

Partners in
Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: 5 YEARS

GROWTH:

Weight: lb. oz. (%)

Height: inches (%)

BMI (Body Mass Index): _____ %

(10 - 85% = desired)

Lipid screen - optional

IMMUNIZATIONS:

Acellular DTP

Hepatitis A

Flu vaccine (today, this fall)

Hepatitis B

Proquad (MMR/Varivax)

IPV (Injectable Polio)

VariVax

Measles, Mumps,
Rubella

Development:

SCREENINGS:

Hgb

TB

Blood Pressure:

Vision / right / left

GENERAL PARENTING ISSUES:

1. NUTRITION

Children this age can begin to learn that certain foods help make them strong. They're also much more likely to taste and enjoy new foods if they've been involved in picking, preparing or serving it. If your child is a picky eater, continue to offer a bite of new foods and ask them to see if perhaps their taste buds have "grown up yet" and have begun to appreciate the food. With supervision, give them an opportunity to help prepare a salad or side dish - they'll be more interested in tasting what they create!

If your child meets the following five 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.
- You supplement your child's diet with a daily multivitamin. (Note-if your child gets a healthy variety of foods, there is

no good evidence that vitamins really help.)

- 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 intake is adequate, either through sufficient dairy intake, e.g., 8 ounces of milk plus one to two additional dairy servings, or three separate dairy product servings, or calcium-rich vegetables or calcium fortified products. Skim or 1% milk is now preferred over whole or 2%. Calcium enriched almond or plant-based milk are other good options.
- Some fat intake is necessary for normal growth and development. Good sources of fat include avocado, flax seed, coconut, nuts and fish oils. We recommend a diet of 20 percent to 30 percent fat. If there is a strong family history of early heart disease or stroke, or a parent with a cholesterol level greater than 240, please discuss with us the testing of cholesterol levels in your child.

2. PHYSICAL ACTIVITY

Biking, walking, roller-blading, jogging, swimming, dancing, and playing organized sports are all examples of good exercise for us. Find activities you and your child enjoy and can participate in for at least 60 minutes 5-6 days each week, and you'll be meeting the minimum activity requirement for good health and conditioning. Limit TV/screen/computer time (very sedentary!) to about an hour a day. Best of all, model a lifestyle of healthy physical activity for your child.

3. 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 and/or one nap per day. Many children may have given up their daily 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 should try the following measures:

- Sharply decrease or eliminate screen time, especially in the evenings.
- 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 him 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 this age 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 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 err 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.

4. CHORES

Besides taking care of their own personal needs, such as getting dressed and brushing teeth, a five-year-old can now do small, regularly performed tasks. These should include both a small daily chore such as setting the table, making the bed or picking up clothes and toys, as well as larger tasks done less frequently, such as folding laundry or taking out the trash. When these jobs are done together as a family, they are more easily accepted as a part of family life.

The aims of these tasks are: to foster a sense of accomplishment, to teach the child to contribute to family needs, to establish a feeling of belonging, and to develop a sense of discipline. Chores can also be tied to an allowance, if you wish.

5. ALLOWANCE

Is your child old enough to ask you to buy him something? This is an excellent age to begin an allowance, so as to learn the value of money and how to make good choices with learning to save and to spend. The child should be allowed to spend the money for anything they want within reasonable guidelines set by you. The amount can range from 25 cents to a dollar weekly. The amount should be set according to the amount of money you feel they can manage.

The payment should be made on a regular basis (once weekly). If tied to chores, payment can be made after completion of tasks. If the task is left undone or not done properly, the payment can be withheld, partially or completely.

4. 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 understanding as well as give them the beginnings of a visual imagery, which is essential for success in actual encounters. If a child can actually see themself 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.

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.parentingsafekids.com.



Finally, the most important thing to teach your child is that they can always, and must, TELL YOU whenever anyone, stranger or known to the family, has done ANYTHING to them. Reassure your child that, no matter what, no one will EVER hurt them if they tell. There are no "secrets" that should ever be kept from you. Let them know that if anyone ever threatens them that it will be taken care of by the appropriate people (like the police).

If you ever suspect your child has been involved in any of the above scenarios, you should contact us so that we may help you decide what the next course of action should be.

7. MEDIA GUIDANCE

According to experts in children's 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 Digital Wellness Lab at Children's Hospital Boston/Harvard Medical School at digitalwellnesslab.org – this is one website you'll want to "bookmark" and use again!

8. SAFETY

Exercise consistent use of seat belts in the car. Do not place children in the front seat with or without an air bag device until they are 5 feet tall or more than 12 years old. Teach your child to swim and include instructions about water safety. Use and teach the use of sunscreen (PABA-free) to prevent sunburns.

Make it a rule (and it will soon become a **GOOD HABIT**) to have your child wear a well-fitting, ANSI or SNELL-approved bike helmet **EVERY TIME THEY BIKE**. Teach your child the rules of the road and don't allow them to enter traffic at this age.

Scooter riders and Rollerbladers should wear protective wrist guards, elbow and knee pads and helmets.

Be sure to teach your child not to touch any firearms. Stress "DON'T TOUCH. GO TELL AN ADULT."

DEVELOPMENT/STIMULATION:

Alas, now we declare the child ready for school! Good pencil skills should be present and the child should have the ability to sit quietly while listening to the teacher and then respond appropriately.

The child continues to need time to mature and fine-tune their gross motor skills, especially balance and fine coordination, so games of chase, uphill and down, and time on the playground remain most important. Now a two-wheel bike (usually with training wheels) and a large wagon to ride in or to push are great. And, of course, a large park/yard for running and playing are excellent.

Books and beginning board games that focus on color and number concepts are educational. By now, basic coloring and cutting skills are developed, but time is still needed for fine-tuning.

So, as your child begins to function more cognitively, remember to continue to provide gross motor activities for him that help to center and stimulate the fine motor and cognitive development of your child.

COMING NEXT:

1. The next appointment is the 6-year check-up, and yearly through age 19.
2. Recommended vaccines.

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