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OWNER'S GUIDE for the 15 MONTH OLD

FEEDING & NUTRITION:

After the first birthday, a drop in a toddler's appetite is quite normal. His/her growth rate slows and he/she does not require as much food. Toddlers may become "picky" eaters, which is often difficult for family meal time, but avoid meal time struggles. Offer three meals a day plus small nutritious snacks, such as cheese, cottage cheese, yogurt, bite-sized soft vegetables and fruits, juices, graham crackers and cereals. Cheerios are great! Whole hot dogs, whole peanuts, whole cashews, grapes, raw carrots, hard candy, etc., may cause choking, so avoid these for now. By now, toddlers should be done with bottles and taking a minimum of 16-18 ounces of whole milk each day from a cup. If they do not prefer milk, make sure they get the equivalent amount of other milk products or calcium fortified orange and/or apple juice. They should be able to use a spoon well. Offer a selection of nutritious foods at each sitting and let your toddler pick and choose whichever he/she prefers. Vary the selection of tastes and consistencies. Limit cookies and sweets, which are wasted calories. Toddlers unfortunately will learn to prefer them to nutritious foods. Each day give foods from the basic four food groups:

Meats, fish, poultry, eggs

Dairy products

Fruits and vegetables

Cereals, potatoes, rice, breads, pasta

Many adult food preferences are established at this age. Encourage good eating habits that will last a lifetime. **Remember**, do not expect your toddler to consume adult portions. Typically, toddlers are able to take chewable vitamins that contain fluoride. Continue to brush your toddler's teeth. If he/she seems resistant, tell them that he/she can brush your teeth when you finish brushing theirs.

SLEEPING:

Consistent bedtime routines are important. Maintain a routine of some type, such as brushing teeth, reading a book, singing a song, giving goodnight hugs, enjoying quiet time, etc. Toddlers usually sleep 8-12 hours per night with 1-2 naps during the day. However, sleeping schedules are extremely variable and some children need far less sleep than others. Between now and 2 years of age, toddlers may begin to climb out of their cribs, so lower the mattress to the lowest setting or consider a regular bed. If the child awakens during the night, comfort him/her, perhaps give a sip of water and then put him/her back to bed, but not in your bed.

GROWTH & DEVELOPMENT:

Remember, growth and development during the second year of life is EXTREMELY VARIABLE. Do not compare your child with other children. Growth rates slow down after the first year. The major physical accomplishment in the second year is walking unsupported. Some normal healthy toddlers do not walk until 16-18 months of age. Baby fat begins to disappear as infants become active toddlers. By two year of age, toddlers should be able to walk unsupported, pull and carry toys, begin to run, stand on tip-toes, kick balls, climb up and down on furniture and walk up and down stairs holding onto support. Other activities in this age group include:

Increased use of hands—picking up small objects between thumb and forefinger and manipulating them, putting things into small containers and dumping them out, building towers of blocks, knocking blocks down, playing with balls, scribbling, painting, turning door knobs and pages and putting pegs into holes.

Increased language development—increasing understanding and responsiveness, pointing to named objects or pictures, recognizing names of people, objects and body parts, speaking 3 words other than Mama and Dada by 22 months of age, possibly using 2-4 word sentences, following simple instructions, repeating words and speaking in what sounds like a foreign language.

Imitating and playing games—helping with household chores, playing hide and seek, playing make-believe, becoming interested in mechanical devices such as wind-up toys, switches and buttons.

Social skills—becoming more independent, developing a personal space they may not want invaded and developing interest in other children, but not necessarily sharing belongings with other children.

Curiosity—discovering and playing with body parts, including genitalia. This is not abnormal, but do not draw attention to this activity.

Toilet/Potty Training—most children are not ready to be potty trained until about 2-3 years of age. Before this time, parents are usually the ones being trained. Cultivate interest in the potty that the toddler initiates and do not be afraid to demonstrate the use of the toilet. Praise the toddler for successes but do not criticize for failures to avoid bladder/bowel issues that persist into adulthood.

Toys—Both genders are equally attracted to all types of toys and will benefit developmentally if allowed to play with both traditionally boy-specific and girl-specific toys. However, toddlers normally begin to identify with their own gender at this age.

Learning is greatly stimulated so supply your toddler with appropriate stimulation to encourage his/her highest potential. For instance:

TV—watch children’s programs or programs of interest for learning with your toddler, but limit “vegging” in front of the television.

Toys for stimulation—puzzles, nesting toys, stacking toys, wind-up toys, pull-apart toys, manipulative toys, books.

Interaction—sing songs, read simple books, tell nursery rhymes, name objects and parts of the body. Teach and then allow your toddler to help with simple household chores.

Toys do not have to be expensive to stimulate learning. Use your imagination and use safe household items. You are still your toddler’s best toy!

SAFETY:

Keep the crib mattress at its lowest setting. When your toddler is able to climb out of the crib, move him/her to a low bed, or a mattress in the corner of the room. Remove hanging toys from the crib. Cover electrical outlets. Never leave the toddler unattended in unsafe places: wading pools, bath tubs, hot tubs, open

Windows, unfenced yards, outdoor play equipments, etc. Remove poisonous substances and plants from your toddler’s reach. Watch carefully for ingestion of hazardous substances.

HEALTH CARE:

Routine well child appointments and immunizations are:

2 MONTHS OF AGE: DTaP, IPV, Hep B, PCV 13, HIB, Rotavirus

4 MONTHS OF AGE: DTaP, IPV, Hep B, PCV 13, HIB, Rotavirus

6 MONTHS OF AGE: DTaP, IPV, Hep B, HIB

9 MONTHS OF AGE: Hematocrit

12 MONTHS OF AGE: Varicella, MMR, PCV 13, Hep A and if attending a licensed day care- HIB

15 MONTHS OF AGE: DTaP, HIB if not given at 12 months of age

18 MONTHS OF AGE: Hep A

24 MONTHS OF AGE: Update any vaccine deficits

3 YEARS OF AGE: Update any vaccine deficits

4 YEARS OF AGE: DTaP, IPV, MMR, Varicella

5 YEARS OF AGE: Update any vaccine deficits

6 YEARS OF AGE: Update any vaccine deficits

7 YEARS OF AGE: Update any vaccine deficits

8 YEARS OF AGE: Update any vaccine deficits

9 YEARS OF AGE: Update any vaccine deficits

10-11 YEARS OF AGE: Tdap, MCV4, HPV, update any vaccine deficits

12-15 YEARS OF AGE: Update any vaccine deficits

16-18 YEARS OF AGE: MCV4, Men B (Men B booster one month later)

WHEN TO CALL THE PEDIATRICIAN:

1. The child has a specific complaint such as a sore throat, ear pain, etc.
2. The child is extremely lethargic, has symptoms of illness, poor feeding, unusual irritability or persistent vomiting/diarrhea.
3. ***Parent is uncomfortable and/or worried.***

If you are dealing with a life-threatening emergency, CALL 911. Otherwise, call our office phone number ***first*** and our voice message will provide detailed instructions on how to obtain medical care for your child when our office is closed. ***(775) 329-5555***