



M-CHAT-R™ Form

Pt Name: _____

DOB: _____

Patient #: _____

Date of Service: _____

Instructions: Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE , pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?)	Yes	NO
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE , being swung or bounced on your knee)	Yes	No

This Page Left Intentionally Blank

BRIGHT FUTURES HANDOUT ► PARENT

18 MONTH VISIT

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



✓ YOUR CHILD'S BEHAVIOR

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and try things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include
 - Staying dry for 2 hours
 - Knowing if she is wet or dry
 - Can pull pants down and up
 - Wanting to learn
 - Can tell you if she is going to have a bowel movement
- Read books about toilet training with your child.
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

✓ TALKING AND HEARING

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

✓ HEALTHY EATING

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

✓ YOUR CHILD AND TV

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with sitters.
- If you choose to introduce media now,
 - Choose high-quality programs and apps.
 - Use them together.
 - Limit viewing to 1 hour or less each day.
- Avoid using TV, tablets, or smartphones to keep your child busy.
- Be aware of how much media you use.

Helpful Resources: Poison Help Line: 800-222-1222

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

18 MONTH VISIT—PARENT



SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. This will probably be after the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his 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.

WHAT TO EXPECT AT YOUR CHILD'S 2 YEAR VISIT

We will talk about

- Caring for your child, your family, and yourself
- Handling your child's behavior
- Supporting your talking child
- Starting toilet training
- 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.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

Hepatitis A 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?

Hepatitis A vaccine can prevent **hepatitis A**.

Hepatitis A is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

2. Hepatitis A vaccine

Children need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

Infants 6 through 11 months old traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children and adolescents 2 through 18 years of age who were not vaccinated previously should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is also recommended for the following people:

- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

Hepatitis A 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 hepatitis A vaccine**, or has any **severe, life-threatening allergies**

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

Pregnant or breastfeeding women should be vaccinated if they are at risk for getting hepatitis A. Pregnancy or breastfeeding are not reasons to avoid hepatitis A vaccination.

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 hepatitis A vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A 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.





Choking Prevention and First Aid for Infants and Children

When children begin crawling or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur.

Many children die from choking each year, and some children who survive a severe choking episode have permanent, life-changing brain injuries. Most children who choke to death are younger than 5 years. Two-thirds of choking victims are infants younger than 1 year. Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous Foods

Keep dangerous foods from children until 4 years of age or older, depending on each child's development and maturity level. However, round, firm foods, such as hot dogs or grapes, can be served if completely chopped into tiny pieces. When infants and young children do not grind or chew their food well, they may try to swallow it whole. Peanut butter and other nut butters should be spread thinly.

Here are foods that can be choking hazards:

- Hot dogs
- Hard, gooey, or sticky candy
- Chewing gum
- Nuts and seeds
- Whole grapes
- Raw vegetables, such as carrot sticks
- Raw fruit chunks, such as apple chunks
- Popcorn
- Chunks of peanut butter or other nut butters
- Marshmallows
- Meat sticks/sausages
- Chunks of meat
- Chunks of cheese or string cheese

Dangerous Household Items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles

- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What You Can Do To Prevent Choking

- Learn CPR (cardiopulmonary resuscitation) (basic life support).
- Be aware that balloons pose a choking risk to children up to 8 years of age.
- Keep dangerous foods from children until 4 years of age or older, depending on each child's development and maturity level.
- Insist that children eat at the table or sit down when they eat. They should never run, walk, play, or lie down with food in their mouths.
- Cut food for infants and young children into pieces no larger than one-half inch, and teach them to chew their food well.
- Supervise mealtime for infants and young children.
- Be aware of older children's actions. Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- Avoid toys with small parts, and keep other small household items out of the reach of infants and young children.
- Follow the age recommendations on toy packages. Age guidelines reflect the safety of a toy, which is based on any possible choking hazard, as well as the child's physical and mental abilities at various ages.
- Check under furniture and between cushions for small items that children could find and put in their mouths.
- Do not let infants and young children play with coins.

First Aid for the Child Who Is Choking

Make it a point to learn the instructions on the following pages of this publication. Post the chart in your home. However, these instructions should not take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross (www.redcross.org) or the American Heart Association (www.heart.org) to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention, along with what to do for a choking infant or child. Your child's doctor also can help you understand these steps and talk with you about the importance of supervising mealtime and identifying dangerous foods and objects.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) 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 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 information contained in this publication 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.

© 2018 American Academy of Pediatrics. All rights reserved.

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.



ALTERNATING WITH



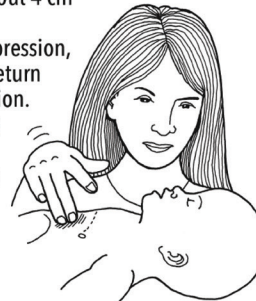
Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

INFANT CPR

To be used when the infant is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place infant on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least $\frac{1}{3}$ the depth of the chest, or about 4 cm (1.5 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



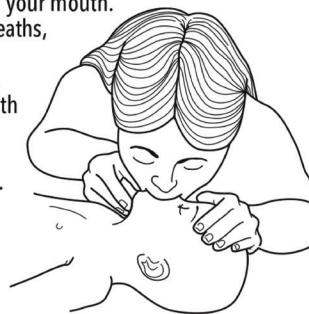
2 OPEN AIRWAY.

- Open the airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



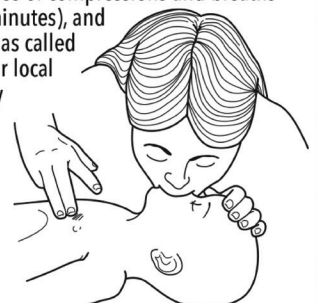
3 START RESCUE BREATHING.

- Take a normal breath.
- Cover infant's mouth and nose with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths.
- After 5 cycles of compressions and breaths (about 2 minutes), and if no one has called 911 or your local emergency number, call it yourself.



If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR CHILDREN 1 TO 8 YEARS OF AGE

CHILD CHOKING (HEIMLICH MANEUVER)

Have someone call 911. If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps.

1. Perform Heimlich maneuver.

- Place hand, made into a fist, and cover with other hand just above the navel. Place well below the bottom tip of the breastbone and rib cage.
- Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.
- Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.

2. If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR. →



CHILD CPR

To be used when the child is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place child on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place the heel of 1 or 2 hands over the lower half of the sternum.
- Compress chest at least $\frac{1}{3}$ the depth of the chest, or about 5 cm (2 inches).
- After each compression, allow chest to return to normal position. Compress chest at a rate of at least 100 to 120 times per minute.
- Do 30 compressions.



1-hand technique



2-hand technique

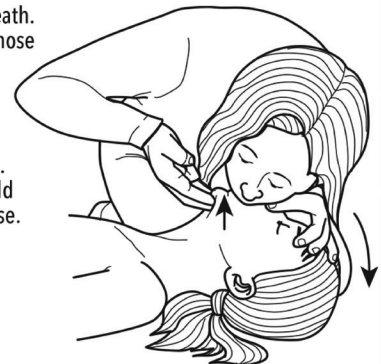
2 OPEN AIRWAY.

- Open airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



3 START RESCUE BREATHING.

- Take a normal breath.
- Pinch the child's nose closed, and cover child's mouth with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths until the object is expelled.
- After 5 cycles of compressions and breaths (about 2 minutes), if no one has called 911 or your local emergency number, call it yourself.

If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

This Page Left Intentionally Blank

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)**

This Page Left Intentionally Blank

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