Growth and Development

Many girls and a few boys have begun to grow at a faster rate at this age. The start of sexual development is normally soon followed by this growth spurt. Girls usually start their sexual development one or two years earlier than boys.

School achievement is very important for 9-10-year-olds. Reading, writing, and arithmetic should be the focus of learning. Make sure your child takes responsibility for bringing home schoolwork and has a good place to study at home.

Behavior

9-10-year-olds have an increasing ability to function without adult supervision at school, on the playground, at home, and in safe community locations. They have learned most social rules and the need for rules. Discuss with your child how he can begin to be responsible for his behavior.

Parents play an important role in the life of a 9-10-year-old. The parent of the same gender as the child plays a particularly important role at this time. Despite the attention given to popular culture heroes, role-modeling by parents is very important.

9-10-year-olds particularly like doing chores. They enjoy hearing from parents that they have done a chore well. It is important for children to begin to think of themselves as capable of accomplishing things. Ask your healthcare provider for help if your child doesn't believe he can do chores or other tasks.

Social skills

10-year-olds should be responsible for their actions and expect responsible behavior from their friends and peers. The opinions of friends are very important, perhaps more important than their parent's opinions. Discuss with your child how to make good choices in the company of friends.

Projecting a positive self-esteem is very important at this age. Your child should not always be putting himself down. Ask your healthcare provider for advice if your child consistently has a poor self-esteem.
Kids want to dress the way their friends dress. This is important for your child and, within reason, you should respect your child's choices. Similarly, your child will want to speak with words that may be unique to their peers, age group, or pop culture. Again, within reason, this choice is to be respected.

**Reading**

Reading is very important for 9-10-year-olds. Be sure to read at every opportunity with your child and discuss the book. Let your child read and tell you stories from books.

**Television and Electronic Media**

Encourage your child to participate in family games and other activities. Limit "screen time" (TV, electronic games, computers) to no more than 1 or 2 hours per day. Carefully select the programs you allow your child to view. Be sure to watch and discuss some of the programs with your child. Do not put a television in your child's bedroom.

Your child should not be exposed to shows or games with violent or sexual themes.

**Sexuality**

Parents and kids should discuss issues of sexuality. You should occasionally ask your child if he has any other questions about sex. When kids realize that parents feel comfortable with discussing sex, they ask for information more often. Discuss sexual values with your child.

**Safety Tips**

Accidents are the number one cause of deaths in children. Kids like to take risks at this age but are not well prepared to judge the degree of those risks. Therefore, 9-10-year-olds still need supervision. Parents should model safe choices.

**Car Safety**

Everyone in a car must always wear seat belts or be in an appropriate booster seat.

**Pedestrian and Bicycle Safety**

Children at this age will generally cross streets safely. However, be sure that you practice this skill when your child has a new street to cross.
Make sure your child always uses a bicycle helmet. You can set a good example by always wearing a helmet. Your child is not ready for riding on busy streets. Begin to teach your child about riding a bicycle where cars are present. Don't buy a bicycle that is too big for your child.

**Safety Around Strangers**

Discuss safety outside the home with your child.

Make sure your child knows her address and phone number and her parents' place(s) of work.

Remind your child never to go anywhere with a stranger.

**Dental Care**

Brushing teeth regularly after meals is important. Brushing before bedtime is the most important time of all. Make regular appointments for your child to see the dentist.

**Follow-Up**

The American Academy of Pediatrics recommends that your child have a routine checkup every year. Be sure to bring your child's shot records to every annual visit.
Normal Development: 9-10 Years Old

**Physical Development**

- Is energetic and spirited.
- Is usually awkward.
- Strives to be physically fit.
- Is fascinated with how the body works.
- May be curious about drugs, alcohol, and tobacco.
- Enjoys bathroom humor.

**Emotional Development**

- Goes back and forth between dependent child and independent pre-teen.
- Becomes more and more self-conscious.

**Social Development**

- Wants approval from significant people for being "good".
- Becomes preoccupied with the opposite sex.
- Relates to peer group intensely and abides by group decisions.
- Gives in to peer pressure easily.
- Does not want to be "different".
- Likes to play in small groups.
- Confides constantly in best friend.
- Can be fickle.

**Mental Development**

- Is eager to learn and master new skills and proud of doing things well.
- Is concerned about personal abilities.
- Has some of his or her own standards of right and wrong.

Each child is unique. It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines show general progress expected over the next 1-2 years.
<table>
<thead>
<tr>
<th>AGE</th>
<th>IMMUNIZATIONS/TESTS</th>
<th>VISIT DETAILS</th>
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<tr>
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<tr>
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<td><em><em>DTaP/IPV/HIB, (HepB</em>), Prevnar, RotaTeq</em>*</td>
<td>exam, growth, development (*no HepB if received birth dose)</td>
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<td></td>
<td><strong>Gardasil (girls only, series of 3 shots)</strong></td>
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<tr>
<td>17 years</td>
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</table>

* Puberty issues: adolescent issues including sexuality will be discussed at these visits. These visits may include one-on-one time for the Teen and the physician. Please prepare your child appropriately.

DtaP = Diptheria/Tetanus/Acellular Pertussis
HIB= Hemophilus influenza type B
HepB = Hepatitis B vaccine
IPV = Inactivated Polio Virus
Prevnar = Pneumococcal 7- conjugate
Varivax = Varicella (chickenpox)
MMR = Measles/Mumps/Rubella

RotaTeq= oral Rotavirus vaccine
TdaP = Tetanus/Diptheria/acellular Pertussis booster
Gardasil= HPV (cervical cancer) vaccine
Menactra = meningococcal vaccine
UA= urinalysis
Hgb= hemoglobin (blood count)
HepA = Hepatitis A
Protect Your Family and Yourself from Carbon Monoxide Poisoning

Carbon Monoxide Can Be Deadly

You can’t see or smell carbon monoxide, but at high levels it can kill a person in minutes. Carbon monoxide (CO) is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned. If appliances that burn fuel are maintained and used properly, the amount of CO produced is usually not hazardous. However, if appliances are not working properly or are used incorrectly, dangerous levels of CO can result. Hundreds of people die accidentally every year from CO poisoning caused by malfunctioning or improperly used fuel-burning appliances. Even more die from CO produced by idling cars. Fetuses, infants, elderly people, and people with anemia or with a history of heart or respiratory disease can be especially susceptible. Be safe. Practice the DO’s and DON’Ts of carbon monoxide.

CO Poisoning Symptoms

Know the symptoms of CO poisoning. At moderate levels, you or your family can get severe headaches, become dizzy, mentally confused, nauseated, or faint. You can even die if these levels persist for a long time. Low levels can cause shortness of breath, mild nausea, and mild headaches, and may have longer-term effects on your health. Since many of these symptoms are similar to those of the flu, food poisoning, or other illnesses, you may not think that CO poisoning could be the cause.

Play it Safe

If you experience symptoms that you think could be from CO poisoning:

✔ **DO GET FRESH AIR IMMEDIATELY.** Open doors and windows, turn off combustion appliances and leave the house.

✔ **DO GO TO AN EMERGENCY ROOM and tell the physician you suspect CO poisoning.** If CO poisoning has occurred, it can often be diagnosed by a blood test done soon after exposure.

✔ **DO Be prepared to answer the following questions for the doctor:**
  - Do your symptoms occur only in the house? Do they disappear or decrease when you leave home and reappear when you return?
  - Is anyone else in your household complaining of similar symptoms? Did everyone’s symptoms appear about the same time?
  - Are you using any fuel-burning appliances in the home?
  - Has anyone inspected your appliances lately? Are you certain they are working properly?

Prevention is the Key to Avoiding Carbon Monoxide Poisoning

✔ **DO have your fuel-burning appliances -- including oil and gas furnaces, gas water heaters, gas ranges and ovens, gas dryers, gas or kerosene space heaters, fireplaces, and wood stoves -- inspected by a trained professional at the beginning of every heating season.**
season. Make certain that the flues and chimneys are connected, in good condition, and not blocked.

 ✓ **DO** choose appliances that vent their fumes to the outside whenever possible, have them properly installed, and maintain them according to manufacturers’ instructions.

 ✓ **DO** read and follow all of the instructions that accompany any fuel-burning device. If you cannot avoid using an unvented gas or kerosene space heater, carefully follow the cautions that come with the device. Use the proper fuel and keep doors to the rest of the house open. Crack a window to ensure enough air for ventilation and proper fuel-burning.

 ✓ **DO** call EPA’s IAQ INFO Clearinghouse (1-800-438-4318) or the Consumer Product Safety Commission (1-800-638-2772) for more information on how to reduce your risks from CO and other combustion gases and particles.

 ✗ **DON’T** idle the car in a garage -- even if the garage door to the outside is open. Fumes can build up very quickly in the garage and living area of your home.

 ✗ **DON’T** use a gas oven to heat your home, even for a short time.

 ✗ **DON’T ever** use a charcoal grill indoors -- even in a fireplace.

 ✗ **DON’T** sleep in any room with an unvented gas or kerosene space heater.

 ✗ **DON’T** use any gasoline-powered engines (mowers, weed trimmers, snow blowers, chain saws, small engines or generators) in enclosed spaces.

 ✗ **DON’T** ignore symptoms, particularly if more than one person is feeling them. You could lose consciousness and die if you do nothing.

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### A Few Words About CO Detectors

Carbon Monoxide Detectors are widely available in stores and you may want to consider buying one as a back up -- **BUT NOT AS A REPLACEMENT** for proper use and maintenance of your fuel-burning appliances. However, it is important for you to know that the technology of CO detectors is still developing, that there are several types on the market, and that they are not generally considered to be as reliable as the smoke detectors found in homes today. Some CO detectors have been laboratory-tested, and their performance varied. Some performed well, others failed to alarm even at very high CO levels, and still others alarmed even at very low levels that don’t pose any immediate health risk. And unlike a smoke detector, where you can easily confirm the cause of the alarm, CO is invisible and odorless, so it’s harder to tell if an alarm is false or a real emergency.

### So What’s a Consumer to Do?

First, don’t let buying a CO detector lull you into a false sense of security. Preventing CO from becoming a problem in your home is better than relying on an alarm. Follow the checklist of DOs and DON'Ts above.

Second, if you shop for a CO detector, do some research on features and don’t select solely on the basis of cost. Non-governmental organizations such as Consumers Union (publisher of *Consumer Reports*), the American Gas Association, and Underwriters Laboratories (UL) can help you make an informed decision. Look for UL certification on any detector you purchase.

Carefully follow manufacturers’ instructions for its placement, use, and maintenance.

If the CO detector alarm goes off:

- Make sure it is your CO detector and not your smoke detector.
- Check to see if any member of the household is experiencing symptoms of poisoning.
- If they are, get them out of the house immediately and seek medical attention. Tell the doctor that you suspect CO poisoning.
- If no one is feeling symptoms, ventilate the home with fresh air, turn off all potential sources of CO -- your oil or gas furnace, gas water heater, gas range and oven, gas dryer, gas or kerosene space heater and any vehicle or small engine.
- Have a qualified technician inspect your fuel-burning appliances and chimneys to make sure they are operating correctly and that there is nothing blocking the fumes from being vented out of the house.
Schoolwork Responsibility: How to Instill It

Taking responsibility for schoolwork helps children grow up to be responsible adults who keep their promises, meet deadlines, and succeed at their jobs. Responsible children finish schoolwork, homework, and long-term projects on time. They remember their assignments and turn in papers. They occasionally ask for help (for example, with a spelling list) but usually like to think through their work by themselves.

How do I encourage schoolwork responsibility?

The following suggestions should help you cultivate the trait of responsibility in your child and avoid problems with schoolwork that may be difficult to correct later on.

1. **Encourage learning and responsibility in the preschool years.** Listen attentively to your child's conversation. Encourage him to think for himself. Take your child to the library and read to him regularly. Watch educational programs together and talk about them. Be a role model of someone who reads, finds learning exciting, enjoys problem-solving, and likes to try new things. Ask your preschool child to help you with chores (for example, clearing the table or putting away clean clothes).

2. **Show your child you are interested in his school performance.** Ask your child about his school day. Look at and comment positively on the graded papers your child brings home. Praise your child's strong points on his report card. Show interest in the books your child is reading. Help your child attend school regularly; don't keep him home for minor illnesses. Go to regular parent-teacher conferences and tell your child about them. If you feel discouraged, rather than conveying this to your child, schedule an extra conference with his teacher.

3. **Support the school staff's recommendations.** Show respect for both the school system and the teacher, at least in your child's presence. Verbal attacks on the school may pit your child against the school and give him an excuse for not working. Even when you disagree with a school's policy, you should encourage your child to
conform to school rules, just as they will need to conform to the broader rules of society.

4. **Make it clear that schoolwork is between your child and the teacher.** When your child begins school she should understand that homework, schoolwork, and grades are strictly between her and her teacher. The teacher should set the goals for better school performance, not the parents. Your child must feel responsible for successes and failures in school. People take more pride in accomplishments if they feel fully responsible for them. Parents who feel responsible for their child's school performance open the door for the child to turn his responsibilities over to them. Occasionally, elementary-school teachers may ask you to review basic facts with your child or see that your child completes work that was put off at school. When your child's teacher makes such requests, it's fine for you to help, but only as a temporary measure.

5. **Stay out of homework.** Asking if your child has homework, helping nightly, checking the finished homework, or drilling your child in areas of concern all convey to your child that you don't trust him. If you do your child's homework, your child will have less confidence that he can do it himself. If your child asks for help with homework, help with the particular problem only. Your help should focus on explaining the question, not on giving the answer. A good example of useful help is reading your child's spelling list to him while he writes the words, but then letting him check his own answers. A chief purpose of homework is to teach your child to work on his own.

6. **Avoid dictating a study time.** Assigning a set time for your child to do homework is unnecessary and looked upon as pressure. The main thing parents can do is provide a quiet setting with a desk, a comfortable chair, and good lighting. If any, the only rule should be "No television until homework is done." Accept your child's word that the work is done without checking. For long-term assignments, help your child organize his work the first few times if he seems overwhelmed. Help him estimate how many hours he thinks the project will take. Then help him write up a list of the days at home he will work on the project.

7. **Provide home tutoring for special circumstances.** Occasionally, a teacher will ask for help from the parents when a child has lots of make-up work after a long absence or transfer to a new school. If your child's teacher makes such a request, ask the teacher to send home notes about what he or she wants you to help your child with (for instance, multiplication for 2 weeks). By using this approach you are still not taking primary responsibility for your child's schoolwork because the assignments and request for help come from the teacher. Provide this home instruction in a positive, helping way. As soon as your child has met the teacher's goal for improvement, remove yourself from the role of tutor. In this way you have provided temporary tutoring to help your child over an obstacle that the school staff does not have time or resources to deal with fully.
8. **Request special help for children with learning problems.** Some children have learning problems that interfere with acquiring some of the basic skills (for example, reading). In this discussion we have assumed that your child has no learning limitations. If a child with a reading disability slips too far behind in class, the child may lose confidence in his ability to do schoolwork. If you have concerns about your child's ability to learn, set up a conference with your child's teacher. At that time, inquire about an evaluation by your school's special education team. With extra help, children with learning disabilities can preserve their self-esteem and sense of competency.
Video Games

Home video games are very popular and have a significant influence on our children. Over 85% of students say they play video games regularly. Over 30% of American homes have a video game system hooked up to the television. Millions more own portable game systems. Over 20% of homes have broadband access to video games. While these games are still heavily played by males, the number of female players is rapidly growing. Video games have a positive and a negative side. With proper supervision, they can be a fun and educational form of play.

What is good about video games?

Compared to watching television, video games are a better form of entertainment because they are interactive. Your child's mind has to be turned on and working. The following are some possible benefits of playing video games.

- They promote attention to details (such as clues), memorizing, sequencing, and using strategies.
- They promote eye-hand (visual motor) coordination.
- They improve visual perception (spatial awareness).
- They allow use of imagination.
- They provide entertainment children and adults can share.

What is bad about video games?

The drawbacks of playing video games are similar to those of watching TV:

- If allowed to rule your child's free time and study time, video games can decrease development of skills in sports, music, and art. Performance in school can be affected if reading and homework are not done.
- If your child plays alone, it can decrease important social time with family and friends. A child’s interactions with friends may become limited to pumping them for information about hidden passageways and secret doors. Encourage your child to play video games with others.
- Violent games can teach acceptance of violent behavior in real life.

You need to be concerned if your child:
is doing worse in school
doesn't do his homework
doesn't get enough sleep
doesn't play outdoors
becomes a loner
seems preoccupied with aggressive behavior.

How can I help set limits on video games?

Don't expect your child to set his own limits on the amount of time he spends playing video games. You are responsible for your child's well-being and must set limits for him. If the rules are broken, deny your child access to the game for a day or more. Insist that homework and chores be completed before your child can play video games. Game time can even be used as an incentive for finishing these tasks properly.

**Limit video game time.** Two hours a day or less is a reasonable limit. Or allow an hour of play on school nights and 2 or 3 hours a day on weekends. Some parents allow the video games only on weekends. If your child is doing poorly in school, temporarily eliminate video game time on school nights. Some parents allow their children to earn video game time by putting in reading time.

**Don't allow your child to postpone bedtime because he wants to finish a video game.** Remember that children who stay up late are usually too tired the next day to remember what they are taught in school. Don't allow your child to have a video game set in his bedroom, because this eliminates your control over time spent playing. When bedtime is drawing near, give your child a 10-minute warning.

**Encourage your children to settle their own disputes over using the video game.** Try to stay out of disagreements, as long as they remain verbal. Children can't go through life having a referee to resolve their differences. If the dispute becomes too loud, remove the game until your children work out a solution.

**Help your child choose video games that are not excessively violent.** Encourage your child to buy or rent sports, puzzle, maze, or adventure games. Avoid games that contain lots of murder, combat, and destruction. Research suggests that video games encourage more aggressive behavior than violent TV shows because your child is an active participant not just an observer. If your child borrows or rents a new game, make sure it is alright before he uses it. Look at game ratings, but also preview the game before letting your child play. Ratings are not a perfect system for screening things you don't want your child to hear or see.

**If you own a computer, take advantage of some of the educational games available.** Educational computer games tap the motivational power of arcade games and help your child learn. They combine academics and entertainment, and also teach computer skills. If you have a choice, buy computer games instead of video games.

**Try to encourage a variety of free time activities.** Video games are not bad for children. They can teach certain skills and they are more educational than watching TV. If you try to forbid video games, your child will play them at an arcade or a friend's home. So teach your child to spend a reasonable amount of time playing them. Encourage reading, music, hobbies, sports, and playing with friends as well.
Television: Reducing the Negative Impact

Television has a tremendous influence on how children view our world. Children spend more hours watching TV from birth to age 18 than they spend in the classroom. A positive aspect of TV viewing is the opportunity to see different lifestyles and cultures. Children today are entering school more knowledgeable than children before the era of TV. In addition, TV has great entertainment value. While TV can be a good teacher, many children watch TV excessively and experience some of the negative consequences described below.

What are the harmful aspects of TV?

1. **TV displaces active types of recreation.** It decreases time spent playing with peers. A child has less time for self-directed daydreaming and thinking. It takes away time for participating in sports, music, art, or other activities that require practice to achieve competence.

2. **TV interferes with conversation and discussion time.** It reduces social interactions with family and friends.

3. **TV discourages reading.** Reading requires much more thinking than television. Reading improves a child's vocabulary. A decrease in reading scores may be related to too much time in front of the TV.

4. **Heavy TV viewing (more than 4 hours a day) definitely reduces school performance.** This much TV interferes with study, reading, and thinking time. If children do not get enough sleep because they are watching TV, they will not be alert enough to learn well on the following day.

5. **TV discourages exercise.** An inactive lifestyle leads to poor physical fitness. If accompanied by frequent snacking, watching TV may contribute to weight problems.

6. **TV advertising encourages a demand for material possessions.** Young children will pressure their parents to buy the toys they see advertised.

7. **TV violence can affect how a child feels toward life and other people.** Viewing excessive violence may cause a child to be overly fearful about personal safety and the future. TV violence may numb the sympathy a child normally feels toward victims of human suffering. Young children may be more aggressive in their play after seeing violent television shows. While TV violence does
not increase aggressive behavior toward people in most children, it may do so in impulsive children.

How do I prevent TV addiction?

1. **Encourage active recreation.** Help your child become interested in sports, games, hobbies, and music. Occasionally turn off the television and take a walk or play a game with your child.

2. **Read to your children.** Begin reading to your child by 1 year of age and encourage him to read on his own as he becomes older. Some parents help children earn TV or video game time by doing the same amount of reading time. Help your child improve his conversational skills by spending more of your time talking with him.

3. **Limit TV time to 2 hours a day or less.** An alternative is to limit TV to 1 hour on school nights and 2 or 3 hours a day on weekends. Occasionally you may want to allow extra viewing time for special educational programs.

4. **Don't use TV as a distraction or a baby sitter for preschool children.** Preschooler's viewing should be limited to special TV shows and videos that are produced for young children. Because the difference between fantasy and reality is not clear for this age group, regular TV shows may cause fears.

5. **If your child is doing poorly in school, limit TV time to 1 half hour each day.** Make a rule that your child must finish homework and chores before watching television. If your child's favorite show is on before the work can be done, consider recording the show for later viewing.

6. **Set a bedtime for your child that is not altered by TV shows that interest your child.** Children who are allowed to stay up late to watch television are usually too tired the following day to remember what they were taught in school. Do not put a TV in your child's bedroom because this stops you from controlling TV viewing.

7. **Turn off the TV set during meals.** Family time is too precious to be squandered on TV shows. In addition, don't have the television always on as a background sound in your house. If you don't like a quiet house, try to listen to music without lyrics.

8. **Teach critical viewing.** Turn the TV on for specific programs only. Don't turn it on at random and scan for something interesting. Teach your child to look first in the TV program guide.

9. **Teach your child to turn off the TV set at the end of a show.** If the TV stays on, your child will probably become interested in the following show and then it will be more difficult for your child to stop watching TV.

10. **Encourage your child to watch some shows that are educational or teach human values.** Encourage watching documentaries, or real-life dramas. If your child does see a program that includes love, sex, family disputes, drinking, or drugs, use it as a way to begin family discussions on these difficult topics.

11. **Forbid violent TV shows.** This means you have to know what your child is watching and turn off the TV set when you don't approve of the program. This may even include news programs.
Develop separate lists of programs that are OK for older children and for younger kids to watch. Make your older children responsible for keeping the younger ones out of the TV room when they are watching programs not allowed for the younger children. If they don't keep them out, the show must be turned off. The availability of cable television, videos, and DVDs means that any child of any age has access to the uncut versions of R-rated films. Many children under the age of 13 years develop daytime fears and nightmares because they have been allowed to watch these movies. Most television programs are now rated. The TV ratings are:

- Y (made for all children)
- Y-7 (made for children 7+)
- Y-7-FV (made for children 7+, includes fantasy violence)
- G (general audience, appropriate for all ages)
- PG (parental guidance suggested, may be inappropriate for young children)
- TV-14 (parents strongly cautioned, may be inappropriate for children under 14)
- TV-MA (mature audience only, may be unsuitable for children under 17).

Most newer television sets include a V-Chip so that you can block out TV shows with certain ratings. But remember, ratings are just guidelines. They cannot replace your good judgment. An educational animal show may have the same rating as a violent cartoon.

12. **Discuss the consequences of violence if you allow your older child to watch violent shows.** Point out how violence hurts both the victim and the victim's family. Be sure to discuss any program that upsets your child.

13. **Discuss commercials with your children.** Help your children identify high-pressure selling and exaggerated claims. If your child wants a toy that is a look-alike version of a TV character, ask how he or she would use the toy at home. The response will probably convince you that the toy will be added to a collection rather than become something used for active play.

14. **Discuss the differences between reality and make-believe.** This type of clarification can help your child enjoy a show and yet realize that what is happening may not happen in real life.

15. **Set a good example.** If you watch a lot of TV, you can be sure your child will also. In addition, the types of programs you watch send a clear message to your child.

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This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Written by B.D. Schmitt, MD, author of "Your Child's Health," Bantam Books.

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10 YEARS

Safety for Your Child

Did you know that injuries are the greatest threat to the life and health of your child? Injuries are the leading cause of death of school-aged children. Yet you can prevent most major injuries if you and your child take a few simple steps.

At age 10, children will do more things away from home. They will spend more time on a bike or in a car and will not see the need for adults to watch over them. You must take charge; you must remind your child of safety! It takes only a few steps to prevent major, common injuries.

Firearm Hazards

It is best to keep all guns out of your home. Handguns are especially dangerous. If you choose to keep a gun, store it unloaded and in a locked place, separate from ammunition. Your child is in more danger of being shot by himself, his friends, or a family member than of being injured by an intruder.

Ask if the homes where your child visits have a gun and how it is stored. Talk to your child about guns in school or on the streets. Find out if your child’s friends carry guns.

Sports Safety

At this age your child may be playing baseball, soccer, or other sports. Ask your doctor which sports are right for his or her age. Be sure your child wears the protective equipment made for that sport, such as shin pads, mouth guards, wrist guards, eye protection, and helmets. Ask your child’s coach what is needed.

And Remember Car Safety

Your child must buckle the seat belt EVERY TIME he or she rides in any car. Booster seats should be used until the lap belt can be worn low and flat on your child’s hips and the shoulder belt can be worn across the shoulder rather than the face or neck (usually at about 80 pounds and 4 feet 9 inches tall). Remind your child to buckle up when riding with others. Ask your child to remind you to buckle up, too! Install shoulder belts in the back seat of your car if they are not already there. Serious injuries can happen to your child when a lap belt is used alone. The safest place for all children to ride is in the back seat.

Bike Safety

Your child may want to ride his or her bike further away from home. Teach your child the “Rules of the Road” and be sure your child knows them. You must watch your child to be sure he or she can handle a bike safely. Make sure your child always wears a helmet while riding a bike. It is still very dangerous for your child to ride at dusk or after dark. Make sure your child brings in the bike as soon as the sun starts to set.

Would you be able to help your child in case of an injury? Put emergency numbers by or on your phone today. Learn first aid and CPR. Be prepared...for your child's sake!
SAFETY IN A KID’S WORLD

Dear Parent: Your child is old enough to learn how to prevent injuries. The games below are designed to help your child think about safety. Read the messages with your child and talk about them together. Then take this safety sheet home and post it where everyone can see it.

It takes time to form a safety habit. Remind each other what it says. Make safety a big part of your lives.

Get the Helmet Habit!
DIRECTIONS: Break the code to read this message. On each line, write the alphabet letter that comes before the one above that line (the first 2 have been done for you).

BIKE SAFETY
B M X B Z T X F B S B
A L __________ __________

IF M N F U X I F O Z P V
__________ __________ __________

S J E F Z P V S C J L F
__________ __________

DIRECTIONS: Circle the signs that belong to “Rules of the Road.” Be a smart and safe rider. Learn the “Rules of the Road.”

From Your Doctor

NEVER RIDE AT NIGHT
Always put your bike away when the sun goes down.

The information 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 the individual facts and circumstances.
# Professional Dosing Information for Infants & Children

Always ask your healthcare professional which product is right for your child.

## Concentrated TYLENOL® Infants’ Drops
*Cherry, Grape & Cherry dye-free flavors*

**Active Ingredient:** Acetaminophen 80mg (in each 0.8mL)

<table>
<thead>
<tr>
<th>Weight</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
<th>95 lbs &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-3 mos</td>
<td>4-11 mos</td>
<td>12-23 mos</td>
<td>2-3 yrs</td>
<td>4-5 yrs</td>
<td>6-8 yrs</td>
<td>9-10 yrs</td>
<td>11 yrs</td>
<td>12 yrs</td>
</tr>
<tr>
<td>Concentrated</td>
<td>0.4mL</td>
<td>0.8mL</td>
<td>1.2mL</td>
<td>1.6mL</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

**Note:** If possible, use weight to dose, otherwise use age. To arrive at the correct dose, weigh your child before giving TYLENOL®. A healthcare professional should be consulted for dosing in children under the age of two years.

## Children’s TYLENOL® Suspension
*Cherry Blast, Very Berry Strawberry, Bubblegum yum, Grape Splat & Cherry dye-free flavors*

**Active Ingredient:** Acetaminophen 160mg (in each 5mL or 1 tsp)

<table>
<thead>
<tr>
<th>Weight</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
<th>95 lbs &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-3 mos</td>
<td>4-11 mos</td>
<td>12-23 mos</td>
<td>2-3 yrs</td>
<td>4-5 yrs</td>
<td>6-8 yrs</td>
<td>9-10 yrs</td>
<td>11 yrs</td>
<td>12 yrs</td>
</tr>
<tr>
<td>Concentrated</td>
<td>—</td>
<td>—</td>
<td>1 tsp</td>
<td>1/2 tsp</td>
<td>2 tsp</td>
<td>2 1/2 tsp</td>
<td>3 tsp</td>
<td>4 tablets</td>
<td>5 tablets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
<th>95 lbs &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-3 mos</td>
<td>4-11 mos</td>
<td>12-23 mos</td>
<td>2-3 yrs</td>
<td>4-5 yrs</td>
<td>6-8 yrs</td>
<td>9-10 yrs</td>
<td>11 yrs</td>
<td>12 yrs</td>
</tr>
<tr>
<td>Concentrated</td>
<td>—</td>
<td>—</td>
<td>1 tsp</td>
<td>1/2 tsp</td>
<td>2 tsp</td>
<td>2 1/2 tsp</td>
<td>3 tsp</td>
<td>4 tablets</td>
<td>—</td>
</tr>
</tbody>
</table>

## Children’s TYLENOL® Meltaway Tablets
*Bubblegum Burst, Wacky Watermelon & Grape Punch flavors*

**Active Ingredient:** Acetaminophen 80mg (in each tablet)

<table>
<thead>
<tr>
<th>Weight</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
<th>95 lbs &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-3 mos</td>
<td>4-11 mos</td>
<td>12-23 mos</td>
<td>2-3 yrs</td>
<td>4-5 yrs</td>
<td>6-8 yrs</td>
<td>9-10 yrs</td>
<td>11 yrs</td>
<td>12 yrs</td>
</tr>
<tr>
<td>Concentrated</td>
<td>—</td>
<td>—</td>
<td>2 tablets</td>
<td>3 tablets</td>
<td>4 tablets</td>
<td>5 tablets</td>
<td>6 tablets</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

## Jr. TYLENOL® Meltaway Tablets
*Bubblegum Burst & Grape Punch flavors*

**Active Ingredient:** Acetaminophen 360mg (in each tablet)

<table>
<thead>
<tr>
<th>Weight</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
<th>95 lbs &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-3 mos</td>
<td>4-11 mos</td>
<td>12-23 mos</td>
<td>2-3 yrs</td>
<td>4-5 yrs</td>
<td>6-8 yrs</td>
<td>9-10 yrs</td>
<td>11 yrs</td>
<td>12 yrs</td>
</tr>
<tr>
<td>Concentrated</td>
<td>—</td>
<td>—</td>
<td>2 tablets</td>
<td>3 tablets</td>
<td>4 tablets</td>
<td>5 tablets</td>
<td>6 tablets</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

**Important Instructions for Proper Use**

- Read and follow the label instructions on all TYLENOL® products.
- Take every 4 hours as needed.
- Do not exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Keep all medicines out of the reach of children.
- Do NOT administer adult medicines to children.
- Use only the dosing device that comes with a specific product.

- Concentrated TYLENOL® Infants’ Drops are more concentrated than Children’s TYLENOL® Liquids. The Concentrated Infants’ Drops have been specifically designed for use with enclosed dropper.
- Children’s TYLENOL® Liquids are less concentrated than Concentrated TYLENOL® Infants’ Drops. The Children’s TYLENOL® Liquids have been specifically designed for use with the enclosed measuring cup.
- Children’s TYLENOL® Meltaway Tablets are not the same concentration as Jr. Strength TYLENOL® Meltaway Tablets. Jr. TYLENOL® Meltaway Tablets contain 160mg of acetaminophen while Children’s TYLENOL® Meltaway Tablets contain 80mg of acetaminophen.
- If you have any questions, contact your healthcare professional or call 1-877-885-3665.
## Professional Dosing Information for Infants & Children

Always ask your healthcare professional which product is right for your child.

### Note:
If possible, use weight to dose, otherwise use age. To arrive at the correct dose, weigh your child before giving MOTRIN®. A healthcare professional should be consulted for dosing in children under the age of six months.

<table>
<thead>
<tr>
<th>Weight</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0-5 mos</td>
<td>6-11 mos</td>
<td>12-23 mos</td>
<td>2-3 yrs</td>
<td>4-5 yrs</td>
<td>6-8 yrs</td>
<td>9-10 yrs</td>
<td>11 yrs</td>
</tr>
<tr>
<td>Concentrated MOTRIN® Infants' Drops</td>
<td>—</td>
<td>1.25mL</td>
<td>1.875mL</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Berry &amp; Berry dye-free flavors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Ingredient: Ibuprofen 50mg (in each 1.25mL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's MOTRIN® Suspension</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1 tsp</td>
<td>1½ tsp</td>
<td>2 tsp</td>
<td>2 ½ tsp</td>
<td>3 tsp</td>
</tr>
<tr>
<td>Berry, Grape, Tropical Punch, Bubblegum &amp; Berry dye-free flavors</td>
<td></td>
<td></td>
<td></td>
<td>or 5mL</td>
<td>or 7.5mL</td>
<td>or 10mL</td>
<td>or 12.5mL</td>
<td>or 15mL</td>
</tr>
<tr>
<td>Active Ingredient: Ibuprofen 100mg (in each 6mL or 1 tsp)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTRIN® Junior Strength Easy-to-Swallow Caplets</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2 caplets</td>
<td>2 ½ caplets</td>
</tr>
<tr>
<td>Active Ingredient: Ibuprofen 100mg (in each caplet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTRIN® Junior Strength Chewable Tablets</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1 tablet</td>
<td>1½ tablets</td>
<td>2 tablets</td>
<td>2 ½ tablets</td>
<td>3 tablets</td>
</tr>
<tr>
<td>Orange &amp; Grape flavors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Ingredient: Ibuprofen 100mg (in each tablet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Important Instructions for Proper Use

- Read and follow the label instructions on all MOTRIN® products
  - Take every 6-8 hours as needed
  - Do not exceed more than 4 doses in 24 hours
- Do NOT administer longer than 10 days, unless directed by a doctor
- Ask a doctor or pharmacist before use if the child is taking any other drug containing an NSAID (prescription or non-prescription)
  - MOTRIN® contains ibuprofen
- Keep all medicines out of the reach of children

- Use only the dosing device that comes with a specific product
  - Household items such as measuring spoons are less accurate
- Do NOT administer adult medicines to children
- Concentrated MOTRIN® Infants' Drops are more concentrated than Children's MOTRIN® Liquids. The Concentrated Infants' Drops have been specifically designed for use with enclosed dosing device
- Children's MOTRIN® Liquids are less concentrated than Concentrated MOTRIN® Infants' Drops. The Children's MOTRIN® Liquids have been specifically designed for use with the enclosed measuring cup
- The OTC dosing: the recommended dose is 7.5mg/kg every 6-8 hours. The recommended daily dose is 30mg/kg
- If you have any questions, contact your healthcare professional or call 1-877-895-3665

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AFTER YOUR CHILD’S IMMUNIZATIONS...

EXPECTED SYMPTOMS: may occur from 1-3 days after shots

☑ Soreness or redness at the injection site
☑ Small, red, hard nodule lasting a week or more
☑ Fussy, tired, fever to 101-102 F

To help your child with these symptoms, use Tylenol® every four hours and try an ice pack at the injection site.

UNEXPECTED AND SERIOUS SYMPTOMS:

☒ Allergic reactions
  Trouble breathing
  Rapid heart rate
  Hoarseness
  Dizziness
  Wheezing
  Throat swelling
  Hives

☒ Systemic symptoms
  Fever of 105 F
  Weakness
  Extreme fatigue
  Pale skin

☒ Changes in child’s behavior
  Seizures
  Trouble waking up
  Non-stop crying (more than 3 hours)

If your child is having any of the unexpected/serious symptoms, record the date and time of the event, and call the office to report it and obtain medical advice.
# Tooth Arrival Chart

Use this chart to identify the number and location of teeth at a given age. Baby teeth are shaded in blue and permanent teeth are shown in white.

<table>
<thead>
<tr>
<th>When?</th>
<th>How many?</th>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-12 months</td>
<td>4 baby teeth / 0 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>8-13 months</td>
<td>6 baby teeth / 0 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>12-19 months</td>
<td>12 baby teeth / 0 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>16-23 months</td>
<td>16 baby teeth / 0 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>2-3½ years</td>
<td>20 baby teeth / 0 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>6-7 years</td>
<td>20 baby teeth / 4 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>6-8 years</td>
<td>16 baby teeth / 8 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>7-9 years</td>
<td>12 baby teeth / 12 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>9-11 years</td>
<td>8 baby teeth / 16 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>10-12 years</td>
<td>4 baby teeth / 20 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>11-12 years</td>
<td>0 baby teeth / 24 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>12-13 years</td>
<td>0 baby teeth / 28 permanent teeth</td>
<td>upper/lower</td>
</tr>
<tr>
<td>17-22 years</td>
<td>0 baby teeth / 32 permanent teeth</td>
<td>upper/lower</td>
</tr>
</tbody>
</table>

## Your teeth and what they do

Each of your teeth is different because they perform different functions to help you eat.

- **Incisors** (front teeth): have sharp, thin edges for cutting food.
- **Canines/Cusps** (corner teeth): designed for cutting and tearing food.
- **Premolars/bicuspids** (back teeth): have cusps for gripping and tearing food.
- **Molars** (back teeth): have short, blunt cusps for grinding solid food.
Have Questions about your Child?

Medication doses...
Symptoms and signs...
When to worry...
When to call us...

Our website is always available

😊 Lunch time
😊 Night time
😊 Fussy time
😊 Any time!!

Your **fastest** answers are here:

www.SapphirePediatrics.com