

PEDIATRIC ASSOCIATES OF SPRINGFIELD, INC

1000 E. Primrose, Suite 560, Springfield, MO 65807 (417) 882-1600

TWO AND THREE-YEAR CHECK-UPS

DIET: Encourage your child to feed himself. Try to avoid mealtime battles. Eating most meals at home is a very effective way to decrease obesity risk. Avoid junk food, sugary and artificially sweetened drinks, and caffeinated beverages. Juice should be limited to less than 8 ounces a day. Milk fat should be 2%, 1% or skim now if there is a family or personal history of high cholesterol or obesity. Two to three servings of dairy a day provides the calcium and vitamin D requirements. Calories from fat should make up about 30% of total calories. Fluoride doses increase at age three and six, so ask your pharmacist to e-mail us when refills are needed at those ages. First dental visits may start now depending on your dentist's preference.

DEVELOPMENT: Two year olds are learning to climb stairs alone, open doors, throw a ball overhand, jump, refer to himself by name, use 20+ words, phrases and two part commands. Three year olds are learning to jump in place, kick a ball, stand on one foot, pedal a tricycle, build towers and bridges, speak in sentences that even strangers would understand, give her name, age, and gender, copy a circle, identify colors, and put on some pieces of clothing. Playing with others in their age group such as occasional playgroups, gymnastics, library story times, zoo and music classes and Sunday School are popular. Some children are physically aggressive at age two, but most learn to share and take turns while they are three. Pretend play and reading are important activities now. Blocks, beads, puzzles, music toys, and books are appropriate.

Although some television is appropriate for young children, it should be supervised closely and limited. Children at this age do not readily understand the difference between fantasy and reality, and television has been shown to increase aggressive behavior in children. Avoid watching TV at mealtimes and bedtime.

Mealtime discussions and creating opportunities for the child to talk about his day are good ways to promote development. Giving simple choices, explaining consequences and praising good behavior are valuable teaching situations. Children need nurturing, unconditional love, and the chance to

develop their own personality with as little criticism as possible. When it is necessary to be critical, criticize the behavior and not the child. Set limits and be consistent in your behavior to help your child learn. Distraction or use of short periods of “time-out” may defuse a situation before it becomes a major conflict. We are happy to discuss management of your child’s behavior and would prefer to schedule a longer appointment if needed to ensure all your concerns are fully addressed. Please let the triage staff know of your concerns so they may give us the necessary amount of time.

Many children have a brief period of stuttering or mispronounced syllables at this age. Refrain from speaking for the child or calling attention to stuttering. If by age three your child’s speech does not include sentences or cannot be understood by someone who doesn’t know him well, please bring this up with your provider. Children whose speech or language usage decreases, rather than increases, should be brought to our attention.

At this age, children become curious about where babies come from and the differences between boys and girls. Simple, limited answers are best. They will ask more if they want to know.

SLEEP: Children at this age often appreciate bedtime rituals. Naps may become irregular and overtired kids can become irritable. “Quiet time” of 30-60 minutes spent in a restful activity may allow a nap if sleepy. Nighttime fears are common at this age. Children are “magical thinkers” now and respond to comments such as “I can see why that made you think of scary things. Let me get my special broom and sweep them away.”

TOILET TRAINING: Many children develop the skills needed for toilet training between 18 months and 3 years. Signs of readiness include being able to walk to the potty chair, removing clothing for toileting, saying words for urine and feces, and the desire to use the potty. Praising successful efforts is more helpful than scolding for accidents. Soiling the diaper after sitting on the toilet is not uncommon and should not draw any attention. Often children learn to use the toilet but choose not to do so during the training process. They are exploring the issue of who controls their bodies. A parent forcing use of the toilet and/or underwear usually prolongs the training time and can result in serious constipation and behavior problems. Many parents find that a routine schedule makes toileting more predictable. Be patient! Pull-ups are recommended only for nighttime use in children who are not yet dry at night but sometimes awaken to take themselves to the

toilet. Underwear is recommended when children are using the toilet at least half the time. Hard, large, or infrequent stools may signal constipation and interfere with toileting success. This is a very common problem. If your child develops signs of constipation, please reconsider toilet training efforts and discuss the problem with our triage staff.

ILLNESS: This is a time of frequent illness, particularly if a child is commonly around other young children. The most common illnesses are self-limited viral infections but they can cause high fevers, discomfort and occasional consequences such as dehydration. If your child seems quite ill, the illness has been unusually prolonged or recurrent, or if you are uncomfortable with home care, please call our office.

Regular exposure to cigarette smoke is harmful. The American Cancer Society can provide information on stop-smoking programs.

When planning a trip away from your child, please leave a letter with her caregiver including medical conditions, past surgeries, current medications, allergies and immunizations as well as a copy of the insurance card.

SAFETY: Moving to a toddler or adult bed is necessary now to avoid the hazard of falling from the crib. A gate at the bedroom door keeps the child from roaming or even leaving the home. The bedroom should be carefully child-proofed (particularly, furniture that might tip over, windows, cords and closet contents), as the room effectively becomes the crib.

Rear-facing car seats are recommended until age 4. Approved bike helmets are recommended every time your child uses a bike, trike or scooter even if just as a passenger. Please give special attention to fitting the helmet correctly. Remember to be a good role model and wear your helmet too!

Discuss water safety at home. Use life jackets at the lake. Begin swimming lessons at this age. If your child will be at a home with a pool, make sure it is fenced off from the child when an attentive adult swimmer cannot be present. Use sunscreen SPF 30 and reapply it every 2 hours. Check the expiration date or buy fresh every spring.

Warn your child to avoid all animals, wild or tame, unless their owner and you give permission. Rabies is a fatal and increasingly common infection. Please vaccinate all animals on your property. This is the most likely age to

get bitten by an animal. If your child receives a wound with saliva contact (in effect, a bite), confine the animal and call our office immediately.

The presence of firearms in the homes of young children is a serious potential danger. Please discuss the safe storage of guns and ammunition with the adults in your home and in any home your child visits. Your child must learn never to touch any gun without your permission. She should learn to leave and find an adult whenever another child has a gun.

IMMUNIZATIONS: Most vaccines series have been completed at this age and the fall flu vaccine is the only regular vaccine needed. If your child is behind on immunizations at this age, please ask us about a catch-up schedule so he is fully protected. If your child has received vaccines elsewhere, please fax or bring in a copy for our records.

OFFICE CALLS: When calling for advice, please have your questions organized with a pencil and paper handy. If the child is ill, please take her temperature before calling (no need to add a degree). Routine calls should be made during regular weekday office hours. Emergency calls may be placed through the office number when we are not in the office.

APPOINTMENTS: Preventive care visits (well child check-ups) are an essential part of your child's health. These are an opportunity to discuss changes and concerns about diet, sleep, developing skills, safety, and immunization issues. Annual visits are planned from age 2 to age 5. Please see the Appointments page of this website for details on scheduling well and sick visits.

IMPORTANT PHONE NUMBERS:

Office (417) 882-1600

After hours (877) 599-8962

Fax (417) 631-0119

Poison Control Center (800) 392-9111