

Your Infant: Caring and Coping



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Playful interactions with your baby

From the very beginning moments after birth, your baby is learning. You may wonder, “How?” The answer is “just like you do,” from using their senses in their environment.

The time to play with and interact with your baby is when you have a few minutes of uninterrupted time and your baby is attentive. It is very important to choose times when the baby is not too tired, hungry, or stimulated. How do you tell if your baby is attentive? A few things to look for might be:

1. Awake and quiet with a relaxed expression.
2. A smile.
3. Looking at you or an object you are holding.
4. Hands are in a reaching position.

Your baby has his own individual ways of letting you know he is ready to play. Some babies may become distracted by their own body movements and so it is more difficult for them to pay attention. You may want to consider wrapping your baby in a soft blanket if this is happening.

Some signs of over-stimulation that you might want to look for are:

1. Crying.
2. Spitting up.
3. Hiccups.
4. Turning head away or avoiding eye contact.
5. Hands together in praying position.
6. Drowsiness.

Different toys can make activities more fun for your child. Change toys often so that your child does not become bored.

When you are playing with your baby it is important that you respond to his sounds and actions in a positive and reinforcing way. For example, when your baby makes a cooing sound at an early age or in later months makes any type of sounds, it is important to imitate them back.

When your baby is learning to grasp an object, such as a rattle, put it within his reach and reward him for his attempts and successes.

An introduction to your baby's senses: sight, sound, taste, smell, touch and movement

SIGHT: Your baby sees clearly within 13 inches from her face and by four months she is capable of using both eyes together and seeing objects within a distance of 10 feet. Infants begin by seeing objects that provide the most contrast such as black/white and red/yellow. They like these colors until 6-9 months and then more variety is enjoyed.



Included in the center of your booklet are some high contrast pictures you may use to visually stimulate your alert baby. Pull these pictures out of the booklet and cut them apart following the dotted line. Try holding the paper steady until the baby looks or attends to the image briefly, then move the paper from one side and then back slowly to the other side so she can follow it. Wait and give the baby time to catch up if she seems to lose track.

MOVEMENT: Movement positively affects muscle and nerve development, as well as coordination ability. All babies need tummy time. When a baby lies on his tummy he progressively gains control from his head to his toes. Putting baby down to play on his tummy is a good way to incorporate this position early.

Babies are also learning how to move their arms and legs in purposeful movements. Give your baby time to react (up to two minutes). For example, if you hold a rattle in front of the baby to grasp, allow him time to react, and remember to praise him for any purposeful attempts made in the direction of the rattle. He will soon learn that his behavior has consequences. When the child grasps the rattle, the rattle moves as well as makes noise. How exciting a discovery for your infant!

Your baby should also experience all types of movements, such as rocking, going for a stroller ride, being carried, turning, swaying, etc. One important caution should be noted and that is **DO NOT** throw your baby into the air and catch him or shake your infant. This type of play allows the head to move separately from the body and may contribute to bruised brain tissue.

SOUND: It is well established that most newborns, including premature infants, can hear at birth. Within a few minutes after birth they can locate the source of a sound. They will discontinue sucking to listen to an interesting sound in one room. Newborns have been observed to display definite preferences for sounds and they prefer high pitched voices and sounds that are rhythmic and soft. Infants will move or “startle” in response to loud noise.

SMELL & TASTE: The senses of smell and taste are essentially the same for infants. Newborns react to sweet, sour, salty tastes and they can become upset by the smell of unpleasant odors. They also discriminate between plain, slightly sweetened and very sweet water.

TOUCH: The sense of touch is very important to the infant and she is born with a great awareness of touch. Touching is used to perceive small changes of texture and temperature. This sense allows the baby to relate to its surroundings even before birth.

Touch means not only use of the hands and fingers for obtaining information, but also the use of any part of the body such as feet, head, lips, arms, and even the tummy.

Holding an infant and swaddling them will often have a calming effect. The close physical contact between Mom and Dad and their infant in the early weeks of life has much to do with the infant’s sense of well-being and security. The “bonding” which takes place through this physical contact will help the baby in building a foundation which will encourage later social and in-

tellektual growth.

Touching, eye to eye contact, kissing, cuddling, holding, gentle rubbing, and feeding are all good ways for mothers and fathers to begin a positive relationship with their baby.

Safety

The most common occurring accidents during the first year are: falls, ingestion of poisonous substances and foreign objects, burns, drowning, suffocation, and motor vehicle accidents.

Many of the accidents can be prevented by:

1. Never leaving infants alone on a table, couch, or any surface they can fall off of.
2. Grasping baby firmly when bathing and dressing and never leaving baby unattended in the tub.
3. Keeping stairs free from clutter to prevent you from falling with baby in your arms.
4. Keeping safety strap on baby in stroller, high chair, and shopping cart.
5. Inspecting playpens, cribs, dressing table for pins or anything small that baby could choke on.
6. Checking dolls, stuffed animals and toys to be sure none have small pieces that are coming off.
7. Keeping all plastics away from baby.
8. Keeping baby in proper car seat at all times when driving.
9. Never put a rear-facing infant seat in the front seat of a car with a passenger-side airbag. The rear seat is the safest place for children of any age to ride.
10. When visiting other homes, making a quick check around to see if there is anything harm-

ful baby could get into.

11. Always keeping medicines, aspirin, tranquilizers, cosmetics, poisons, and household cleansers well out of reach or, preferably, locked away.

General care of baby

EYES: To clean the eyes, you can use a soft cloth dipped in cool water to wipe the matter from the eye with the eye closed, starting from the inner and going to the outer side. Your baby's eyes will not be able to focus farther than 1-2 feet away and may move independently of each other in the first few weeks of life. They will often cross and uncross. This is very normal during the first few weeks.

NOSE & EARS: Cleanse the outer surfaces only. Use a moist cotton ball or soft cloth. Do not clean the inner ear with Q-tips. This can pack wax tighter in the ear.

HEAD: Lather the head gently working from front to back taking care to keep soap out of the baby's eyes. The baby's hair should be washed when dirty and not necessarily every day. Use only gentle



shampoos and rinse with a clean, wet wash cloth or small amount of water from a cup being careful to avoid getting water in the baby's nose and mouth.

PENILE CARE: If your baby has been circumcised, watch for swelling or bleeding. If the penis sticks to the diaper, pour on a little luke warm water so that the penis separates from the diaper easily. A small amount of petroleum jelly applied to the end of the penis helps prevent sticking. If your baby has not been circumcised, pull the foreskin back gently as far as it will go and wipe it clean with a cloth when you are bathing him. It is important to clean under the foreskin to prevent infections.

TEMPERATURE & CLOTHING: In general, dress your baby so that she is comfortable. Too many clothes or covers will cause the baby to perspire and be uncomfortable. If your baby is too cold, she will let you know by her hands turning bluish and some discoloration of the skin.

SLEEPING: Research has shown a lower incidence of Sudden Infant Death Syndrome (SIDS) when baby is placed on his side or back to sleep. Your baby should be placed and propped on his side when he is put to bed after eating. In addition, dress your baby in warm flame retardant sleepwear. Do not use blankets. If you feel you must use a blanket, tuck one end of the blanket under the mattress at the bottom of the bed and leave only enough to cover your baby to mid back. Do not place stuffed animals or pillows in your baby's bed.

SKIN CARE: Babies need to be bathed only when they are dirty and not necessarily every

day. Use warm water, wash cloth, and mild soap to gently clean the baby's skin. Pat the baby's skin dry with a towel.

UMBILICAL CORD: The umbilical cord at first is clear and gradually turns brown and becomes dry. It will dry and fall off usually within the first three weeks. There may be some mucous or thin watery secretion about the base before it comes off. This should be cleaned off with alcohol. Pull the cord up and wipe about the base. If the abdominal wall is weak at the navel, there may be a bulge there when the baby cries. This condition will usually correct itself before the baby is two years of age. If the bulge seems large, consult your doctor.

BIRTH MARKS: Many babies have some mild, red spots on the back of their necks and also may have them between the eyebrows and on the upper eyelids. These blotches will usually disappear by one year of age and need no treatment.

SKIN RASHES: Starting during the first month of life there is a rash on most babies' cheeks, forehead, and scalp. Mixed in with the red pin-head-sized lesions are a few "whiteheads". This rash may appear quite red one day and improve the next day. It usually requires no treatment and can take two or three months to clear. Babies in the early weeks often have flakes of skin in the middle part of their lip from sucking. This clears up in time and requires no treatment.

DIAPER RASH: There are many causes for diaper rash. Some laundry products and disposable diapers can occasionally cause irritation but

most commonly the rash is due to moisture or ammonia products in the urine.

Treatment includes:

1. Change diapers often and keep the diaper area clean and dry. Leave the diaper off for short periods of time during the day. Rubber pants may also make a diaper rash worse so avoid their use.
2. Rinse the diapers an additional time to remove all soap residue and do not use fabric softener.
3. Apply Desitin Ointment, A & D Ointment, zinc oxide, or Vaseline to irritated bottom.

If there is no improvement in the rash in two or three days, let your doctor know for this may be a yeast or bacterial infection which would require specific treatment.

BOWEL MOVEMENTS: The baby's first bowel movements are dark green or black and as the baby receives water and milk the stools become yellow. They may be rather frequent and be green with white curds of milk. These are called transitional stools and not diarrhea. Many babies will strain and will become quite red in the face as they try to pass their stools. They may cry and fuss with this effort and appear to be in pain. Be reassured that this activity is normal and does not mean that the baby is constipated.

CONSTIPATION: Most babies have at least one bowel movement per day, though some go longer. If the stool is soft, it is normal. A hard, dry stool indicates constipation and can usually be treated by increasing the sugar in the diet. Start with one teaspoon of sugar or Karo syrup in the morning

bottle and increase to three teaspoons total per day to soften the stools. You might also try giving an extra 4 to 8 ounces of water or 1/3 strength diluted fruit juices (prune, apple, grape or cranberry) over the day. If none of the above help call your doctor for further advice.

SPITTING: Spitting is the regurgitation of small amounts of milk with nearly every feeding. It usually resolves in six to twelve months. Burping the baby every 1/2 ounce of feeding or every 2 to 3 minutes during the feeding may help keep the feeding down. If the above measure doesn't work, ask your doctor for additional suggestions. Projectile vomiting occurs when food comes up forcefully and goes out beyond the baby's face. If your baby has this, you should call and talk with your doctor.

OTHER CONCERNS: As you become more familiar with your baby, you will notice that she does several things that may concern you. Note these things and ask your doctor about them. The activities below are normal for many babies.

1. Sneezing is common and only means that the baby is trying to clear his nose. It does not mean that she is allergic or that she is getting a cold.



2. Hiccups are very common and require no treatment.
3. Many babies have trembly movements, usually involving the arms, legs, or the chin. This is nothing to be disturbed about. The startle reflex, whereby loud noises and sudden movement bring on a baby's stiffening out with extended arms and legs is also quite normal and will pass in time.
4. Many babies will have a brief period of cold and bluish hands which represents an immaturity of the circulatory system and is normal.

Diet and feeding

Feeding is probably the most important time for interacting with your new baby as well as furnishing needed calories. Feeding time should be a happy, relaxed experience. There is no one right way to feed a baby, but here are a few guidelines to follow.

BREASTFEEDING: Each baby has its own inner clock which tells him to eat. Let him eat when he wants to. Generally, babies will breast-feed every 2-4 hours initially. They should be fed 10-15 minutes each breast, for a total of 20-30 minutes. The baby should be fed in a semi-upright position to minimize spitting up and should be burped every 5-10 minutes to avoid accumulation of air in baby's stomach. Don't be concerned with occasional spitting up, as this is normal. However, if the baby vomits most of his feeding more than once a day, you should notify your doctor.

Breast-fed babies need vitamin supplementation. Currently vitamin D, fluoride, and iron

are recommended. These are given as vitamin drops and should be given each day as prescribed by your doctor. Breast-feeding mothers are encouraged to eat well-balanced meals, drink plenty of fluids, and continue their vitamin supplement and iron. Consult your doctor before taking any drugs while breast-feeding.

Breast-feeding can be continued as long as the mother wishes. Many mothers choose to breast-feed six months and then switch to bottle feeding. Others go for shorter or longer periods of time. You know your baby is getting enough to eat if he has five to six wet diapers per day and is content between feedings.

Common problems for breast-feeding mothers

ENGORGEMENT: Occurs usually in the first three to four days as your milk is coming in or if you are separated from your baby for long periods once your supply is established. Your breasts feel full, painful and nursing may be difficult. Try nursing more frequently, applying heat to the breast before nursing, and hand expressing some milk just prior to nursing. If after you have finished nursing your breasts are still full, either hand express or use a breast pump to empty them completely.

CLOGGED MILK DUCTS OR STASIS: You feel a hard lump in your breast. This is caused by incomplete emptying by breast-feeding, too tight a bra, or sleeping on your stomach. Try feeding that breast to the baby first and massage the lump while breast-feeding.

MASTITIS: An inflammation of the breast tissue giving you a red, warm, and tender breast. You may have a fever and feel like the flu is coming. This is usually caused by a plugged milk duct. Call your doctor for further advice. Get plenty of rest and fluids. Do not take aspirin or other medicines unless recommended by your doctor.

SORE NIPPLES: If you have sore, blistered, cracked or bleeding nipples, you should correct the cause and limit feeding on that breast temporarily. Causes include not putting enough of the nipple in the baby's mouth, wearing a plastic pad in your bra all the time, and leaking milk sticking your breast to the pad so that skin comes off on removal.

Try nursing no more frequently than every two hours. Limit feedings to seven to ten minutes per breast, air nipples if possible, put lanolin ointment on affected breasts (A & D Ointment, Masse cream, pure lanolin), change baby's position, decrease tension with music, and finally, temporarily use a breast shield if necessary until pain is gone.

Bottle feeding

There are many different formulas available in grocery stores. Some suggested formulas are Similac with iron, Enfamil with iron, or SMA. Your doctor will recommend the appropriate formula for your baby. Most formulas come in three different forms: ready to feed (most expensive and needs fluoride supplementation), liquid concentration (must be diluted with an equal part of water), and powder. Babies will most often feed every two to four hours and will initially take 16-24 ounces each day. He

will want to eat more often when he is going through a growth spurt. As your baby grows, he will take 30-35 ounces each day. Seldom is more than this needed each day to satisfy your baby's appetite.

Sterilization of bottles is not necessary, but be sure to wash and rinse them carefully in hot water.

The baby should be burped every five to ten minutes, or every two ounces of formula. Never prop the bottle up in bed or leave the bottle in bed with the baby. This practice encourages tooth decay.

Supplementation with water or fruit juices is not generally necessary. Formula is recommended for the first six months to a year of life. Skim milk should never be fed in the first year.

Solids

Most babies do not need solid food until 4-6 months of age or until the time they double their birth weight. The time to start is when she begins to be hungry after finishing a bottle or between feedings or when she is taking 32 ounces of milk/formula each day. Most babies spit out the first few solid feedings. Using a small spoon and making the cereal thinner or thicker to suit your baby may help.



Boxed baby cereal is usually started first because it is an excellent source of iron. Use single grain cereals such as rice, barley, and oatmeal first before trying the mixed or high protein cereals.

As you add solids, stay with bland foods such as cereal, applesauce, and bananas and feed no more than one jar per day. Other foods should be added slowly over the next three months. Add new foods one at a time. Wait three days before trying another. If rash, diarrhea, or vomiting occurs, discontinue the new food and try again in a month.

A suggested order for adding other foods is:

- First – Yellow vegetables: carrots, squash, sweet potatoes;
- Second – Green vegetables;
- Third – Fruit;
- Fourth – Plain meats: may be taken better if mixed with a favorite vegetable.

Puddings and desserts are not needed by your baby and may contribute to her being overweight. Save these for occasional treats.

While fat babies may be cute, fat babies often become fat children and adults. The doctor will be watching your baby's growth and advising you on needed changes in her diet. Discuss any concerns you have with your doctor.

Some parents like to make their own baby food by mashing cooked foods or using a blender or food grinder. Table foods for babies under nine months should be cooked without adding salt, sugar, or other spices.

Feeding your 6-12 month infant

Breast-feeding or formula may be continued. If your baby tends to be overweight, advance formula may be substituted. If you desire to use homogenized milk, use whole milk until age one year. Giving extra iron, as prescribed by your doctor, is still important.

Offer whole milk or juices in a cup around 7-8 months. Babies reach eagerly for things now and will enjoy the new experience even if most of the juice ends up on the bib. Frequent and early use of the cup helps prevent problems with weaning later.

Continue to hold your baby when he takes his bottle. Even though he can hold the bottle himself, he continues to need the closeness with you. Putting him to bed with a bottle may make him dependent on it to go to sleep and can lead to tooth decay. He may have a hard time giving up the bedtime bottle. He may throw it down or carry it around without sucking on it. This is the time to put it out of sight. Carrying a bottle around can get to be a habit if weaning is delayed past the time the child is ready.

Some babies prefer milk to food to the extent that they lose their appetite for meals. They become anemic from lack of iron. In general, children should not be allowed more than 32 ounces or 4 glasses of milk each day. They should be offered their solid food before milk.

At this age, you can increase the texture of foods by using junior foods, toddler foods, and mashed table foods. Encourage baby to learn to feed himself by offering crackers, cheese, toast, or

pieces of banana. The enjoyment he has in learning is more important than the mess.

The amount of food is not so important as that a variety of foods is offered. Although babies do have likes and dislikes, don't assume he will dislike a food because you do or because he makes a face the first time it is given. Offer the food again in a few weeks.

Encourage his attempts to use a spoon by giving him a spoon while you are feeding him.

By one year of age, most babies should be on mashed table foods rather than strained, junior or toddler baby foods.

Egg whites may cause an allergic problem in babies. For this reason egg whites should not be added to the baby's diet until the infant is one year old.

Nutrition after one year of age

Once the child begins taking table foods, common sense will dictate good nutrition. Encourage a balanced meal but don't force children to eat. Children will not starve themselves. Don't give a child treats to get them "to eat something" as this will promote an overweight tendency and poor nutrition. All solids should be fed by spoon and not by bottle or infant feeder.

Colds, earaches, coughs and sore throats

COLDS: You can expect your child to have 6-8 colds

each year. Even though most of us become impatient after a few days of congested nose, coughing, and low-grade fever, nothing yet has been found to hasten the natural clearing of a cold virus. Special diets, antibiotics like penicillin, and most over-the-counter cold "remedies" are of no benefit in lessening the severity or duration of a cold.

Here are some ideas for providing some relief from the most common symptoms of a cold:

1. The wet, rattly cough from mucous drainage from the nose down the throat and into the chest rarely leads to a pneumonia. In fact, the cough is a protective reflex to clear this drainage. There are a few, if any, indications for suppressing a cough, especially in a small child. Cool-mist vaporizers used when the child is sleeping will allow the secretions to loosen so that the child may sneeze or cough them out more easily. Increased fluids make secretions looser and have the added benefit of preventing dehydration in the child with a fever and poor appetite. In certain situations, a cough syrup may offer some relief, especially at bedtime, particularly in an older child.



2. Very small infants have difficulty with a runny nose. Use a bulb syringe, especially before feedings. Thick secretions can often be broken up by a few drops of salt water (1/2 teaspoon in 4 ounces of water) or can be purchased, placed alternatively in each nostril, followed by the use of the bulb syringe. Decongestants may offer relief in the older child, although restlessness and sleeplessness are common side effects.
3. Avoid cigarette smoking. It is an irritant that prolongs respiratory infections and makes them more frequent.

EAR INFECTIONS: Ear infections commonly complicate situations in which congestion of the nose, such as colds or allergies, block the drainage of fluid and movement of air in the eustachian tube (passage from inner ear to the back of the nose). If your child has a fever and you suspect she has an ear infection, call your doctor. Cleaning impacted wax resulting from using Q-tips is a traumatic experience and can be avoided by not cleaning wax from a child's ear. Treatment with antibiotics, usually for ten days, is indicated if an ear infection is diagnosed. Your child should be examined two weeks following treatment of each ear infection to ensure the infection has cleared up. Should the ears still be abnormal, additional measures may be necessary. A normal child may have three to four ear infections a year. Only if the infection or ear fluid doesn't clear are other measures necessary.

SORE THROATS: About the age of incidence of recurrent colds decreases, the tonsils come under

attack. Most commonly, sore throats are caused by viruses for which there is no cure and fortunately, no known complications. Dreaded complications of sore throats such as rheumatic fever, scarlet fever, infected lymph nodes, tonsillar abscesses, and kidney disease are caused by the streptococcus bacteria (strep) but this is rare with antibiotic treatment. In general, a sore throat accompanied by high fever, swollen and tender lymph nodes and without signs of a cold is likely due to strep throat, but a great deal of overlap with the symptoms of a virus exists. You should take your child to the doctor for an exam and possibly a culture. Follow the treatment given to you by your doctor. If oral medication is given, your child must take the antibiotic for 10 full days to eradicate the strep organism and avoid serious complications.

CROUP: During the fall and winter months, many young children develop an illness marked by a dry, "barky" cough with a low to moderate fever. Croup is caused by viral infection of the air passages of the throat and chest. The delicate membrane along the airways swells, decreasing the smooth flow of air into the lungs.

The swelling may cause a distressed breathing pattern. Often there is a harsh, vibrating sound when the child breathes in called stridor. The violent coughing that is characteristic of the disease may bring on further inflammation of the surrounding membranes. Coughing is generally worse at night and can persist for up to one week. Increasing the humidity of the air soothes the irritation and offers some relief. Cool-mist humidifiers and/or vaporizers can increase the hu-

midity in the child's bedroom. During particularly bad coughing spells, take the child into the bathroom with you, shut the door and windows, and turn on the shower or bath faucet full force with hot water. Fifteen to twenty minutes of breathing the warm mist should soothe the airway and bring relief.

Later, offer fluids to the child such as diluted fruit juice, soda pop, jello water, or plain water. Room temperature is best.

If the symptoms persist for about 20 minutes, or if they get worse instead of better, call your child's doctor if time permits and then bundle up your child and go to your hospital emergency department. You should definitely call the doctor if:

1. The child refuses to lie down, can't swallow, complains of severe sore throat or drools excessively.
2. The child has so much trouble breathing that he is restless and can't sleep.
3. Chest retractions become very severe and the child can't get enough air.
4. Breathing rate is greater than 60 breaths per minute.
5. The child's temperature goes over 104 degrees F.
6. The child's lips or nailbeds become bluish in color.

There are other respiratory diseases with symptoms similar to croup. A high fever may signal that the illness is more severe, requiring immediate medical attention. Your child's doctor is an excellent source of further information about croup.

Fever

SINCE ALL CHILDREN ARE DIFFERENT, CHECK WITH YOUR CHILD'S DOCTOR ON PROCEDURES TO FOLLOW IN RE- DUCING A FEVER.

Fever is defined as a temperature of over 100 degrees F (37.8 degrees C) orally or 100.5 degrees F (38 degrees C) rectally. Fever is the most common indicator for parents that the child is sick. It is an early warning signal that an infection is setting in and it is the best way the body has to fight disease. It even has been suggested that the body creates fever to reduce the growth of infecting organisms.

A normal range for a rectal temperature is 98-101 degrees F (36-38 degrees C) and 98-100 degrees F (36-37 degrees C) for an oral temperature. Significant fever in babies usually will be over 101 degrees F or greater.

HOW TO TAKE A CHILD'S TEMPERATURE:

For infants and children less than four years, temperatures can be taken rectally. A rectal thermometer has a round, short bulb. Shake down the thermometer and lubricate the silver



end with Vaseline or cool tap water. The child should be quiet. Place the child on a bed or on your lap and spread the buttock so that the rectum can easily be seen.

Insert the thermometer gently into the rectum until the silver tip can no longer be seen and hold in place for two or three minutes. Remove the thermometer and read the degree of temperature. Wash the thermometer with cool, soapy water. Rinse in cool water and store in a safe place.

An alternative for checking the temperature in an infant or child is doing an axillary temperature. Shake down the thermometer and place it in the child's armpit with the silver bulb nearest the skin crease. Gently hold your child's arm against his body for three to five minutes. Remove the thermometer and read the degree of temperature. Wash the thermometer as described above.

In children over four years of age, oral temperatures may be taken. Place silver tip of the oral thermometer under child's tongue and have child close his lips tightly. Hold thermometer in place for five to seven minutes. Remove the thermometer and read the degree of temperature. Cleanse the thermometer as described above.

TREATING A FEVER: Fever is a symptom not a disease. If a child is comfortable she does not need any treatment. Dress the child in lightweight clothing. Acetaminophen (Tylenol/Tempra/Liquiprin) or Ibuprofen (Motrin/Advil) can be given for comfort. Follow the dosage directions on the container for your child's age and/or weight or the dosage directions recommended by your doctor.

Do not use Aspirin!

Many considerations determine when to call

your doctor. High fevers are more significant in very young babies, and any infant less than three months of age should be evaluated. Children with drowsiness, extreme irritability, shortness of breath, pulling at ears or burning on urination along with a fever are usually in need of medical evaluation. When in doubt, call your doctor.

Children tolerate high temperatures better than adults. However, there are a small number of children (usually six months to three years) who are susceptible to develop convulsions with high fever. Should your child develop a convulsion:

1. Don't panic!
2. Check to see that she is breathing easily and if not, open her mouth and keep her head to the side. Do not put anything in the child's mouth. Protect her from injury until the jerking stops.
3. Take the child to your doctor. Every child with a febrile convulsion should be seen immediately.

Vomiting and diarrhea

VOMITING: This problem is usually caused by a virus. Vomiting usually lasts less than 24 hours and management is by diet control. Stop all feedings and drinks for up to three hours after vomiting.

To treat vomiting, **DO NOT** give:

1. Dairy products (milk, butter, eggs, cheese);
2. Citrus fruit or juices;
3. Aspirin by mouth.

However, **DO** give:

1. In the first 24 hours nothing but clear fluids in small frequent amounts such as:
 - water
 - jello
 - tea
 - popsicles
 - sweet fruit juices such as apple, pear, peach
 - carbonated beverages, flat and at room temperature (Coke and 7-Up – not diet)
 - Pedialyte, Lytren
2. For the next 12 hours give small frequent amounts of all above items and add:
 - soup (not creamed)
 - soda crackers
 - apple sauce
 - rice
 - banana
 - pretzels
 - toast and jelly
 - dry sweetened cereals, with no milk
3. After 24 hours give:
 - skim milk (if older than 1 year)
 - apple (no skin)
 - broiled chicken
 - cottage cheese
 - lean beef
 - tapioca
4. Gradually add more foods over the next two or three days. Do not be in a hurry to rush back to the full, regular diet.

You will need to call your doctor if your child is vomiting and:

1. Running a high fever.

2. Unable to keep even water down for more than half a day.
3. Showing signs of dehydration.
4. Vomiting begins again when food is given.
5. Vomit is blood-tinged.

DIARRHEA: Children have small fluid reserves. Therefore, dehydration is a danger because sudden losses of body fluids through diarrhea can quickly deplete these reserves. Mild diarrhea is five to ten loose, watery stools per day for two to five days. There are two kinds of diarrhea: non-infectious diarrhea and infectious diarrhea. Non-infectious diarrhea is caused by over-feeding, food intolerance or antibiotics. Infectious diarrhea is caused by a virus or bacteria and often is accompanied by a low-grade fever of up to 102 degrees F, irritability and decreased appetite.

Diarrhea stools are extremely irritating to an infant's skin. Wash diaper area after each stool with soap and water, and use diaper rash ointment such as Desitin or A & D Ointment, to prevent further irritation of the skin.

Do not take the child's temperature rectally during a bout with diarrhea.

Severe diarrhea may result from progressive



mild diarrhea and warrant hospitalization. Some warning signs to look for are:

1. Stools every few minutes.
2. Stools are liquid green, perhaps mixed with mucous and blood.
3. Stools may be passed with explosive force.
4. You may see signs of dehydration.

However, diarrhea is usually treated at home by parents. You can:

1. Give your child clear liquids for 24 hours or until stools decrease in number. Clear liquids would include:
 - 7-Up (not diet)
 - ginger-ale
 - jello water (1 package per quart of water)
 - weak sweetened tea
 - popsicles
2. **DO NOT** give:
 - juice
 - milk or milk products
 - raw citrus fruits
 - raw vegetables
 - spices
 - any foods that cause the diarrhea
3. For breast-fed babies, give extra water between breast feedings.
4. After 24 hours, and if the diarrhea has improved (decreased number of stools), you can start the following solid foods:
 - canned applesauce
 - fresh bananas
 - dry toast
 - boiled or baked potato (without butter)
 - carrots
 - rice or rice cereal (without milk)

5. Avoid milk products until stools become firmer.
6. For formula-fed infants, use half-strength formula for 24 hours then advance slowly to regular concentration.
7. Gradually advance diet back to normal over the next few days.

You will need to call your doctor if your child has diarrhea and:

1. Is less than 6 months old.
2. Has a fever for more than 24 hours.
3. Diarrhea persists.
4. Has blood in the stool.
5. Shows signs of dehydration:
 - a. decreased urine output (less than six wet diapers in a 24-hour period or does not urinate for 8-10 hours)
 - b. the child is listless, hard to waken
 - c. dry tongue, lips and mouth
 - d. depressed fontanel (soft spot on the head) or sunken eyes.



Notes

Preschool

GROSS MOTOR SKILLS

FINE MOTOR SKILLS

PRE-ACADEMIC SKILLS

SELF-HELP SKILLS

**0-12
months**

Sits without support.
Crawls.
Pulls self to standing and stands unaided.
Walks with aid.
Rolls a ball in imitation of adult.

Reaches, grasps, puts object in mouth.
Picks things up with thumb and one finger (pincer grasp).
Transfers object from one hand to other hand.
Drops and picks up toy.

Looks directly at adult's face.
Tracks objects (following them smoothly with eyes).
Imitates gestures (E.G. Pat-A-Cake, Peek-A-Boo, Bye-Bye).
Puts block in, takes block out of container.
Finds block hidden under cup.

Feeds self cracker munching not sucking.
Holds cup with two hands, drinks with assistance.
Holds out arms and legs while getting dressed.

**12-24
months**

Walks alone.
Walks backward.
Picks up object without falling.
Pulls toy.
Seats self in child's chair.
Walks up and down stairs with aid.

Builds tower of 3 cubes.
Puts 4 rings on stick.
Places 5 pegs in pegboard.
Turns pages 2 or 3 at a time.
Scribbles.

Follows one direction involving familiar actions and objects:
E.G. Give me (Toy).
Show me (Body Part).
Get a (Familiar Object).
Completes 3 piece formboard.
Matches similar objects.

Uses spoon, spilling little.
Drinks from cup one hand unassisted.
Chews food.
Removes garment.
Zips, unzips large zipper.
Indicates toilet needs.

**24-36
months**

Runs forward well.
Jumps in place, two feet together.
Stands on one foot, with aid.
Walks on tiptoe.
Kicks ball forward.
Throws ball, without direction.

Strings 4 large beads.
Turns pages singly.
Snips with scissors.
Holds crayon with thumb and fingers, not fist.
Uses one hand consistently in most activities.
Imitates circular, vertical, horizontal strokes.

Matches shapes.
Stacks 5 rings on peg in order
Demonstrates number concepts to 2 (I.E. selects set of 1 or 2, can tell how many 1 or 2).

Uses spoon, no spilling.
Gets drink unassisted.
Uses straw.
Opens door by turning handle.
Puts on/takes off coat.
Washes/dries hands with assistance.

**36-48
months**

Run around obstacles.
Walks on a line.
Balances on one foot 5 seconds.
Hops on one foot.
Pushes, pulls, steers wheeled toys.
Rides (I.E. steers and pedals) trike.
Uses slide without assistance.
Jumps over 15 cm (6") high object, landing on both feet together.
Throws ball with direction.
Catches ball bounced to him.

Builds tower of 9 cubes.
Drives nails and pegs.
Copies circle.
Imitates cross.

Matches 6 colors.
Makes tower of 5 blocks, graduated in size.
Does 7 piece puzzle.
Counts to 5, in imitation of adults.
Demonstrates number concept to 3.

Pours well from pitcher.
Spreads substance with knife.
Buttons/unbuttons large buttons.
Washes hands unassisted.
Cleans nose when reminded.
Uses toilet independently.
Follows classroom routine with minimum teacher assistance.
Knows own sex.
Knows own age.
Knows own last name.

**48-60
months**

Walks backward heel-toe.
Jumps forward 10 times, without falling.
Walks up/down stairs alone, alternating feet.
Turns somersault.

Cuts on a line continuously.
Copies cross.
Copies square.
Prints a few capital letters.

Points to, names 6 basic colors.
Points to, names 3 shapes.
Matches related common objects: E.G. shoe, sock, foot; apple, orange, banana.
Demonstrates number concept to 4 or 5.

Cuts food with a knife; (E.G. sandwich, celery).
Laces shoes.
Knows own city street.
Follows instructions given to group.

**60-72
months**

Runs lightly on toes.
Walks a balance beam
Can cover 2 meters (6'6"), hopping.
Skips.
Jumps rope.
Skates.

Cuts out simple shapes.
Copies triangle.
Traces diamond.
Copies first name.
Prints numerals 1-5.
Colors within lines.
Has adult grasp of pencil.
Has handedness well established (I.E. child is left or right handed)

Sorts objects on one dimension: I.E. by size or by color or by shape.
Does 15 piece puzzle.
Copies block design.
Names some letters.
Names some numerals.
Names penny, nickel, dime, quarter.
Counts by rote to 10.
Can tell what number comes next.

Dresses self completely.
Learns to distinguish left from right.
Ties bow.
Brushes teeth unassisted.
Cross street safely.
Relates clock time to daily schedule.

Profile*

MUSIC/ART/STORY SKILLS	SOCIAL SKILLS AND PLAY SKILLS	UNDERSTANDING LANGUAGE	ORAL LANGUAGE	
Fixes gaze on pictures in book.	Smiles spontaneously. Responds differentially to strangers and familiar persons. Pays attention to own name. Responds to "no". Copies simple actions of others.	Looks at people who talk to him. Responds differently to variety of sounds: E.G. phone, vacuum, closing doors, etc. Responds to simple directions accompanied by gestures: E.G. <u>come, give, get</u> .	Makes different vowel sounds. Makes different consonant-vowel combinations. Vocalizes to the person who has talked to him. Uses intonation patterns that sound like phrases: E.G. Intonations that sound like scolding, asking, telling.	0-12 months
Moves to music. Looks at pictures in book, patting, pointing to or naming objects or people. Paints with whole arm movement shifts hands, scrubs, makes strokes.	Recognizes self in mirror or picture. Refers to self by name. Plays by self; initiates own play activities. Imitates adult behaviors in play. Plays with water and sand. Loads, carries, dumps. Helps put things away.	Responds to specific words by showing what was name: E.G. toys, family members, clothing, body parts. Responds to simple directions given with gestures: E.G. <u>go, sit, find, run, walk</u> .	Asks for items by name. Answers <u>What's that?</u> with name of object. Tells about objects or experiences with words used together (2-3 words): E.G. <u>more juice</u> .	12-24 months
Participates in simple group activity: E.G. sings, claps, dances. Chooses picture books, points to fine detail, enjoys repetition. Paints with some wrist action, makes dots, lines, circular strokes. Rolls, pounds, squeezes, pulls clay material.	Plays near other children. Watches other children, joins briefly in their play. Defends own possessions. Engages in domestic play. Symbolically uses objects, self in play. Builds with blocks in simple lines.	Responds to <u>Put it in</u> and <u>Put it on</u> . Responds by selecting correct item: Big vs. little objects. One vs. one more object. Identifies objects by their use: E.G. <u>Show me what mother cooks on</u> by showing stove, or <u>Show me what you wear on your feet</u> by showing shoe.	Asks questions. Answers <u>Where is it?</u> with prepositional phrases: E.G. <u>In the box, On the table</u> . Answers <u>What do you do with a ball?</u> E.G. throw, catch. Tells about something with functional sentences which carry meaning: E.G. <u>Me go store</u> or <u>My Hungry now</u> .	24-36 months
Knows phrases of songs. Listens to short simple stories (5 minutes). Painting: names own picture, not always recognizable; demands variety of color. Draws head of person and one other part. Manipulates clay materials: E.G. rolls balls, snakes, cookies, etc.	Joins in play with other children: begins to interact. Shares toys, takes turns with assistance. Begins dramatic play, acting out whole scenes: E.G. traveling, playing house, pretending to be animals.	Responds to <u>Put it beside</u> and <u>Put it under</u> . Responds to commands involving 2 objects: E.G. <u>Give me the ball and the shoe</u> . Responds to commands involving 2 actions: E.G. <u>Give me the cup and put the shoe on the floor</u> . Responds by selecting correct item: E.G. Hard vs. soft objects. Responds to <u>walk fast</u> by increased pace, and to <u>walk slowly</u> by decreased pace.	Answers <u>Which one do you want?</u> By naming it. Answers <u>If...what & What...when</u> questions: E.G. <u>If you had a penny, what would you do? What do you do when you're hungry?</u> Answers questions about function: E.G. <u>What are books for?</u> Asks for or tells about with grammatically correct sentences: E.G. <u>Can I go to the store? I want a big cookie</u> .	36-48 months
Sings entire songs. Recites nursery rhyme. "Reads" from pictures (I.E. tells story). Recognizes story and retells simple facts. Painting: makes and names recognizable pictures. Draws a person with 2-6 parts.	Plays and interacts with other children. Dramatic play: closer to reality; attention to detail, time and space. Plays dress-up. Builds complex structures with blocks.	Responds by showing penny-nickel-dime. Responds to command involving 3 actions: E.G. <u>Give me the cup, put the shoe on the floor, and hold the pencil in your hand</u> .	Asks how questions. Answers verbally to <u>Hi</u> and <u>How are you?</u> Tells about something using past tense and future tense. Tells about something using conjunctions to string words and phrases together. E.G. <u>I have a cat and a dog and a fish</u> .	48-60 months
Recognizes rhyme. Acts out stories. Draws a person with head, trunk, legs, arms and features. Pastes and glues appropriately. Models objects with clay.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages in cooperative play with other children involving group decision, role assignments, fair play. Uses construction toys to make things: E.G. house of Legos, car of Rig-A-Jig.	See Pre-academic skills	Child will have acquired basic grammatical structures including plurals, verb tenses, and conjunctions. Following this developmental ability, the child practices with increasingly complex descriptions and conversations.	60-72 months

Above items are selected from The Sequenced Inventory of Communication Development.
University Press. University of Washington, 1975.

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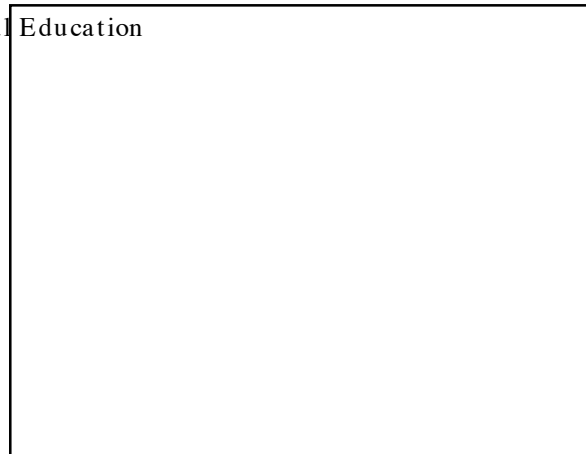
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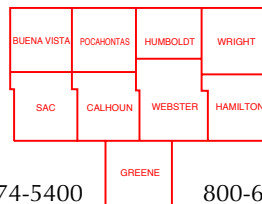
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In Region 5 our beliefs will be realized when families, children, service providers and community members work as partners to ensure that children and their families receive the support they need to achieve their dreams.

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