can learn quickly.
- Find out what type of and how much media are used and what media behaviors are appropriate for each child—and for you. Place consistent limits on hours of media use as well as types of media used.
- Select and co-view media with your child so your child can use media to learn, be creative, and share these experiences with your family.
- Check your children's media use for their health and safety.

Media Use Guidelines

Age	Description	Tips
Younger than 2 years	Children younger than 2 learn and grow when they explore the physical world around them. Their minds learn best when they interact and play with parents, siblings, caregivers, and other children and adults. Children younger than 2 have a hard time understanding what they see on screen media and how it relates to the world around them. However, children 18–24 months of age can learn from high-quality educational media, IF their parents play or view with them and reteach the lessons.	• Media use should be very limited and only when an adult is standing by to co-view, talk, and teach (for example, video chatting with family along with parents). • For children 18–24 months, if you want to introduce digital media, ◦ Choose high-quality programming. ◦ Use media together with your child. ◦ Avoid solo media use.
2–5 years of age	At 2 years of age, many children can understand and learn words from live video chatting. Young children can listen to or join a conversation with their parents. Children 3–5 years of age have more mature minds, so a well-designed educational program such as Sesame Street (in moderation) can help children learn social, language, and reading skills.	• Limit screen use to no more than 1 hour per day. • Find other activities for your children to do that are healthy for their bodies and minds. • Choose media that is interactive, nonviolent, educational, and pro-social. • Co-view or co-play with your children.
5 years and older	Today's grade-schoolers and teens are growing up immersed in digital media. They may even have their own mobile device and other devices to access digital media.	• Make sure media use is not displacing other important activities, such as sleep, family time, and exercise. • Check your children's media use for their health and safety.
Tweens and teens	Tweens and teens are more likely to have some independence in what they choose and watch, and they may be consuming media without parental oversight.	• Parents should engage tweens and teens in conversations about their media use, digital citizenship, what they've seen or read, who they are communicating with, and what they have learned from their media use.

See *More Media Use Tips for Parents, Families, and Caregivers*. Also, create a Family Media Use Plan online at HealthyChildren.org/MediaUsePlan. A Family Media Use Plan is useful to set consistent expectations and limits on media use for parents, children, and teens.

- Stop use of devices or screens for 1 hour before bedtime. Do not let your children sleep with devices such as smartphones.
- Discourage entertainment media while doing homework.
- Plan media-free times together, such as family dinners.
- Decide on media-free, unplugged locations in homes, such as bedrooms.
- Engage in family activities that promote well-being, such as sports, reading, and talking with each other.
- Set a good example. Turn off the TV and put your smartphone on “do not disturb” during media-free times with your family.
- Use sites like Common Sense Media (www.commonsensemedia.org) to help you decide if movies, TV shows, apps, and videos games are age and content appropriate for your children and your family values.
- Share your family media rules with caregivers or grandparents to help ensure rules are consistent.

- Talk with your children and teens about online citizenship and safety. This includes treating others with respect online, avoiding cyberbullying and sexting, being wary of online solicitations, and safeguarding privacy.
- Remember that your opinion counts. TV, video games, and other media producers, airers, and sponsors pay attention to the views of the public. For more information from the Federal Communications Commission (FCC), visit <http://reboot.fcc.gov/parents>.
- Encourage your school and community to advocate for better media programs and healthier habits. For example, organize a Screen-Free Week in your town with other parents, teachers, and neighbors.

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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

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* _____		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.
12–17 lbs (5.5–7.7 kg)	4–11 mos	2.5 mL			
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 each 1.25 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				OLD PRODUCT Throw away this product. It is out of date and should not be used.
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL	Advised dose* 2.5 mL		
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.

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