

Ireland Pediatric Care Clinic  
72 Hour / 2 Week  
Well Child Visit

Today your child is being seen for his/her well child visit. We thank you for choosing Ireland Pediatric Care. Our providers are dedicated to the health and well-being of you and your child. Today your child will be seen by:

\_\_\_\_\_.

Today your child is WT \_\_\_\_\_ lbs \_\_\_\_\_ oz ( \_\_\_\_\_ kg)

HT \_\_\_\_\_ inches tall      Head Size ( \_\_\_\_\_ cm)

Your child will receive the following immunizations at their 2 month well child visit:  
Pnuemococcal(Prevnar);ActHIB(Hib); Pediatrix (Dtap, Hep B & IPV); Rotavirus.

Your child's first immunizations will be at their 2 month well child visit.

The following phone numbers may also be useful to you:

TRICARE Office:	1-877-874-2273
TRICARE Appointments:	1-800-493-9602
Ireland Emergency Department	502-624-9000
Pediatric Nurses Line	502-624-9267 (answered M-F, 0800-1600)
Poison Control	1-800-222-1222

Thank you again for using Ireland Primary Care. We look forward to seeing your child back at his/her next well child visit.

Reach Out and Read (ROR) is a national, nonprofit organization, endorsed by the American Academy of Pediatrics, that was started in 1989 through a group of pediatricians and early childhood educators. The program encourages early literacy skills so children enter school prepared for success in reading. A developmentally-suitable book will be given to your child between the ages of 6 months to 5 years at each well visit to take home and keep

**MAKE SURE YOUR CHILD RECEIVES HIS/HERS TODAY!!!!!!!!!!!!!!**



# Ireland Army Community Hospital Immunization Schedule



## Birth:

Hepatitis B

## 2 Months:

Pneumococcal (Prevnar)  
ActHib (Hib)  
Pediarix (Dtap, Hep B & IPV)  
Rotavirus\*

## 4 Months:

Pneumococcal (Prevnar)  
Pedvax (Hib)  
Pediarix (Dtap, Hep B, & IPV)  
Rotavirus\*

## 6 Months:

Pneumococcal (Prevnar)  
Pediarix (Dtap, Hep B, & IPV)  
Rotavirus\*  
ActHib

## 12 Months:

Measles, Mumps, & Rubella  
Varicella\*\*  
Pedvax (Hib)  
Hepatitis A\*\*\*

## 18 Months:

Diphtheria, Tetanus, & Pertussis  
Prevnar, if available  
Hepatitis A #2

## 4-6 Years:

Varicella #2\*\*  
Polio  
Diphtheria, Tetanus, & Pertussis  
Measles, Mumps, & Rubella

## 11-12 Years:

Tetanus & Diphtheria  
Menactra\*\*\*\*

## 11-16 Years:\*\*\*\*

Hepatitis B  
Measles, Mumps, & Rubella  
Varicella  
Tetanus & Diphtheria

## 11-26 Years:

HPV (Females only)

PPD Given only if positive answers to questionnaire or if no PPD given by age 4  
Rotavirus only given at age 2, 4, and 6 months according to CDC guidelines after 2 months vaccine can't be given

\*\* Varicella required for children 12 months to 7 years unless history of chicken pox. A second dose of Varicella is now recommended at age 4

\*\*\*Hepatitis A is required for all DOD schools and daycare starting at age 12 months. This vaccine is not required for off post schools but is optional

\*\*\*\*Menactra is required for all DOD schools at age 11. This vaccine is not required for off post schools but is optional

\*\*\*\*\*These vaccines will be given at this age only if they were not given at an earlier age

# YOUR BABY'S FIRST VACCINES

## WHAT YOU NEED TO KNOW

Babies get six vaccines  
between birth and  
6 months of age.

These vaccines  
protect your baby  
from 8 serious diseases  
(see the next page).



**Your baby will get vaccines today that prevent  
these diseases:**

- Hepatitis B     Polio     Pneumococcal Disease  
 Diphtheria, Tetanus & Pertussis     Rotavirus     Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B).

These "combination vaccines" are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

***These vaccines may all be given at the same visit.  
Getting several vaccines at the same time will not harm your baby.***

This ***Vaccine Information Statement (VIS)*** tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines.  
Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**



Vaccine Information Statement  
42 U.S.C. § 300aa-26  
**1/30/2008**

# Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

## 8 Diseases Prevented by Childhood Vaccines

### DIPHTHERIA

*Bacteria*

You can get it from contact with an infected person.

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

It can lead to breathing problems, heart failure, and death.

### TETANUS (Lockjaw)

*Bacteria*

You can get it from a cut or wound. It does not spread from person to person.

Signs and symptoms include painful tightening of the muscles, usually all over the body.

It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

### PERTUSSIS (Whooping Cough)

*Bacteria*

You can get it from contact with an infected person.

Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

### HIB (*Haemophilus influenzae* type b)

*Bacteria*

You can get it from contact with an infected person.

Signs and symptoms. There may be no signs or symptoms in mild cases.

It can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

### HEPATITIS B

*Virus*

You can get it from contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

It can lead to liver damage, liver cancer, and death.

### POLIO

*Virus*

You can get it from close contact with an infected person. It enters the body through the mouth.

Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all.

It can lead to paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

### PNEUMOCOCCAL

*Bacteria*

You can get it from contact with an infected person.

Signs and symptoms include fever, chills, cough, and chest pain.

It can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

### ROTAVIRUS

*Virus*

You can get it from contact with other children who are infected.

Signs and symptoms include severe diarrhea, vomiting and fever.

It can lead to dehydration, hospitalization (up to about 70,000 a year), and death.

## How Vaccines Work

**Immunity from Disease:** When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

**Immunity from Vaccines:** Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

# Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: 5 doses – 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
  - **Hepatitis B** Vaccine: 3 doses – Birth, 1-2 months, 6-18 months.
  - **Polio** Vaccine: 4 doses – 2 months, 4 months, 6-18 months, 4-6 years.
  - **Hib** (*Haemophilus influenzae* type b) Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
  - **Pneumococcal** Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Older children with certain diseases may also need this vaccine.
  - **Rotavirus** Vaccine: 3 doses – 2 months, 4 months, 6 months. Rotavirus is an oral (swallowed) vaccine, not a shot.
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## Vaccine Risks

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as **tenderness**, **redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can't tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor's office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

### Other Reactions

The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn't *prove* that a vaccine caused a reaction, but does mean it is probable.

#### DTaP Vaccine

**Mild Problems:** Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

**Moderate Problems:** Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

**Serious Problems:** Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can't be sure they are caused by the vaccine.

#### Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

#### Pneumococcal Vaccine

**Mild Problems:** During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

#### Rotavirus Vaccine

**Mild Problems:** Children who get rotavirus vaccine are slightly more likely than other children to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. No moderate or serious problems have been associated with the vaccine.

# Precautions

If your child is sick on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:

- A brain or nervous system disease within 7 days
- Non-stop crying for 3 or more hours
- A seizure or collapse
- A fever over 105°F

Talk to your provider before getting **DTaP Vaccine**.

- If your child has:

- A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B

Talk to your provider before getting **Polio Vaccine**.

- If your child has:

- A life-threatening allergy to yeast

Talk to your provider before getting **Hepatitis B Vaccine**.

- If your child has:

- A weakened immune system
- Ongoing digestive problems
- Recently gotten a blood transfusion or other blood product
- Ever had intussusception (an uncommon type of intestinal obstruction)

Talk to your provider before getting **Rotavirus Vaccine**.

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## What if my child has a moderate or severe reaction?

### What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- difficulty breathing
- hoarseness or wheezing
- swelling of the throat
- weakness
- dizziness
- fast heart beat
- hives
- paleness

### What should I do?

Call a doctor, or get the child to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the shot was given.

Ask your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

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## The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## For More Information

Ask your healthcare provider. They can show you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-4636 (1-800-CDC-INFO).

Visit CDC websites at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) and [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis).

# DIPHTHERIA TETANUS & PERTUSSIS VACCINES

## WHAT YOU NEED TO KNOW

### 1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

**DIPHTHERIA** causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

**TETANUS (Lockjaw)** causes painful tightening of the muscles, usually all over the body.

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

**PERTUSSIS (Whooping Cough)** causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

### 2 Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- ✓ 2 months
- ✓ 4 months
- ✓ 6 months
- ✓ 15-18 months
- ✓ 4-6 years

DTaP may be given at the same time as other vaccines.

### 3

### Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
  - had a seizure or collapsed after a dose of DTaP,
  - cried non-stop for 3 hours or more after a dose of DTaP,
  - had a fever over 105°F after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called DT.

### 4

### Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.

**5****What are the risks from DTaP vaccine?**

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

**Mild Problems (Common)**

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1-7 days (up to about 1 child in 30).

**Other mild problems include:**

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1-3 days after the shot.

**Moderate Problems (Uncommon)**

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

**Severe Problems (Very Rare)**

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

**6****What if there is a moderate or severe reaction?****What should I look for?**

Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

**What should I do?**

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice*

**7****The National Vaccine Injury Compensation Program**

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8****How can I learn more?**

- Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit the National Immunization Program's website at [www.cdc.gov/nip](http://www.cdc.gov/nip)



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention

Vaccine Information Statement

DTaP (5/17/07)

42 U.S.C. § 300aa-26



# HEPATITIS B VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

**Acute (short-term) illness.** This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults.

Children who become infected usually do not have acute illness.

**Chronic (long-term) infection.** Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

### 2 Hepatitis B vaccine: Why get vaccinated?

**Hepatitis B vaccine can prevent hepatitis B**, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a **series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

### 3 Who should get hepatitis B vaccine and when?

#### Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

#### Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

#### 4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine**, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

#### 5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

**Severe problems** are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

#### 6 What if there is a moderate or severe reaction?

**What should I look for?**

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic

reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

**What should I do?**

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

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#### 8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC websites at:
    - [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis)
    - [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
    - [www.cdc.gov/travel](http://www.cdc.gov/travel)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)  
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

# POLIO VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is polio?

Polio is a disease caused by a virus. It enters a child's (or adult's) body through the mouth. Sometimes it does not cause serious illness. But sometimes it causes *paralysis* (can't move arm or leg). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine for it.

### 2 Why get vaccinated?

Inactivated Polio Vaccine (IPV) can prevent polio.

**History:** A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 20,000 cases of polio each year. **Polio vaccination was begun in 1955.** By 1960 the number of cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries sparked a world-wide effort to eliminate polio.

**Today:** No wild polio has been reported in the United States for over 20 years. But the disease is still common in some parts of the world. It would only take one case of polio from another country to bring the disease back if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

#### Oral Polio Vaccine: No longer recommended

There are two kinds of polio vaccine: **IPV**, which is the shot recommended in the United States today, and a live, oral polio vaccine (**OPV**), which is drops that are swallowed.

Until recently OPV was recommended for most children in the United States. OPV helped us rid the country of polio, and it is still used in many parts of the world.

Both vaccines give immunity to polio, but OPV is better at keeping the disease from spreading to other people. However, for a few people (about one in 2.4 million), OPV actually causes polio. Since the risk of getting polio in the United States is now extremely low, experts believe that using oral polio vaccine is no longer worth the slight risk, except in limited circumstances which your doctor can describe. The polio shot (IPV) does not cause polio. **If you or your child will be getting OPV, ask for a copy of the OPV supplemental Vaccine Information Statement.**

### 3 Who should get polio vaccine and when?

IPV is a shot, given in the leg or arm, depending on age. Polio vaccine may be given at the same time as other vaccines.

#### Children

Most people should get polio vaccine when they are children. Children get 4 doses of IPV, at these ages:

- ✓ A dose at 2 months
- ✓ A dose at 4 months
- ✓ A dose at 6-18 months
- ✓ A booster dose at 4-6 years

#### Adults

Most adults do not need polio vaccine because they were already vaccinated as children. But three groups of adults are at higher risk and *should* consider polio vaccination:

- (1) people traveling to areas of the world where polio is common,
- (2) laboratory workers who might handle polio virus, and
- (3) health care workers treating patients who could have polio.

Adults in these three groups who **have never been vaccinated against polio** should get 3 doses of IPV:

- ✓ The first dose at any time,
- ✓ The second dose 1 to 2 months later,
- ✓ The third dose 6 to 12 months after the second.

Adults in these three groups who **have had 1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).

Adults in these three groups who **have had 3 or more doses** of polio vaccine (either IPV or OPV) in the past may get a booster dose of IPV.

Ask your health care provider for more information.

## 4

### Some people should not get IPV or should wait.

#### These people should not get IPV:

- Anyone who has ever had a life-threatening allergic reaction to the antibiotics **neomycin**, **streptomycin** or **polymyxin B** should not get the polio shot.
- Anyone who has a severe allergic reaction to a polio shot should not get another one.

#### These people should wait:

- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting polio vaccine. People with minor illnesses, such as a cold, *may* be vaccinated.

Ask your health care provider for more information.

## 5

### What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. The vaccine used today has never been known to cause any serious problems, and most people don't have any problems at all with it.

However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. *The risk of a polio shot causing serious harm, or death, is extremely small.*

## 6

### What if there is a serious reaction?

#### What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat

#### What should I do?

- Call a doctor, or get the person to a doctor right away.

- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at [www.vaers.org](http://www.vaers.org), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

Reporting reactions helps experts learn about possible problems with vaccines.

## 7

### The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, there is a federal program that can help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vicp>

## 8

### How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Immunization Program

Vaccine Information Statement  
Polio (1/1/2000) 42 U.S.C. § 300aa-26

# PNEUMOCOCCAL CONJUGATE VACCINE

## WHAT YOU NEED TO KNOW

### 1 Why get vaccinated?

Infection with *Streptococcus pneumoniae* bacteria can cause serious illness and death. Invasive pneumococcal disease is responsible for about 200 deaths each year among children under 5 years old. It is the leading cause of bacterial meningitis in the United States. (Meningitis is an infection of the covering of the brain).

Pneumococcal infection causes severe disease in children under five years old. Before a vaccine was available, each year pneumococcal infection caused:

- over 700 cases of meningitis,
- 13,000 blood infections, and
- about 5 million ear infections.

It can also lead to other health problems, including:

- pneumonia,
- deafness,
- brain damage.



Children under 2 years old are at highest risk for serious disease.

Pneumococcus bacteria are spread from person to person through close contact.

Pneumococcal infections can be hard to treat because the bacteria have become resistant to some of the drugs that have been used to treat them. This makes **prevention** of pneumococcal infections even more important.

Pneumococcal conjugate vaccine can help prevent serious pneumococcal disease, such as meningitis and blood infections. It can also prevent some ear infections. But ear infections have many causes, and pneumococcal vaccine is effective against only some of them.

### 2 Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine is approved for infants and toddlers. Children who are vaccinated when they are infants will be protected when they are at greatest risk for serious disease.

Some older children and adults may get a different vaccine called pneumococcal polysaccharide vaccine. There is a separate Vaccine Information Statement for people getting this vaccine.

### 3 Who should get the vaccine and when?

#### • Children Under 2 Years of Age

The routine schedule for pneumococcal conjugate vaccine is 4 doses, one dose at each of these ages:

- ✓ 2 months
- ✓ 4 months
- ✓ 6 months
- ✓ 12-15 months

Children who weren't vaccinated at these ages can still get the vaccine. The number of doses needed depends on the child's age. Ask your health care provider for details.

#### • Children Between 2 and 5 Years of Age

Pneumococcal conjugate vaccine is also recommended for children between 2 and 5 years old who have not already gotten the vaccine and are at high risk of serious pneumococcal disease. This includes children who:

- have sickle cell disease,
- have a damaged spleen or no spleen,
- have HIV/AIDS,
- have other diseases that affect the immune system, such as diabetes, cancer, or liver disease, or who
- take medications that affect the immune system, such as chemotherapy or steroids, or
- have chronic heart or lung disease.

The vaccine should be considered for all other children under 5 years, especially those at higher risk of serious pneumococcal disease. This includes children who:

- are under 3 years of age,
- are of Alaska Native, American Indian or African American descent, or
- attend group day care.

The number of doses needed depends on the child's age. Ask your health care provider for more details.

Pneumococcal conjugate vaccine may be given at the same time as other vaccines.

**4****Some children should not get pneumococcal conjugate vaccine or should wait**

Children should not get pneumococcal conjugate vaccine if they had a serious (life-threatening) allergic reaction to a previous dose of this vaccine, or have a severe allergy to a vaccine component. Tell your health-care provider if your child has ever had a severe reaction to any vaccine, or has any severe allergies.

Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting the vaccine.

**5****What are the risks from pneumococcal conjugate vaccine?**

In studies (nearly 60,000 doses), pneumococcal conjugate vaccine was associated with only mild reactions:

- Up to about 1 infant out of 4 had redness, tenderness, or swelling where the shot was given.
- Up to about 1 out of 3 had a fever of over 100.4°F, and up to about 1 in 50 had a higher fever (over 102.2°F).
- Some children also became fussy or drowsy, or had a loss of appetite.

So far, no serious reactions have been associated with this vaccine. However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. The risk of this vaccine causing serious harm, or death, is extremely small.

**6****What if there is a moderate or severe reaction?****What should I look for?**

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include:

- |                          |                   |            |
|--------------------------|-------------------|------------|
| - difficulty breathing   | - weakness        | - hives    |
| - hoarseness or wheezing | - fast heart beat | - paleness |
| - swelling of the throat | - dizziness       |            |

**What should I do?**

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.org](http://www.vaers.org), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

**7****The National Vaccine Injury Compensation Program**

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at <http://www.hrsa.gov/osp/vicp>

**8****How can I learn more?**

- Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Disease Control and Prevention  
National Immunization Program

Vaccine Information Statement  
Pneumococcal Conjugate Vaccine (9/30/02) 42 U.S.C. § 300aa-26

# Haemophilus Influenzae Type b (Hib) Vaccine

## WHAT YOU NEED TO KNOW

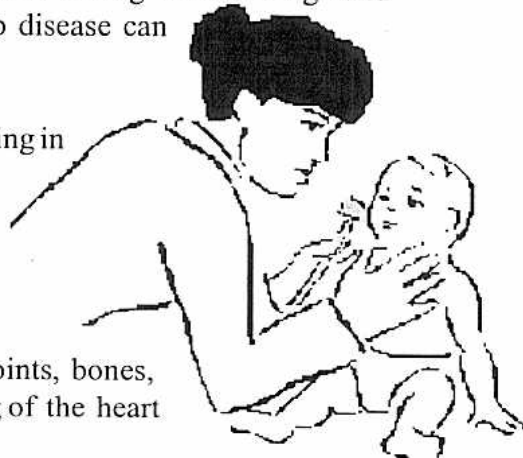
### 1 What is Hib disease?

*Haemophilus influenzae* type b (Hib) disease is a serious disease caused by a bacteria. It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart
- death



Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

**Hib vaccine can prevent Hib disease.**

Many more children would get Hib disease if we stopped vaccinating.

### 2 Who should get Hib vaccine and when?

Children should get Hib vaccine at:

- ✓ 2 months of age
- ✓ 4 months of age
- ✓ 6 months of age\*
- ✓ 12-15 months of age

\* Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor or nurse will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

Hib vaccine may be given at the same time as other vaccines.

### Older Children and Adults

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor or nurse for details.

### 3 Some people should not get Hib vaccine or should wait

- People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.
- Children less than 6 weeks of age should not get Hib vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor or nurse for more information.

**4****What are the risks from Hib vaccine?**

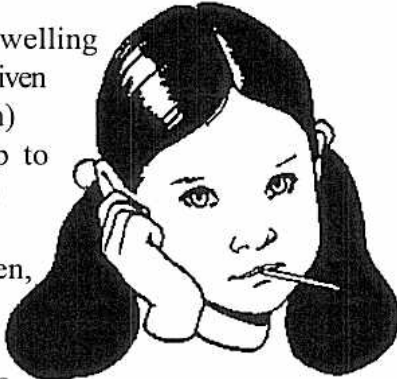
A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of Hib vaccine causing serious harm or death is extremely small.

Most people who get Hib vaccine do not have any problems with it.

**Mild Problems**

- Redness, warmth, or swelling where the shot was given (up to 1/4 of children)
- Fever over 101°F (up to 1 out of 20 children)

If these problems happen, they usually start within a day of vaccination. They may last 2-3 days.

**5****What if there is a moderate or severe reaction?****What should I look for?**

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat, or dizziness within a few minutes to a few hours after the shot.

**What should I do?**

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.org](http://www.vaers.org), or by calling 1-800-822-7967.

*VAERS does not provide medical advice*

**6****The National Vaccine Injury Compensation Program**

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at [www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp)

**7****How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit the National Immunization Program's website at [www.cdc.gov/nip](http://www.cdc.gov/nip)



**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Disease Control and Prevention  
National Immunization Program

Vaccine Information Statement

Hib (12/16/98)

42 U.S.C. § 300aa-26



# ROTAVIRUS VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is rotavirus?

Rotavirus is a virus that causes severe diarrhea, mostly in babies and young children. It is often accompanied by vomiting and fever.

Rotavirus is not the only cause of severe diarrhea, but it is one of the most serious. Each year in the United States rotavirus is responsible for:

- more than 400,000 doctor visits
- more than 200,000 emergency room visits
- 55,000 to 70,000 hospitalizations
- 20-60 deaths

Almost all children in the U.S. are infected with rotavirus before their 5th birthday.

Children are most likely to get rotavirus disease between November and May, depending on the part of the country.

Your child can get rotavirus infection by being around other children who are already infected.

### 2 Rotavirus vaccine

Better hygiene and sanitation have not been very good at reducing rotavirus disease. Rotavirus vaccine is the best way to protect children against rotavirus disease.

Rotavirus vaccine is an oral (swallowed) vaccine; it is not given by injection.

Rotavirus vaccine will not prevent diarrhea or vomiting caused by other germs, but it is very good at preventing diarrhea and vomiting caused by rotavirus. About 98% of children who get the vaccine are protected from *severe* rotavirus diarrhea, and about 74% do not get rotavirus diarrhea at all.

Children who get the vaccine are also much less likely to be hospitalized or to see a doctor because of rotavirus infection.



### 3 Who should get rotavirus vaccine and when?

Children should get 3 doses of rotavirus vaccine. They are recommended at these ages:

- First Dose: 2 months of age
- Second Dose: 4 months of age
- Third Dose: 6 months of age

- The first dose should be given between 6 and 12 weeks of age. The vaccine has not been studied when started among children outside that age range.
- Children should have gotten all 3 doses by 32 weeks of age.

Rotavirus vaccine may be given at the same time as other childhood vaccines.

Children who get the vaccine may be fed normally afterward.

### 4 Some children should not get rotavirus vaccine or should wait

- A child who has had a severe (life-threatening) allergic reaction to a dose of rotavirus vaccine should not get another dose. A child who has a severe (life threatening) allergy to any component of rotavirus vaccine should not get the vaccine. Tell your doctor if your child has any severe allergies that you know of.
- Children who are moderately or severely ill at the time the vaccination is scheduled should probably wait until they recover. This includes children who have diarrhea or vomiting. Ask your doctor or nurse. Children with mild illnesses should usually get the vaccine.
- Check with your doctor if your child has any ongoing digestive problems.

- Check with your doctor if your child's immune system is weakened because of:
  - HIV/AIDS, or any other disease that affects the immune system
  - treatment with drugs such as long-term steroids
  - cancer, or cancer treatment with x-rays or drugs
- Check with your doctor if your child recently had a blood transfusion or received any other blood product (such as immune globulin).

In the late 1990s a different type of rotavirus vaccine was used. This vaccine was found to be associated with an uncommon type of bowel obstruction called "intussusception," and was taken off the market.

The new rotavirus vaccine has been tested with more than 70,000 children and has not been associated with intussusception.

However, once a person has had intussusception, from any cause, they are at higher risk for getting it again. So as a precaution, it is suggested that if a child has had intussusception they should not get rotavirus vaccine.

5

### What are the risks from rotavirus vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of rotavirus vaccine causing serious harm, or death, is extremely small.

Getting rotavirus vaccine is much safer than getting the disease.

#### Mild problems

Children are slightly (1-3%) more likely to have mild, temporary diarrhea or vomiting within 7 days after getting a dose of rotavirus vaccine than children who have not gotten the vaccine.

**Moderate or severe reactions** have not been associated with this vaccine.

If rare reactions occur with any new product, they may not be identified until thousands, or millions, of people have used it. Like all vaccines, rotavirus vaccine will continue to be monitored for unusual or severe problems.

Vaccine Information Statement (Interim)  
Rotavirus (4/12/06)

6

### What if there is a moderate or severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

7

### The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

8

### How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC's National Immunization Program website at: [www.cdc.gov/nip](http://www.cdc.gov/nip)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL IMMUNIZATION PROGRAM

# After the Shots ...

## What to do if your child has discomfort



*Vaccinations may hurt a little . . .  
but disease can hurt a lot!*



Check your child's temperature with a rectal thermometer if he/she is younger than 3 years of age to find out if they have a fever.

If your child is 4 or 5 years of age, you may prefer taking a temperature by mouth with an oral digital thermometer. You can also take an underarm (axillary) temperature, if your child is older than 3 months.

- If your child's temperature is greater than 104°F \_\_\_\_\_ or if temperature is 101.4 or higher that last more than 72 hours; call your clinic or healthcare provider!

## Acetaminophen Dosing Information (Tylenol® or another brand)



Give every 4–6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your health care provider).

Weight of child	Age of child	Infant drops  0.8 mL = 80 mg	Children's liquid or suspension  1 tsp (5 mL) = 160 mg	Children's tablets 1 tablet = 80 mg	Junior strength 1 tablet = 160 mg
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose*: <u>0.4</u>			
12–17 lbs (5.5–7.7 kg)	4–11 mos	Advised dose*: <u>0.8</u>	Advised dose*: <u>1/2 TSP</u>		
18–23 lbs (8.2–10.5 kg)	12–23 mos	Advised dose*: <u>1.2</u>	Advised dose*: <u>3/4 TSP</u>		
24–35 lbs (10.9–15.9 kg)	2–3 yrs	1.6 mL	1 teaspoon (160 mg)	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoons (240 mg)	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons (320 mg)	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons (400 mg)	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons (480 mg)	6 tablets	3 tablets

\*Ask your health care provider

## Ibuprofen Dosing Information (Advil®, Motrin® or another brand)

Give every 6–8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your health care provider).

Weight of child	Age of child	Infant drops  1.25 mL = 50 mg	Children's liquid or suspension  1 tsp (5 mL) = 100 mg	Children's tablets 1 tablet = 50 mg	Junior strength 1 tablet = 100 mg
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL			
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL			
24–35 lbs (10.9–15.9 kg)	2–3 yrs		1 teaspoon (100 mg)	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoons (150 mg)	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons (200 mg)	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons (250 mg)	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons (300 mg)	6 tablets	3 tablets

## FACTS ABOUT NOT VACCINATING

\*\*\* Your child can infect others without immunizations \*\*\*

- When your children are not vaccinated, they can pass diseases onto babies who are young, to be fully immunized.
- Also these children who are not immunized can infect the small percentage of children whose immunizations did not "take".
- These unvaccinated children pose a threat to adults and children who can't be immunized like people with immune system problems like cancer, HIV / AIDS, or receiving chemotherapy/radiation therapy or large doses of corticosteroids.

\*\*\*Without immunizations your child may have to be excluded at times from school or daycare.

# Age Specific Safety Sheet

## BIRTH to 6 months

### Your Child's Safety

Hundreds of children younger than 1 year old who die every year in the United States due to injuries – most could have been prevented. Parents who are not aware of what their children do or can do, often lead to injuries.

### CAR INJURIES

Car crashes are a big threat to your child's life and health. Car safety seats can prevent most injuries and deaths from car crashes. Your infant should ride in the back seat in a rear facing car seat.

### FALLS

Protect your baby from falling as they grow and are able to roll over. Never leave your baby on changing tables, beds, surfaces, or chairs. Make sure your baby is in a crib or playpen when you are busy doing something.

As early as 6 months, your baby may be able to crawl. Using gates on stairways and closing doors will keep your baby from getting hurt. Installing window guards is also important – refrain from using a baby walker, because your baby might tip the walker over and seriously injure his or her head.

Call your doctor right away if your child has a serious fall, or not acting normal due to the fall.

### BURNS

Never carry your baby and hold hot liquids such as a coffee or foods. Your baby can easily get burned. At 3 to 5 months babies tend to grab things. Whenever your baby gets burned, run the burned area in cold water for a few minutes to cool it off. Then cover the clean burned area with loosely dry bandage. Call for help immediately.

Test the fire alarms every month to be sure you have a working smoke alarm to protect your baby and your family from house fires. Change fire alarm batteries at least once in a year.

## CHOKING and SUFFOCATION

Babies like to explore their environment by touching and putting things in their mouth. Not even for a second of a minute should you leave small objects in your baby's reach. Feed your baby thin pieces of food to prevent choking. Never feed your baby and hard pieces of food like grapes, apples, hotdogs, carrots, peanut and popcorn.

Learn how to save the life of a choking child. To prevent suffocation always lay our baby on his or her back. Keep your baby from plastic wrappers and bags to prevent suffocation.

## Reducing Sudden Death in Infants

Sudden Infant Death Syndrome, or SIDS - the sudden, unexplained death of an infant younger than one year old. Most SIDS deaths occur between 2-4 months of age. There is no known way to prevent SIDS, but you can help to reduce its risk.

SIDS also known as "crib death" because it happens when infants are asleep. It is not known why, but SIDS occurs more often in boys than girls, so effort to educate these populations about SIDS has been increased.

### Tips for Reducing the Risk of SIDS

1. Always place your baby on his or her back to sleep, unless your doctor has directed otherwise.
2. Place your baby in a firm sleep surface such as a safety - approved crib mattress.
3. Pillows, bumper pads, blankets and toys should not be in the baby's sleep area.
4. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
5. Keep your baby's sleep area close to but separate from your sleeping area.
6. Do not place your infant on a waterbed, sofa or an adult bed to sleep.
7. Do not expose your child to secondhand smoke in your home or around the house.
8. Make sure you clean and dry your child's pacifier when they sleep.
9. Do not rely solely on baby monitors. Periodically check on your child while they are sleep.
10. Avoid using products that claim to reduce the risk of SIDS, since most have not been tested for effectiveness and safety.



# The Danger of Second Hand Smoke

## **\*\*What is Second Hand Smoke?**

Second hand smoke is the smoke that comes from a cigarette or other tobacco that someone other than yourself is smoking.

## **\*\*Secondhand Smoke and Children:**

Children who breathe in secondhand smoke are at risk for many serious health problems including the following:

- Upper respiratory infection
- Ear infections and hearing problems
- Bronchitis and pneumonia
- Asthma

Exposure to secondhand smoke as few as 10 cigarettes per day raises – a child's chances of getting asthma even if the child has never had any symptoms.

## **\*\*Secondhand smoke can cause problems for children later in life including:**

- Lung Cancer
- Heart Disease
- Cataracts (Eye disease)

## **\*\*Protect your Family:**

- Make your home and car smoke free
- Family, friends, and visitors should never smoke inside
- Smoke only outside

## **\*\*Remember:**

Keeping a smoke-free home can help improve your child's health, improve your health and your community

## SEAT BELT

For Children who are at least 4' 6" tall and 80 pounds.

- Lap portion of the belt must go over the thighs.
- Shoulder portion of the belt must go over the shoulder, never the face or neck.
- Shoulder and lap belt adjusters are never recommended.



**All Children age  
12 and under  
should ride in the  
back seat**

To find a Child Safety Seat Inspection Station near you go to:

- <http://www.nhtsa.dot.gov/cps/cpsfitting/index.cfm>

Your local stations are:

Kentucky State Police Post 4 1055 N Mulberry Elizabethtown, KY 42701 Located in Hardin county Phone: 502-629-7337	Kosair Children's Hospital/Child Advocacy 315 E Broadway Street Louisville, KY 40202 Located in Jefferson county Phone: 502-629-7337
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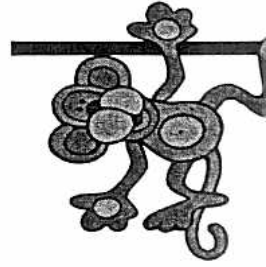
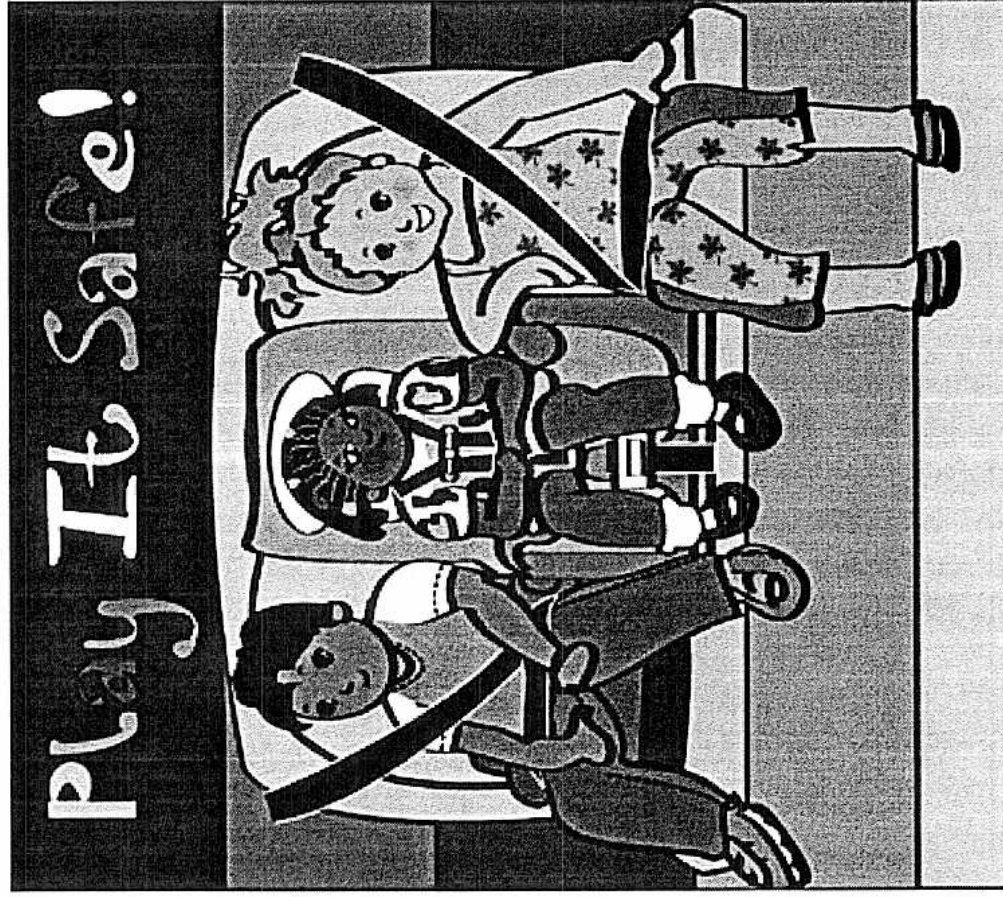
This, and additional information, can be found at:

- [http://www.kentuckystatepolice.org/hsp/child\\_safety.htm](http://www.kentuckystatepolice.org/hsp/child_safety.htm)
- <http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem>
- <http://www.boosterseat.gov/4StepsFlyer.pdf>

The following site offers an English—Spanish translation:

- <http://www.nhtsa.dot.gov/people/injury/childps/CPS-Translation/images/>

# Parents-are your children riding safely?

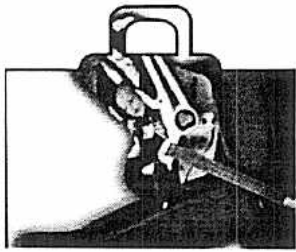


**PEDIATRIC CARE CLINIC**  
IRELAND ARMY COMMUNITY HOSPITAL  
FORT KNOX, KY 40121  
(800) 493-9602

## INFANT SEAT REAR-FACING CONVERTIBLE

These can be used for babies from birth to 20-22 pounds and less than 26 inches (check your car seat rating).

- **NEVER** place a rear-facing car seat in front of an air bag.
- Seat must face the rear of the vehicle.
- Harness straps should come through the slots in the back of the seat just below the level of your baby's shoulders.
- The seat should be reclined no more than a 45-degree angle. A rolled up towel may be used to help adjust the seat to the proper angle.
- Make sure the carrying handle is locked in the down position while in the car.
- Always keep harness straps snug so no more than one finger fits under it at the child's shoulder and fasten harness clip at the armpit level.



## INFANT SEAT REAR-FACING CONVERTIBLE

These should be used for babies rear-facing who are 20 or more pounds and one year of age and under.

- If your child reaches 20 pounds before turning one year old, you must make sure the car seat is rated up to 30-35 pounds when rear facing.
- Do **NOT** place your child in a forward seat until at least 20 pounds and one year of age. A child younger than one does not have neck muscles strong enough to withstand a crash in a forward-facing seat.
- Keep harness straps snug and below shoulder level.



Check the label on your car seat to see its weight rating for your child now and for later growth.

## CONVERTIBLE

These seats can be adjusted to be used by infants or toddlers. See previous for children under one year and 20 pounds.

- Use this seat forward-facing and upright for toddlers over age one and from 20-40 pounds.
- Harness straps should be snug and come through the uppermost slots in the back of the seat.
- Adjust car seat to upright position.

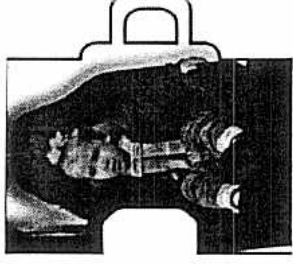


## TODDLER CAR SEAT/BELT POSITIONING BOOSTER SEAT

These seats are forward-facing only and are for children over one year and 20 pounds. They can be used up to 80 pounds.

### Up to 40 pounds:

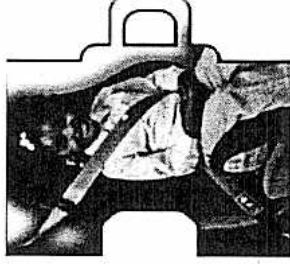
- Use the harness until your child is 40 pounds.
- Harness straps should be snug and come through the back of the seat above the shoulder.
- Booster seats with shields are never recommended. Remove the shield and follow the manufacture's directions.



### Over 40 pounds:

One of the most common mistakes made is to place a child in a vehicle seat belt too early. Your child needs a booster seat if:

- The shoulder belt crosses your child's face or neck.
- If the lap belt rides up your child's stomach (this can cause serious stomach and spinal injuries in the event of a crash).
- If your child's legs do not bend over the seat naturally at the knee. (If your child's legs are not long enough for him or her to sit naturally, he or she may slouch down to be more comfortable. This can cause the lap belt to ride up the stomach.) Booster seats raise your child to a safe level so the lap and shoulder belt fits correctly.



### Using a booster seat:

- Harness should be removed and the seat should be used as a belt-positioning booster with the lap/shoulder belt.
- Booster seats with shields are never recommended. Remove the shield and follow the manufacture's directions.

## LAP BELT

- If your car only has a lap belt in the back seat, you will need an 86-Y harness, available by calling E-Z On Products Inc., (800) 323-6598 or visit [www.ezonpro.com](http://www.ezonpro.com) on the internet.





## CPR STEPS

### 1 Check the Scene

- Make sure it is safe for you to help.
- Don't become another victim.

### 2 Check the Victim

- tap and shout to get response.

### 3 Call for Help



- Tell someone to call 9-1-1.

If you are alone, perform 5 cycles of CPR **First**, then call 9-1-1.

Call 9-1-1 for any unconscious victim, including an infant that is breathing.

### A Airway

- tilt head back (be careful not to tilt head too far), lift chin up to open airway.

### B Breathing

- Take a normal breath, cover victims's mouth and nose with your mouth, and give a gentle breath until the chest rises. Give a second breath. Take about 1 second per breath. If chest doesn't rise, open airway again.

### C Circulation

- pump the chest 30 times.

Place **two fingertips of one hand** in the center of the chest.

Press chest down **1/3 the depth of the chest** at a rate of 100 per minute (16 in 10 seconds).

### Repeat A - B - C

until help arrives or the victim begins breathing.

If there are two rescuers, one does the breathing and one does the compressions – CPR step and ratios remain the same.

# POISON PREVENTION

The below listed tips which should be followed daily to prevent poisoning.

- All medications, whether prescription or over-the-counter, should have child-proof caps and be kept out of reach of children. If possible, put a lock or safety latch on your medicine cabinet.
- Prescription medications aren't the only thing in your bathroom that can be harmful to your children. Hair and skin products can also be dangerous if swallowed or inhaled. Keep them out of small children's reach.
- The medicine cabinet isn't the only place children find drugs. Many kids get them from their mother's purses. If you carry medications in your purse, make sure they have child-resistant closures.
- Never transfer prescription medications to other containers. You may forget what they are and the prescribed dosage. Keep all prescription medicines in original containers.
- Does your desk at home have glue, correction fluid or rubber cement in it? These could be harmful if swallowed. If you have small children, keep office products in locked storage.
- Not all poisons come in bottles. Plants can be poisonous too. Keep house plants out of small children's reach.
- When making your home safe from accidental poisonings, don't forget your garage. Keep automobile products, paints and paint solvents, and pesticides under lock and key and away from children.
- You say you don't have children? Do grandchildren or other kids sometimes come to visit your house? What about pets? Poison-proofing can save lives, even if you don't have small children.

## Good Housekeeping Tips Prevent Accidental Poisonings

The Cincinnati Drug and Poison Information Center recommends these "good housekeeping rules" to prevent poisonings.

- Keep household chemical products and medicines out of youngsters' sight and locked up when not in use
- Store medicines separately from household products
- Store household cleaning products away from food products
- Keep items in their original containers
- Leave the original labels on all products and read the label before using
- Refer to medicine as "medicine" -- not "candy".
- Avoid taking medicines in front of children, since youngsters tend to imitate grown-ups

## Poison-Proof Your Home

- Begin before your baby starts to crawl; get down on a child's level and crawl around your house, making sure all hazards are removed
- There is no such thing as a *child-proof* container; safety containers are only *child-resistant*, making them somewhat difficult to open but not impossible
- Store all potential poisons out of the reach and sight of children; keep products like insecticides, drain cleaners and medicines in a locked cabinet
- Children can open drawers as easily as cupboards; remove cosmetics, medication and other such items from bedside tables and low drawers
- Never let children be the first to open arriving mail or shopping containers
- Never leave purses that contain medicines and other potentially dangerous items unattended

- Never store food and household cleaning products together
- Never transfer products like kerosene, gasoline or household cleaning agents to another container, such as a soft drink bottle, cup or bowl that would attract a child or pet
- When discarding household products, rinse out the container and dispose of it in a covered trash can
- Always store medicines in their original containers, and discard medicines that are no longer used; rinse out empty containers

### Poison-Proof Yourself

- Make sure you set a good example and establish good habits in the home and on the job.
- *Never* tell children medicine tastes like candy or that it is candy.
- Never take medicine when children are present. Children are imitators.
- Don't leave a child and a poison alone even "for a second".
- Don't take medicine in the dark or without reading the label.
- Don't leave purses unattended or available to curious children
- Don't mix household cleaning solutions, such as bleach and ammonia.
- Give medicine only to the person for whom it has been prescribed.
- Follow directions carefully when handling chemicals.
- Always be sure a teenage baby sitter has an adult to contact for help when parents are not available.
- Share this poison information with older siblings, baby sitters and relatives. Everyone has a part in preventing childhood poisonings.

# POISON TREATMENT

## SWALLOWED POISON

Your child may have been poisoned if you found him or her with an open or empty container of a toxic substance. You must stay calmly and act quickly.

Get the poison away from your child first. Check your child's mouth if there is still some poison in; remove it with your fingers or have him spit it out. Do not throw the material or poison away since that might help determine what was swallowed.

Check for signs and symptoms of swallowed poisoning:

- difficulty breathing
- nausea and vomiting
- severe pain in throat
- unexplained changes in behavior such as jumping, sleeping
- burns or sores on your child's lips or mouth
- odd odors in your child's breath or drooling
- unconsciousness or convulsion
- stains on your child's clothing

Call 9-1-1 immediately if your child has any of these signs. Do not throw poison containers away. Take it with you to determine what was swallowed.

Call your Regional Poison Center at (1-800-222-1222) or your child's pediatrician if your child does not have any of the above symptoms.



Have the following information available when you call.

- Your name and phone number
- Your child's name, age and weight
- List of your child's medications
- Child's medical history
- Ingredients of substance listed on the label
- Describe what the spill looks like
- The amount of poison you think was swallowed and the time your child swallowed the poison

\*\*The American Academy of Pediatrics and the Poison control Center NO LONGER recommend giving syrup & Ipecac for poisoning.

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*PEDIATRIC CARE CLINIC, Bldg 851 Ireland Loop, Ft. Knox, KY 40121,  
(502)624-9267*

## SKIN POISONING

If your child should spill a dangerous chemical on his/her body, take his clothes off and rinse skin with lukewarm water. If there are any signs of burns on the skin, continue rinsing for at least 15 minutes. Do not use ointments or grease, call the poison center for further advice.

## EYE POISONING

Holding the eye lid open, flush your child's eye by pairing a steady stream of lukewarm water into the inner corner. Continue to flush the eye for 15 minutes. Do not use an eye cup, eye drops or ointment. Call the poison center for further instructions.

## FUMES POISONING

Poisonous fumes can come from:

- Leaky gas vents
- Running car in a closed garage
- Stoves that are not working properly (e.g. kerosene, wood and charcoal)

Get your child into fresh air right away if he/she has been exposed to fumes or gases. If your child is not breathing, start CPR and have some one call all right away. Wait until your child is breathing if you are alone, then call 9-1-1.

## **POISON CONTROL CENTER NUMBER:**

**(1-800-222-1222)**

**Post the number by every phone in your home**



# DON'T SHAKE THE BABY!!!!!!

Shaken baby syndrome is a serious injury that can occur when an infant or toddler is severely shaken. Babies especially have very weak neck muscles and do not yet have full support for their heavy heads.

When they are shaken, their heads move back and forth and this can cause serious injuries such as:

- 1). Developmental delay
- 2). Blindness or damage to the eye
- 3). Damage to the spinal cord (paralysis)
- 4). Seizures
- 5). Death

Shaken baby syndrome is a serious form of child abuse. Parents should be aware of the severe injuries that it can cause. Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby because of anger or frustration. Often because the baby will not stop crying.

Remember always that it is never okay to shake a baby. Be sure to tell your child's pediatrician if you know or suspect that your child was shaken. A healthcare provider who is not aware that a child has been shaken may assume the baby is vomiting or having trouble breathing due to an illness. Mild symptoms of shaken baby syndrome are very much like those of an infant colic, feeding problems, and fussiness.

When your child cries, take a break – DON'T SHAKE!!!

Remember it's never okay to shake your child. If you feel you could lose control of yourself:

- take a deep breath
- take a break and let your baby cry alone
- Call for emotional support
- Call your child's doctor or pediatrician

## Help for Parents:

- Being a parent is one of the hardest jobs in the world. It can be overwhelming at times.
- Most parents want to do a good job of raising their children. But unlike other jobs where you get special training, most parents are left to do the best they can, with what they know from their own experience. There's no need to feel that you are all alone or that no one cares. The Childhelp National Child Abuse Hotline is always there to help you.
- The Hotline is staffed by degreed, professional counselors who are available 24 hours a day, every day of the year. All calls are anonymous and toll-free.
- CALL 1-800-4-A-CHILD (1-800-422-4453) Then Push 1 to Talk to a Hotline Counselor OR Push 2 to Have Information Mailed to You



Childhelp National Child Abuse

### WHAT TO DO IF YOU SUSPECT CHILD ABUSE

Suggestions from the Child Welfare League of America

If it is an emergency, call your local police department. **On post**, that is 624-2111. They can ensure the immediate safety of a child and get medical attention if needed. If not an immediate life threatening situation, but help is needed, call you local child abuse hotline. **FORT KNOX** Family Advocacy is: 624-0255. Other local area numbers are: **BULLITT** County Protection and Permanency: 502-543-7051. **HARDIN** County Protection and Permanency: 270-766-5099. **JEFFERSON** County Child Protection Hotline: 502-595-4090. **MEADE** County Child Protection and Permanency: 270-422-3974.

### REMEMBER...

- Suspicion of abuse is all that is necessary to file a report
- Your information can be given anonymously
- You will be asked to describe your concerns about the child and it will be helpful if you can provide the following: The child's name, age, address, gender, school attended (if possible), and names of parents.

### Sources:

- ♦ Prevent Child Abuse America: Current Trends in Child Abuse Reporting & Fatalities: The 2000 Fifty State Survey
- ♦ National Center on Child Abuse Prevention Research: Prevent Child Abuse America; Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey
- ♦ Lung, C. & Daro D. (1996) Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1995 Annual Fifty State Survey. Chicago: National Committee to Prevent Child Abuse. <http://www.childabuse.com/fs9.htm>
- ♦ US Department of Health & Human Services Administration for Children & Families. Child Maltreatment 2003: Summary of Key Find-

## ABUSE AND PREVENTION INFORMATION

Do your part to help  
stop child abuse now!

Safe Children and  
Healthy Families are  
a shared responsibility

“  
Child abuse casts a shadow  
the length of a lifetime.  
”

—Herbert Ward

THE PEDIATRIC  
CARE CLINIC  
IRELAND ARMY  
COMMUNITY HOSPITAL

Keep Kids  
Safe!



## WHAT IS CHILD ABUSE?

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.

The four types of child abuse:

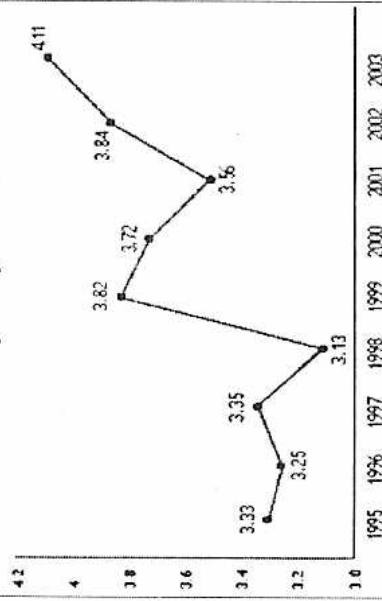
- Child Neglect
- Sexual Abuse
- Physical Abuse
- Emotional Abuse

### WHAT CAN WE DO?

- Remember** - that children are the future
- Recognize** - prevention is a shared responsibility
- Raise** - the issue of prevention
- Reach Out** - to kids & parents
- Recommend** - ideas that your community can use



**Number of deaths per day**



## STATISTICS:

- 4 children die every day as a result of child abuse and three out of four of these victims are under the age of 4.
- A report of child abuse is made every 10 seconds.
- Of the reported rapes of children under 12 years old, 90% of the victims knew the perpetrator.
- Child abuse occurs at every socio-economic level, across ethnic and cultural lines, within all religions and at all levels of education.
- 36.7% of all women in prison and 14.4% of all men in prison in the United States were abused as children.
- Children who have been sexually abused are 2.5 times more likely to abuse alcohol and 3.8 times more likely to become addicted to drugs.

# FOR KIDS

## YOU SHOULD KNOW

- ◆ No one has the right to abuse you.
- ◆ You don't deserve to be abused.
- ◆ If you are being abused, you are a victim.
- ◆ It's not your fault that you are being treated this way.
- ◆ It is wrong that you are suffering this pain, fear or sadness.
- ◆ You are not alone. Other kids suffer abuse too.
- ◆ Sometimes abusers scare or threaten kids so they won't tell.
- ◆ There are people who care about you and want to help you.
- ◆ If you are being abused, please tell a safe person—that's someone you trust like a teacher, counselor, school nurse, neighbor or parent. You can also talk to a Childhelp USA hotline counselor



CALL 1-800-4-A-CHILD (1-800-422-4453) then push 1 to talk to a counselor. The Childhelp National Child Abuse Hotline is open 24 hours a day, 7 days a week. The hotline counselors work with translators who speak 140 different languages to help people who call and speak something other than English. All calls are anonymous (The hotline counselors don't know who you are and you don't have to tell them)



Together,  
we can make  
a difference  
in preventing  
child abuse!

**CHILD ABUSE... IS A CRIME!**

**The reporting point of contact  
for child and spouse abuse on  
Fort Knox is the Military Police  
at 624-2111.**

## WATER SAFETY

Water is a hazard for everyone, but especially for children. Water can be fun, but it is dangerous no matter where it is (i.e. bucket, tub, pool, toilet-bowl, lake, puddle, hot tub, etc). Allow your children to have safe fun, but do not take your eye off of them even for 1 second.

Children can drown in less than 1 inch of water. That places them at a higher risk of drowning in anywhere water may accumulate. (ie, buckets, diaper pails, toilets, etc). There have been deaths reported by drowning in buckets with water or other liquids, such as those used for mopping and other household chores. It can happen before you realize what is going on. Drownings are usually silent and quick. A child can lose consciousness within 2 minutes of being underwater, with irreversible brain damage occurring within 4-6 minutes.

From 2005 – 2007 an average of 283 fatal drowning for children under 5 years of age occurred, also 2100 children were treated in the emergency room for underwater related injuries.

### SAFETY TIPS (in general)

- Empty all containers, buckets, & pools after using them. Store them upside down and in an area where children cannot reach.
- Keep toilet lid closed and use locks on the toilet lid.
- Never leave a child in a tub or body of water unattended; even if they do know how to swim.
- Watch children in bath seats and rings every second.
- Have children take approved swimming lessons and make sure family members know how to swim.
- Always check water first if you can't find your child. Time is of the essence with a drowning victim.
- NEVER SWIM ALONE!!!!!!!

### BATH TUB SAFETY

- Place a rubber suction mat in bottom of tub.
- Only fill tub with no more than 3-4 inches of warm water.
- If your child cannot sit up securely on their own, support their back.
- Do not allow them to put their eyes or head under water, and do not let them drink water.
- Keep the lid down on the toilet preferably with a lid lock, and the bathroom door closed.

- Never leave your child when they are in the bathtub even for a second.
- If you have to leave the room grab a towel to wrap around the child and take them with you (answering phone, etc).

## POOL SAFETY

- Babies under 6 months old should not be underwater. They naturally hold their breath underwater, but they continue to swallow.
- You should take an infant/child CPR course.
- All wading pools should be drained and turned upside down or stored upright.
- If you have a pool that is permanent, enclose it with a fence at least 4 feet high. Lock the gate after using the pool each time.
- Take any toys from the deck and pool area and store them.
- Make sure rescue equipment is available.
- Have a telephone with you instead of leaving the pool area to go get one during an emergency.

### Going to Public Pool

- Swim where there is a lifeguard or where there is a marked swimming area with buoys.
- Avoid distractions when supervising your child.
- Supervision is the most important part to avoid drowning. No matter how well your child can swim or whether there is a lifeguard on duty.
- Lifeguards have too much area to watch especially if there are a lot of people swimming.

### Personal or Public Pool

- One of the top hidden home hazards was reported to be pool drains. Missing drain covers was usually the problem. The suction can be strong enough to even hold an adult underwater by pulling on hair or on the body to form a seal.
- Make sure water is 84 – 87 degrees.
- Water should be safe for wading and be unpolluted. Also pools should be chlorinated properly.
- Do not dive in water less than 9 feet deep.

In case of an actual emergency

- Stay Calm
- perform CPR (Cardiopulmonary Resuscitation) if you are trained and it is needed
- Call 911 or your local emergency ambulance service, if you need immediate help
- in case of bleeding apply continuous pressure to the site with a clean cloth
- in case of seizure, place her on a carpeted floor with her head turned to the side and stay with your child until help arrives

Keep the following numbers and information handy and available to care givers in case of an emergency:

- Your child's Pediatrician#: \_\_\_\_\_
- Emergency Medical Service#: \_\_\_\_\_
- Police#: (Dial 911 – in most areas) \_\_\_\_\_
- Fire Department#: (Dial 911 – in most areas) \_\_\_\_\_
- Poison Control Center#: \_\_\_\_\_
- Hospital#: \_\_\_\_\_
- Dentist#: \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_

## When your Child Needs Emergency Services

### What is an Emergency?

An emergency is when you believe a severe injury or illness is threatening your child's life or may cause permanent harm. In these cases, a child needs emergency medical treatment right away. It is important to discuss with your child's pediatrician in advance what you should do in case of a true emergency.

Many emergencies involve sudden injuries and are mostly caused by the following:

- Poisoning
- Burns or smoke inhalation
- Choking
- Electric Shocks
- Near drowning
- Firearms or other weapons
- Bicycle or car crashes, falls, or other violent impacts

You can often tell if actual emergencies are happening if you observe your child showing any of the following:

- continuous bleeding
- acting strangely or becoming more withdrawn
- difficulty breathing
- nonresponsiveness or decrease in responsiveness
- skin or lips that look blue or purple (or gray for darker skinned tone children)
- rhythmical jerking and loss of consciousness (a seizure)
- severe persistent pain
- a cut or burn that is large or deep

Call your child's pediatrician or poison control center at once if your child has swallowed a suspected poison, another person's medication, even if your child has no signs or symptoms.

6) **SKIN CARE**- Baby skin is VERY sensitive. It has to get used to being in the air, having clothes on, and being touched by other people. Most infants' skin breaks out for the first weeks to month of life. This can include red, white, and yellow bumps that look like pimples. The skin may also dry, peel, or crack. This is normal reactivity and all should go away on their own. Blisters, however, should be seen by a doctor. Use plain water or a mild baby soap that has no fragrances or dyes for bathing. Babies do not need lotions, oils, or powders. You may use diaper rash cream, if needed. Sometimes a baby's skin will have a mottled appearance or bluish hue in the hands and feet. When the infant is otherwise acting normally, this is likely normal and nothing to worry about. However, if your baby has a mottled appearance and is not acting like themselves or not feeding well, you should call the doctor immediately. Also, if you notice any blue color of the skin anywhere besides the hands or feet, you should call the doctor.

7) **STOOLING**- Babies have different patterns of stooling. Breastfed babies may have more frequent stools (after each feeding). Some babies may not have a stool for several days (once per week). Both of these things are in the realm of normal. Some babies grunt, strain, turn red, and maybe cry while trying to stool. This is also normal and not considered to be constipation. Infant stools start as meconium (the thick, greenish, blackish, tarry stuff) and transition over into yellow, seedy, cottage cheesy looking stuff. Some may be slimy yellow or green or pasty. This is all normal. It can be wet, but is not considered diarrhea unless it completely loses the cottage cheesy appearance and is like water out of the faucet. Constipation, on the other hand, is defined as hard stools. They may look like little rocks or ball of stool. If either occurs, you should call the doctor.

8) **SLEEPING POSITION**- The American Academy of Pediatrics recommends that all infants sleep on their back unless the doctor tells you differently. The side and stomach are not acceptable sleeping positions. Your infant should also sleep by themselves in their own space. You may cuddle with them, but during sleeping hours, they should be laid down in the crib or bassinet on their back. Do not use any pillows or stuffed animals in the crib, as these have been known to cause suffocation. If you want a blanket on the baby, wrap them up in one instead of leaving it loose in the crib. These are all recommended to prevent crib death, or sudden infant death syndrome (SIDS).

9) **SMOKING**- You should not let your baby be around people smoking, especially in the house or car. Babies in homes where people smoke have an increased chance of crib death (SIDS), as well as an increased number of colds, ear infections, and wheezing spells. If someone in the house does smoke, make them go outside to do, then shower and change clothes before being around the baby. Even the smell of smoke is enough to trigger wheezers.

10) **DRESSING**- Your infant will be comfortable how you're comfortable. In other words, if it is mid-summer and 100o outside, if you're comfortable in a shirt and shorts, your infant will also be comfortable in one layer of clothing. However, if it is winter and cold outside and you need a coat, it is likely that your infant will also need multiple layers of clothing or blankets.

11) **POST-PARTUM DEPRESSION**- It is very common for a new mom to experience some degree of sadness or crying after the birth. If this lasts past the first week, or if it involves intense feelings of sadness or anxiousness/ worry, it may be post-partum depression. This should be addressed immediately by a doctor. Your OB or the Pediatrician will be able to help.

12) **EXPECTED NEWBORN BEHAVIOR**- Hiccups are common and require no treatment. Sneezing is normal and does not necessarily mean the baby has a cold. Sucking on a pacifier helps to satisfy the natural reflex for the baby to suck and rarely leads to long-term dependency.



# NEWBORN CARE

We have enjoyed taking care of your infant in the hospital. Even though we have reviewed general infant care with you, we know how hard it is to remember everything about your baby when you get home.

Your first appointment: \_\_\_\_\_

If you are being discharged on a weekend, you may need to call for this appointment.

## ***ALWAYS USE A CAR SAFETY SEAT!***

- 1) **HOLD, TALK, AND READ TO YOUR BABY**- You can't "spoil" a baby by holding or talking to them. Babies need lots of attention and love. Babies who are held more are actually more secure when older and cry less at six weeks. Reading aloud to your child makes it easier for them to learn how to read later on.
- 2) **FEEDING**- Please see the feeding guide given by the Pediatrician. While still in the hospital, take advantage of the knowledge of our nursing staff if you have questions regarding the feeding of your infant. If you are breastfeeding, the first week is the hardest because you are waiting for the milk supply to come in. Be reassured that in the meantime, your infant gets enough calories from your colostrum. Suckling and breastfeeding attempts will help your milk supply to come in faster and fuller. Don't give up! Never prop a baby's bottle. There is risk of choking and increased number of ear infections. Do not leave the bottle in your baby's mouth while sleeping, as this leads to increased dental decay of newly forming teeth.
- 3) **CORD CARE**- Your baby's umbilical cord will dry up and fall off in one to three weeks. Keep it very dry. Do not give a tub bath until the cord falls off. Clean around the cord with alcohol and a cotton swab three to four times per day to help keep it dry and clean. There are no pain nerves in the cord, so it does not burn or hurt to clean it with alcohol. The infant can feel cold and wet in the area, however, and may cry due to these, but not due to pain. Call the doctor if you see any runny drainage, pus, or active bleeding from the umbilicus.
- 4) **BOY/ CIRCUMCISION CARE**- Your son's circumcision will heal in about four days. Do not remove the Vaseline gauze for the first twenty-four hours. It is okay if it falls off on its own. Once the gauze is off, you should put lots of Vaseline around the top of the penis (where it looks raw) until it heals over completely and looks like normal skin. You may notice a small amount of bleeding in the diaper, but this should not be larger than a quarter. If you see more blood than that, you should call the doctor. Once the circumcision is well healed, if there is any remaining skin coming over the top of the penis, it should be VERY GENTLY pulled back and cleaned with each bath. If it will not retract, do not force it. If your son is uncircumcised, the foreskin should NOT be pulled back. You can further discuss the care of his penis with his doctor.
- 5) **GIRL CARE**- Little girls may have a whitish, mucousy vaginal discharge or a spotty bloody vaginal discharge for several days. You may also find that the labia of the vagina are swollen. Sometimes, the breast tissue will also swell or feel like there are hard knots underneath the nipple area. All of these are normal and are caused by the withdrawal from mom's hormones. They will go away as the baby's own hormones normalize.

**EDUCATIONAL AND DEVELOPMENTAL INTERVENTION  
SERVICES  
IRELAND ARMY COMMUNITY HOSPITAL  
Fort Knox, Kentucky**

Fort Knox Educational and Developmental Intervention Services offers programs in the home to infants and toddlers ages zero to three years living on post. We offer clinic programs for children who are on the waiting list for on post housing. For children who live off post, we arrange for children to be seen in the local community.

We provide testing and treatment in the areas of:

Newborn Hearing Screens  
Early Childhood Special Education  
Speech Therapy  
Physical Therapy  
Occupational Therapy  
Service Coordination

We help arrange for families to be seen by medical specialists. We also give them information about financial and educational programs. Families leaving Fort Knox or the Army are told about special programs in their new community. Any testing done at Fort Knox is given to parents to make the move to the new area as easy as possible.

The Program also offers:

- A program with the child development center for children with needs in the areas of speech and social development.
- A lending closet of equipment and toys for special needs children.
- A lending library of books and videotapes to meet the needs of parents and professionals.
- A water exercise program for children with physical therapy needs.

For more information call our Service Coordinator at (502) 624-9552.

# PLEASE COMPLETE IF YOU HAVE QUESTIONS ABOUT YOUR CHILDREN'S DEVELOPMENT OR HOW TO PREPARE THEM FOR SCHOOL

Fort Knox Educational and Developmental Intervention Services offers evaluations and therapy for children between the ages of zero to three years who have delays in the areas of communication, motor skills, learning, self-help skills and/or social interaction. Look through the checklist below. Check off those activities about which you are concerned.

## Newborn to 3 months

- Make cooing sounds like "oooo" & "aaaa".
- Lift his/her head & chest when lying on tummy.
- Watch you when you walk across the room

## 9 to 12 months

- Pull up to standing by holding onto furniture.
- Say "Mama" or "Dada" to the right person.
- Pick up small things using thumb & one finger.

## 18 to 24 months

- Put two words together (like "car go").
- Point to pictures in a book when you name an item.
- Remove loose clothing (socks, mittens, hat).
- Feed self with spoon.

## 3 to 6 months

- Roll from back to tummy.
- Turn head to sounds.
- Reach for and hold a toy.

## 12 to 15 months

- Point to or ask for things he/she wants.
- Feed self with own fingers.
- Walk by him/her self.

## 24 to 30 months

- Jump.
- Make a straight line with a crayon after you do.
- Follow simple two-step directions (like "Go to your room & get a diaper.")
- Say 50 words including "me" or "mine."

## 6 to 9 months

- Sit up by him/her self without falling.
- Try to play peek-a-boo or wave bye-bye.
- Transfer objects hand to hand.

## 15 to 18 months

- Climb on furniture.
- Say 20 different words.
- Put things in and out of containers.

## 30 to 36 months

- Say own first name and ask questions.
- Unbutton buttons.
- Hop on one foot.

For additional information or to set up an appointment call us at (502) 624-9552 or visit us on the 6<sup>th</sup> floor of Ireland Army Community Hospital.

## Infant Feeding Guide

Age	Breastmilk or Iron-Fortified Formula	Cereals and Breads	Juices	Vegetables	Fruits	Protein Foods
0-4 months	5-10 feedings 16-32 ounces	None	None	None	None	None
4-6 months	4-7 feedings 24-40 ounces	Rice, barley, or oatmeal Mix 2-3 tsp with formula or breastmilk Feed cereal with a spoon	None	None	None	None
6-8 months	3-4 feedings 24-32 ounces Begin to offer in a cup	Add mixed cereals Toast, teething biscuits, crackers DO NOT add sugar or salt	Half-strength juices diluted with water No more than 4 ounces NO citrus (orange or tomato) "100% juice" on label	Plain strained or mashed vegetables Twice daily DO NOT add sugar, salt, or seasonings	Fresh or cooked, plain strained Twice daily DO NOT use "dessert" baby foods or foods with tapioca	Try plain yogurt
8-10 months	3-4 feedings 16-32 ounces Continue to offer cup	Infant cereal Cream of Wheat Toast, teething biscuits, crackers	Half-strength juices diluted with water No more than 4 ounces May give citrus now "100% juice" on label DO NOT give Kool Aid, fruit drinks, soda, coffee, or tea	Plain cooked or mashed vegetables Junior vegetables DO NOT add sugar, salt, or seasonings	Peeled, soft fruit wedges	Lean meat and chicken (strained, chopped, or small tender pieces) Twice daily Continue plain yogurt DO NOT use gravy
10-12 months	3-4 feedings 16-24 ounces Continue to offer cup	Infant cereal Unsweetened cereals Bread, rice, noodles, spaghetti	Half-strength juices diluted with water No more than 4 ounces "100% juice" on label DO NOT give Kool Aid, fruit drinks, soda, coffee, or tea	Cooked vegetable pieces Some raw vegetables (carrots, tomatoes, cucumbers) Avoid vegetables that may cause choking due to shape and size (peas, corn) DO NOT add sugar, salt, or seasonings	All fresh fruits, peeled and seeded Canned fruit packed in water Avoid canned fruits in heavy syrup	Small tender pieces of meat Fish, lean meat, chicken Eggs Mild cheese Cooked dried beans Continue plain yogurt DO NOT use gravy DO NOT give fried or highly seasoned foods

Newborn babies' bodies cannot handle plain water. An infant will get all of their hydration from breastmilk or formula. You may start offering up to an ounce of plain water when the baby is 3-4 months old.

Cow's milk is not appropriate for any child less than 12 months old.

Date: \_\_\_\_\_

IACH is doing a Process Improvement (PI) project about military women with postpartum depression. All answers remain confidential. No personal identifying information will be used in the project.

This survey is used by the provider in order to determine whether a mother is suffering from a postpartum mood disorder. Studies have shown that if a mother is suffering, her child may suffer as well. Please answer openly and honestly, regardless of whether or not you are willing to participate in the PI project.

Mothers name: \_\_\_\_\_

Mothers military status: Active Duty Spouse Other

Childs age \_\_\_\_\_

Is your spouse deployed or getting ready to be deployed or going overseas? YES NO

How are you feeling? If you recently had a baby, we would like to know how you are feeling. Please circle the answer that comes closest to how you have felt in the past 7 days, not just how you feel today.

1) I have been able to laugh and see the funny side of things:

- 0 As much as I always could
- 1 Not quite as much now
- 2 Definitely not so much now
- 3 Not at all

6) Things have been too much for me to handle:

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometime I haven't been coping as well as usual
- 1 No most of the time I have coped quite well
- 0 No, I have been coping as well as ever

2) I have looked forward with enjoyment to things:

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

7) I have been so unhappy that I have difficulty sleeping:

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

3) I have blamed myself unnecessarily when things went wrong:

- 3 Yes, most of the time
- 2 Yes, some of the time
- 1 Not very often
- 0 No, never

8) I have felt sad or miserable:

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

4) I have been anxious or worried for no good reason:

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

9) I have been so unhappy that I have been crying:

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

5) I have felt scared or panicky for no very good reason:

- 3 Yes, quite a lot
- 2 Yes, sometime
- 1 No, not much
- 0 No, not at all

10) The thought of harming myself has occurred to me:

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

Source: Cox, J.L., Holden, J.M. and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199.

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