

WELL CHILD: THE TWO-YEAR-OLD (1 OF 2)

VIRGINIA MASON MEDICAL CENTER – PEDIATRICS AND ADOLESCENT MEDICINE

www.virginiamason.org/pediatrics

Name _____ Weight _____ lbs. _____ oz.

Date _____ Height/Length _____ in.

NUTRITION

- Now is the time to change from whole milk to nonfat, 1%, or 2%. Offer milk with every meal in a cup. Give a vitamin D supplement (600 IU per day) if your child takes less than 16 oz. of milk per day. Avoid giving more than 24 oz. of milk per day; offer water instead between meals, and do not give milk in a bottle.
- If your child does not drink water with fluoride, ask me about fluoride supplements.
- Avoid juice.
- Appetite improves over this next year. Continue to be aware of choking foods.
- Minimize meal time battles. Your job is to provide healthy food; your child's job is to determine how much of it to eat.
- Eat together as a family with no TV!
- Model good nutrition, encourage trying new food.

HYGIENE

- See a dentist regularly. Brush your child's teeth twice daily. A grain of rice-sized amount of toothpaste may be used.
- Your child should no longer be using a bottle, particularly in bed. Overnight feedings are unnecessary and cause tooth decay.
- If constipation becomes a problem, offer water, apricot, pear, or prune juice.

DEVELOPMENT FROM 2 – 3 YEARS

- Climbs well, walks up and down stairs alternating feet, kicks ball, and runs easily.
- Draws vertical, horizontal and circular strokes with a pencil.
- By age 3 has a vocabulary of 50 or more words, using 2–3 word sentences, pronouns (I, me, you, we). Stuttering is common. Understands on, in, under. Refers to self by name.
- Imitation and active imagination.
- Curiosity about body parts.
- Learning to dress self.
- Washes and dries hands, loves water play.
- If you have any concerns about your child's vision or hearing, please let me know.

PARENTING

- Try to set up a routine pattern for the day. Your child is more likely to be hungry at mealtimes, tired at nap time, happier and under better control through the day. It will provide a sense of control by "knowing" what comes next.
- Give your child undivided attention at times. Get down on the floor and have "child directed play time." Take time to do some things slowly, at a child's pace.
- Do not phrase things in a question when they are not questions. "Do you want to go to bed now?" "Can I check your ears now?" This gives the impression there is a choice involved when there is not.
- Give advance notice when you need your child to change his/her activity.
- Imaginary playmates may join your household. Dreams may intensify as imagination develops.
- Frustration, anger, and temper tantrums are inevitable. Allow your toddler to express emotions but help her/him channel them away from overly aggressive behavior. Limit setting and consistency are important.
- Continue clear, consistent messages regarding appropriate and inappropriate behaviors.
- Follow your established bedtime ritual. Use a mattress on the floor or low bed when your child is able to climb out of the crib.
- Show affection and celebrate accomplishments.
- Facilitate independence. When appropriate, encourage the "me do it" attitude, and teach how to put on clothes step-by-step. Put "difficult" clothes out of reach. Place step stools at the sinks and in the kitchen. Put hooks for coats at your child's height and place non-breakable dishes and cups in an accessible drawer.
- Keep TV and video time to less than one hour per day. **Do not put a TV in the bedroom.**

TOILET TRAINING

- Watch for signs of readiness which would include: waking up dry in the morning or from naps, awareness prior to urinating and stooling, interest in toilet activity. Get a potty chair (floor level) and a foot stool for comfortable seating on the toilet. Talk about toilet activity.
- When your child looks interested, or is squirming, or wakes up dry, enthusiastically say, "Let us see if pee or poo comes out," and proceed to the toilet. If there is resistance, slow down. If there is any success or interest, commend and praise your child.
- When appropriate, let your child have "diaper free" time indoors and outdoors.

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ACTIVITIES

- Play outside, gardening with supervision.
- Read picture books, play with puppets, or dress up clothes and props.
- Paper, colors, paints, play dough, musical instruments and listening to music.
- Bake cookies, rip salad greens to make dinner.

SAFETY

- Teach respect for animals, especially if the animal is eating.
- Hold hands while crossing the street and in parking lots. Teach caution and respect for water and cars.
- When tricycle riding begins, use helmet consistently.
- Use sunscreen SPF 30 or greater.
- Continue using a 5-point harness until your child is ready for a booster seat (at least 4 years or 40 lbs.) A 5-point harness is safer than a seat belt booster; use as long as possible.
- Your child should never be alone in the car or in the house.
- **In case of ingestion of poisons, call the Poison Control Center immediately. Post this number by your phone: 1 (800) 222-1222.** Do not use syrup of ipecac. Visit poison.org for more information.

IMMUNIZATIONS

- You may find detailed information about vaccines, including our recommended schedule and links to the CDC's Vaccine Information Statements, at virginiamason.org/immunizations.
- We recommend influenza vaccination every year for **all** infants (age 6 months and up), children, adolescents, and adults. Visit flu.gov for more information, and visit virginiamason.org every fall for flu vaccine clinic information.

Acetaminophen (Tylenol)

Child's weight	Infants' or Children's suspension (160 mg/5 mL)	Children's chew tab (80 mg each)
18–23 lbs	3.75 mL ($\frac{3}{4}$ tsp)	
24–35 lbs	5 mL (1 tsp)	2 tablets
36–47 lbs	7.5 mL (1½ tsp)	3 tablets

Acetaminophen may be given every 4 hours but not more than 4 times in 24 hours. Please call the office if a fever persists for more than 2 days or if you have any questions about your child's illness or vaccine side effects.

Ibuprofen (Advil, Motrin)

Child's weight	Infant drops (50 mg/1.25 mL)	Children's suspension (100 mg/5 mL)	Children's chew tab (50 mg each)
18–23 lbs	1.875 mL	3.75 mL ($\frac{3}{4}$ tsp)	
24–35 lbs	1.25 mL + 1.25 mL	5 mL (1 tsp)	2 tablets
36–47 lbs		7.5 mL (1½ tsp)	3 tablets

Ibuprofen may be given every 6 hours and not more than 4 times in 24 hours. PLEASE CHECK THE CONCENTRATION OF THE IBUPROFEN YOU ARE USING.

NEXT VISIT

- Please make an appointment for when your child is 3 years old.

BOOKS / RESOURCES

How to Get Your Kid to Eat ... But Not Too Much by Ellyn Satter; *Emotional Life of the Toddler* by Alicia F. Lieberman
virginiamason.org/pediatrics virginiamason.org/immunizations choosemyplate.gov