

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Partners in Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: 4 YEARS

GROWTH:

Weight: lb. oz. (%)

Height: inches (%)

BMI: _____ %
("Healthy proportion" range = 5-85%)

IMMUNIZATIONS:

- Acellular DPT
 Measles, Mumps, Rubella
 IPV (Injectable Polio)

Development:

- Hepatitis A Pneumococcal Booster
 Hepatitis B Flu Vaccine (today, Fall)
 Varivax _____

SCREENINGS: Hgb U/A Blood Pressure:

Vision / right / left

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

GENERAL PARENTING ISSUES:

1. NUTRITION

By this age, many children will have formed a preferential list of foods. A wide variety of fruits and vegetables is important to your child's good nutrition. A single day's food selection is not always a good index of your child's nutrition. It is better to look at a 4- to 5-day time frame to see if you are achieving a reasonable balance of food groups. Appetites are still generally not strong. If your child is a very picky eater, you may start a multivitamin (a chewable vitamin is now acceptable). Check the vitamin label for dosage.

If your child meets the following four criteria, you can be assured of an adequate nutritional intake:

- There has been no significant drop in your child's growth percentiles for height and weight over the past year.
- Your child is generally healthy.
- Your child eats one good meal per day, even if it means that you combine all the day's intake to make up one good meal.

- Your child's calcium and vitamin D intake is adequate, either through sufficient calcium intake, e.g., 8-10 ounces of milk plus one additional calcium serving, or two to three separate calcium product servings, or adequate calcium supplementation.

Limit/restrict intake of sodas, excess sweets or juice, high trans-fat and/or fried foods. This is a very good age to start teaching good habits about moderation and healthier choices to help your child grow strong.

2. SLEEP

Children in this age group require between 10 and 14 hours of sleep total for 24 hours. This usually includes a 10- to 12-hour night's sleep and one nap per day. If your child has given up naps we still strongly advise a daily "quiet time" of 30-60 minutes.

A. Nightmares

Children have such vivid imaginations that **nightmares** may now be a problem. If your child has nightmares, you may try the following measures:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

- A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
- Sharply decrease or eliminate TV viewing.
 - Eliminate stimulants in the diet, specifically sugar, chocolate, or caffeinated drinks, after the evening meal.
 - After-dinner play should be quieting and not wild and physical.

When your child has a nightmare, you should comfort and reassure them back to at least a quiet state. Limit your contact to the minimum required for comfort, so as not to promote a habit.

B. Naps

Most children begin to give up their naps between the ages of three and six years. This can be a very trying time for parents because of the resulting confusion in schedules, poor rest, and decrease in free time for the parent.

Most children give up napping gradually. This may occur either by taking shorter naps or by taking fewer naps in the week. The transition period may take anywhere from weeks to months.

Some children give up napping abruptly. This is acceptable as long as you are certain that the child is ready to make this change. If you feel that your child is not ready for such a change, you should insist on long, daily rest periods until napping is re-established.

It is difficult to predict exactly when a child is ready to give up napping. The guidelines listed below may give you some idea as to when your child may be ready:

1. Most children require at least 10-14 hours of sleep in a 24-hour period. If your child does not get this much sleep during the night, it is unlikely he is ready to give up napping.
2. If your child has always required more sleep than the average, he will probably be late in giving up naps.

3. Younger siblings are likely to give up naps at an earlier age than their older siblings.
4. Many children begin to give up their naps during the summer months.

If you are unsure as to whether or not your child is ready to give up napping, it is best to error on the side of not allowing them to give up their naps. Napping is one of the most important assets in nurturing a healthy child and should be encouraged as long as possible.



During the transition of giving up naps, a child will naturally be more tired, which may enhance obstinance, moodiness, increased sensitivity, etc. This is best dealt with by having your child adjust to an earlier bedtime and having a quiet rest period during the day. This can be a trying time for child and parent alike, and great patience may be required.

3. SELF-CARE TECHNIQUES

At this age, children are becoming less dependent on parent's help and more independent with their own everyday activities. A child will now begin developing positive social skills such as dressing themselves with little supervision, separating easily from parents, and playing games with other children cooperatively.

The child will still need help with more complex behaviors such as tying shoes, brushing teeth effectively, and combing hair. These self-care hygiene skills are often learned through imitation of you and should be positively reinforced when interest and participation are shown.

Self-feeding skills should now be entirely complete with some order created around the mealtime. Mealtime provides a great opportunity for a child to lend a helping hand. Small household chores can be initiated as a means of developing a child's responsibility.

4. CAR SEATS

Always be sure your child is appropriately strapped into an approved car seat (up to 40 pounds) or booster seat (40-60 pounds). As of August 1, 2010, Colorado law requires children over 40 pounds to ride in a booster seat until they are at least 8 years old and 57 inches tall. The use of simply the adult lap and shoulder belts result in hundreds of injuries each year. Children under 13 years of age should not be seated in the front seat with an air bag device, even if it's weight sensitive.

5. STRANGERS AND BODY SAFETY

At three years and older children will start to interact with others under many different circumstances, in and out of your presence. This is the time to approach your child regarding strangers, body safety, and what is inappropriate by others. By this age, a child is old enough to start to understand the concepts involved and learn the steps to let you know when and if something ever happens to them.

The first step is to define for your child what a "stranger" IS. You should explain that a stranger is "a person that you don't know". You should further explain that most strangers are very nice people, but that it is difficult to tell which strangers are nice and which ones aren't. Therefore, unless a parent or other trusted caregiver is present; your child must not speak or interact with strangers. You should review the definition with your child frequently and practice it in real life situations (e.g., a visit to the doctor, people in the grocery store, etc.). This will eventually lead to their understanding of your concern in a very tangible way without causing him to be unduly anxious around strangers.

A second step is to read about such scenarios in any of the wonderful books available. This will help to increase their beginnings of a visual imagery, which is essential for success in actual encounters. If a child can actually see themselves saying "NO", calling for help, or running away from an uncomfortable situation, they are less likely to "freeze" in a real-life encounter. It also teaches them who to approach if you are not available, and, most importantly, builds trust in sharing these encounters with you.

The third major step is to actually practice with your child what to do when confronted by a stranger or an uncomfortable situation. You should role play a number of scenarios, especially during an appropriate teachable moment (i.e. at the zoo, grocery store, baseball game). This allows them to fully develop the imagery required to succeed in an actual encounter or event.

Equally important is teaching your child the concept of "body safety", that is, that they are "the boss of their body." Children who have been taught body safety skills and the anatomically correct names for their genitalia, are LESS likely to be targeted by an abuser and are better able to reject unwanted touch and uncomfortable situations.

Finally, the most important thing to teach your children is that they can and must always TELL YOU whenever anyone, stranger or known to the family, has done anything to them. Reassure your child that no matter what anyone else tells them, no one EVER will hurt you. There are no "secrets" that should ever be kept from you.

Let them know that if anyone ever threatens you or them that it will be taken care of by the police. If you suspect your child has been accosted or molested, you should contact us so that we may help you decide what the next course of action should be.

There are several good books and community programs available to teach parents how to empower their children and help prevent such child sexual abuse. www.parentingsafechildren.com

6. MEDIA GUIDANCE

According to the Harvard Center on Media and Child Health, "Young people now spend more hours each day using media (e.g., TV, internet, video games, smart phones and tablets) than any other activity except sleep." Excess and/or inappropriate use of media can put our children at risk for a variety of problems (e.g., school problems, obesity, attention issues) and can even put their very safety at risk. So what's a parent to do? Start by pledging to keep TV and internet viewing only in public places in your home, NOT in the child's bedroom. Address use and safety rules with your child early, often and in "age-appropriate" terms. For up to date information and some of the best, age-specific guides we have found, visit the Center on Media and Child Health at Children's Hospital Boston/Harvard Medical School at www.cmch.tv - this is one website you'll want to "bookmark" and use again!

DEVELOPMENT/STIMULATION:

Four-year-olds appear to be perfecting many skills learned during the third year, yet they are continuing to develop new ones. A tricycle is now not just a toy to ride but becomes a fire-truck or speeding race car as their bodies now push to perfect the fine balance movements. Speed becomes an essential part of life, stressing

the balance and equilibrium systems. Galloping, one leg stance, spinning in a swing are stimulating and appropriate.

Children of this age also enjoy fine motor activities that require more perfection, such as stringing beads, more sophisticated shape-sorting, many-piece puzzles, and toys which can make a city or farm or park. They can build and create their own world. Blocks become the foundations for new worlds. A four-year-old seems to be all about creating perfection of skills and activities learned in the previous years.

COMING NEXT:

1. The next appointment is the five-year check-up, which will include, if not already done:

Chicken pox booster
MMR (measles, mumps, rubella) booster
Acel DPT (diphtheria, acellular pertussis, tetanus) booster.
IPV booster.
Vision screening.
Hemoglobin (Anemia screen).
TB screening (if indicated).

2. Discussion of an allowance.

YOUR NOTES:

Partners In Pediatrics

visit us at

www.partnersinpediatrics.com