



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
San Antonio, Texas 78209
www.HeritagePediatrics.com
Fax (210) 805-9523

John T. Fitch, Jr., MD, FAAP: (210) 826-1891
John T. Gibson, MD, FAAP: (210) 804-2300
Graham T. Hall, MD, FAAP: (210) 826-7033
Joshua C. Tardy, MD, MBA, FAAP: (210) 824-7938

Dr. Fitch's 2 Year Well Child Handout

Name: _____ Date: _____

Weight: _____ lbs (____%)

Height: _____ in (____%)

Tylenol dose: _____ tsp or _____ ml (children's 160mg/5ml)—4 hours

Ibuprofen dose: _____ tsp or _____ ml (children's 100mg/5ml)—6 hours

Benadryl dose: _____ tsp or _____ ml—every 4-6 hours

THINGS TO DO:

- Schedule your child's 3 year well child visit (4-6 weeks ahead—longer if his /her birthday is in July or August as this is our busiest time of year for check-ups).
- If today was your toddler's first ever flu vaccine (mist or shot), set up 2nd flu vaccine in one month.
- Schedule a date night. I mentioned this to you at the 2 week visit. Mom and dad having time together is important. It only gets harder, so get in the habit of regular date nights right now.
- Visit our website: www.heritagepediatrics.com for news, announcements, educational materials, health recommendations, and information about our office. Check out my page under the physician tab.
- Follow us on Facebook!! 

2 Pieces of Advice Re-visited:

1. Relax. Learn how to calmly respond as a parent (I'm still working on this 20 years down the road). Whether our kids are 2 weeks, 2 years or a teenager, if we are stressed and anxious, our kids will pick up on this.
2. Give your permission to make mistakes as a parent. None of us are perfect. If we are beating ourselves up for a bad yesterday, we aren't going to have a good today.

FEEDING:

- I have told you since your toddler was 1 year old that they can become picky anytime between 12 months and 3 years. You may have experienced that in the past 6 months.
- A typical toddler will love a food one day and hate it the next. He / she will go a day or two or even three not eating very much and then eat great the next day. Until your child is 8 (girls) or 9 (boys) variety really means getting something from each food group every 3 or 4 days.
- My advice is still to put good, nutritious food in front of your toddler. If your toddler is hungry, he / she will eat. If they never see it on their plate, they will never try it. Hunger is a good motivator, so use it to your advantage.
- Your toddler is also smart. If they learn that every time I scream I get option B, they will quickly make us a short order cook.



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
San Antonio, Texas 78209
www.HeritagePediatrics.com
Fax (210) 805-9523

John T. Fitch, Jr., MD, FAAP: (210) 826-1891
John T. Gibson, MD, FAAP: (210) 804-2300
Graham T. Hall, MD, FAAP: (210) 826-7033
Joshua C. Tardy, MD, MBA, FAAP: (210) 824-7938

• **New recommendations are for all of us to decrease carbs in our diet. “My plate” should look like 25% fruit, 25% vegetables, 25% protein and only 25% carbs.**

• I want meal times to be fun times. That’s not to say there won’t be battles. But, I want your toddler to see that it’s their battle and not our battle. So, stay relaxed. Calmly respond instead of reacting (that is really hard for me) to normal, picky-toddler eating habits.

• **Choking foods:**

- Obviously, you still need to be careful, but most toddlers can handle the foods that we have cautioned against since 9 months by this age.
- Encourage your child to use a fork and spoon. He / she may still prefer fingers, but they should be getting better with utensils. They should be able to drink out of a cup. This can be messy, so don’t put a lot of liquid in the cup at a time (sippy cups are still ok).
- Limit juice intake to no more than 8 ounces per day.
- Children this age are growing at a much slower pace than they did during their first year. Because of this, they may not eat as much, nor do they need as much to grow well. Keep servings small and try foods again at a later date. Studies show that you may need to try a food 15-20 times before you develop a liking for it. Resist those foods that can spoil your child’s appetite such as desserts, sweets, punches or soft drinks.
- Meal time should be family time. Discourage “grazing behaviors” by having set meals and if able, have all members of the family eat together. There are great studies of adolescents that show emotional, psychological, educational, and physical benefits of family meals. So, get in this habit when your child is young. Then this is just part of your routine when life starts getting busy and your school age child becomes a tween and then a teen.

MILK:

- It is recommended to go down to skim or 1%, but a low carb diet is more imp’t than lower fat milk.
- The official amount recommended is still 12-24 oz. Though your toddler probably gets 12 oz of calcium in a typical diet without milk, I think there is great benefit of keeping your toddler in the habit of drinking milk at meals. When your child is 8 (girls) or 9 (boys), I’m going to recommend that they get 3 (8 oz) glasses of milk a day to meet their calcium needs. So, drinking 3 glasses now is getting them in the habit.
- If your toddler is getting more than 24 oz of milk in a day, we worry that he / she will fill up on milk and not eat food.
- I’m still not an anti-bottle physician even at 2. I would much rather your toddler drink milk out of a bottle than no milk out of a sippy cup. I’ve never had a child go to Kindergarten with a bottle. If you can switch to the sippy cup (doesn’t spill) or cup (messy), that is great.
- Sometimes our toddlers are still on bottles because it’s hard to tell them “No”. Though, we have to be able to tell our kids “No”, you can still pick your battles. Some battles are worth having; this is not one of them in my opinion.

BOWEL HABITS & TOILET TRAINING:

- Most toddlers are having 1-2 soft bowel movements a day at this point. Every other day is ok as long as it is soft.



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
San Antonio, Texas 78209
www.HeritagePediatrics.com
Fax (210) 805-9523

John T. Fitch, Jr., MD, FAAP: (210) 826-1891
John T. Gibson, MD, FAAP: (210) 804-2300
Graham T. Hall, MD, FAAP: (210) 826-7033
Joshua C. Tardy, MD, MBA, FAAP: (210) 824-7938

- I want to jump on constipation quickly. If your toddler remembers it hurts to go, he / she can start holding it in even at this young age. This can then affect toilet training.
- If your toddler is really straining, having hard little balls, or you see blood, we will introduce measures to soften the stool. This may include a little watered down juice, adding more fruit in the diet, or adding a stool softener to a cup of any liquid.
- Please call our office if bowel movements become a problem.
- Many toddlers (especially those with older siblings) are showing interest in toilet training. Signs include telling you they are going or just went; going longer stretches being dry; waking up from nap times dry; wanting to sit on the toilet, flush, or watch others go to the bathroom. From my perspective there is no rush on toilet training. If your child is no closer at 3 years than they are right now, that's ok. You don't want to push the training and create a battle (if it's a battle, they will often begin holding the stool in which can lead to severe constipation—believe me you don't want to go there if you can help it), but you also don't want to ignore interest and miss a window of opportunity.
- If you think your child is ready, take a week where you can stay pretty close to home (many schools will assist you during the day while you are out or at work). Start the day in panties/underwear. Take your toddler to go sit on the toilet every hour. If they don't have success, go back every 30 minutes until they go. If you meet a lot of resistance or you have 6 accidents by noon, have a quick retreat plan and try again in a few weeks.
- If your child will urinate but won't have a bowel movement in the toilet, that is ok. I would rather you put a diaper / pull-up on your toddler to go hide under the dining room table and have a bowel movement than hold it in and become constipated (again, don't let the toilet training [especially bowel movements] become a battle).

SLEEP:

- A 2 year old's bedtime is usually between 7 and 8 pm. They still need 11-12 hours of sleep at night. Establishing a bedtime routine (baths, stories, songs, prayer time, etc.) and a consistent time for bed will help prevent many sleep problems.
- Keep their room dark, dark, dark when they sleep and make their room/ house bright, bright, bright when they wake up (this, and a consistent sleep schedule, will help to set their circadian rhythm).
- 2 year olds should be expected to fall asleep on their own and remain in their own bed until morning.
- This next year is a common time to transition your child from a crib to a regular bed. Sometimes you have to transition for safety reasons (i.e. they are climbing out). However, the longer you can leave them in their crib, the easier it is to discipline (remember that means "train") them to stay in a regular bed.
- Be firm when it comes to bedtime especially when they have moved to a regular bed. If they think they have the freedom to get out and explore, they will. Ultimately you can't keep them in a regular bed, but you can keep them in their room. I know this is more challenging when they share with a sibling; however, I'm comfortable (perhaps for a temporary time) doing something to keep them in their room: baby lock, baby gate, etc.
- Have a quiet time prior to putting your toddler to bed, so that he or she is not overly excited from play and unable to go to sleep (us dads often rile them up right at bedtime).
- Most are taking 1 nap at 2 years. However, a few will drop a nap over the next year. That doesn't mean they don't need a quiet time. I recommend at least 1-2 hours of a rest time until Kindergarten.



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
San Antonio, Texas 78209
www.HeritagePediatrics.com
Fax (210) 805-9523

John T. Fitch, Jr., MD, FAAP: (210) 826-1891
John T. Gibson, MD, FAAP: (210) 804-2300
Graham T. Hall, MD, FAAP: (210) 826-7033
Joshua C. Tardy, MD, MBA, FAAP: (210) 824-7938

DISCIPLINE (Remember this means *Training*--also refer to 15 & 18 month handout):

- It can be tough to be a parent of a 2 year old. They are asserting their independence and still don't have reasoning ability. People refer to this as the "Terrible 2s" but remember it's a phase. I know it can be challenging, but remember to enjoy the moment. Before you blink they will be starting their senior year in High School. Parents often dread the teenage years as well. With a good attitude approach, you can make the toddler years and teenage years an *Age of Opportunity* (there is a book by this title for adolescents that I suggest you read even with toddlers).
- Your mainstay of discipline is still to ignore, redirect, and praise positive behavior (try to catch them being good). Try to respond calmly versus reacting harshly (this is so hard for me).
- Give yourself permission to make mistakes parenting. When you make mistakes, let your kids know and apologize to them. They may learn more from this than all the things we do right.
- Consequences (like timeout) are important to have introduced at this age. But, remember, I want them to know they exist but don't expect them to "work". If nothing seems to "work" use what gets their attention the most and be consistent with it. If a consequence stops getting their attention, try a different place or a different consequence.
- Consistency really is important. In fact, if we are inconsistent we confuse our toddlers and do them a disservice.
- Limit choices (especially if they don't handle being told "no" well). Tell them to do things; don't ask if they want to.
- Set limits for your children. It gives them the freedom to play within the boundaries (just like a fence around a playground on a busy street gives freedom to use the whole playground right up to the fence).
- I know sometimes at the end of the day you just want to cry and that's ok. If you really want to cry, read the book, [Let Me Hold You Longer](#) by Karen Kingsbury. Remember to laugh as well.
- Feel free to check out my recommended reading list on my page of our website.

(www.heritagepediatrics.com)

Summary: Discipline is a balance of love and limits. If it all love and no limits, we raise a spoiled / entitled child. If it's all limits and no love, we crush their spirits. If there is none of the above we have a delinquent child. The hard part for us parents is calmly responding and not reacting. And, we must enforce "No means No". We all love our kids and want them to have the world; however, whether our child is 18 months or a teenager it's not our job to be their friend. We need to be their parent!!

PLAYTIME:

- Reading stories and singing songs (with both mom & dad) are important for their development.
- Limit TV / screen time. The AAP recommends no more than 2 hours a day—less is better.
- Give them the opportunity to be creative with art materials or building materials.
- Encourage independent play, but also arrange time with other toddlers. They still don't share well at 2 years, but it's good to give them opportunities to practice.
- Mother's Day Out programs are great and I encourage moms to get out (without children), however, they are certainly not a must. Your toddler does need to learn how to separate from parents and



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
San Antonio, Texas 78209
www.HeritagePediatrics.com
Fax (210) 805-9523

John T. Fitch, Jr., MD, FAAP: (210) 826-1891
John T. Gibson, MD, FAAP: (210) 804-2300
Graham T. Hall, MD, FAAP: (210) 826-7033
Joshua C. Tardy, MD, MBA, FAAP: (210) 824-7938

interact with other children (and adults). However, this can come from playgroups, gym nurseries, church nurseries, baby sitters, cousins, neighbors, etc.

- If your child struggles with separation, I recommend that you drop the child and leave quickly. Let the care providers call you if they need to (give them permission to not call you if they are ok with the crying—i.e., not a disruption to the class/nursery). The more they get exposed to this separation, the quicker they will be comfortable with it.
- Rough and tumble play is O.K. Toddlers have lots of energy, so give them opportunities to get the energy out (both inside and outside the house).
- Have your child do small chores, like picking up toys. Give simple commands with no choices (example: “Please bring me the book.”)
- It is common for toddlers to touch their genitals during playtime, changing and bath time. When they repeatedly do this, they may find that it feels good and want to continue touching. This can make all of us parents feel uncomfortable, but it is a normal exploratory behavior. Try not to pay too much attention or over react to this behavior. Paying too much attention can actually increase the behavior or shame the child. We want them to know that all parts of their body were created special. As they get older (approaching 3 years old) it is appropriate to let them know that some areas are “special and private” and we don’t touch them around others.

IMMUNIZATIONS:

There are 1 or 2 vaccines to be administered today:

(1) Hep A #2 (Hepatitis A)

(2) Flu (Preservative free Influenza injection or Flumist [if approved and available])

- This is the 2nd and final Hep A. There should be no side effects from this vaccine and the medicine doesn’t burn/hurt with injection.

- If it is flu season and your toddler hasn’t received a flu vaccine, he / she will receive one today.

- Your toddler is now old enough to receive the nasal Flumist (again if approved and available).

Though the flu vaccine is different each year (each year it has different strains—now the Flumist and injectable vaccines have 2 A strains and 2 B strains), it is very unusual for us to see any side effects (fever, fussy, or mild flu-like symptoms) from the Flumist. Side effects from the flu shot are usually minimal (fever/fussy) but this can vary depending on the year.

- I am comfortable giving the Flumist to my asthmatic / wheezing patients as long as he / she is well controlled and not currently wheezing/ coughing.

- I believe in the universal flu vaccine recommendation for all my patients. The benefits include studies that show: decreased hospitalization (especially for the young and old), decreased antibiotic use for secondary infections, and herd immunity for the community.

- We recommend the flu vaccine be administered by the end of October. Ideally, you want to receive it one month before flu arrives in the community.

DEVELOPMENT:

- Most can run, jump, kick a ball, and walk up stairs holding a rail.

- Most can copy a vertical line, scribble, turn a page in a book, and open a door knob.

- Most can use utensils and a cup (again it may be messy).

- They will follow a 2 step command.



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
San Antonio, Texas 78209
www.HeritagePediatrics.com
Fax (210) 805-9523

John T. Fitch, Jr., MD, FAAP: (210) 826-1891
John T. Gibson, MD, FAAP: (210) 804-2300
Graham T. Hall, MD, FAAP: (210) 826-7033
Joshua C. Tardy, MD, MBA, FAAP: (210) 824-7938

- Most will put together 2-3 word phrases which means they have 50+ words in their vocabulary (which is too many to count except for first children with us Type A parents).
- They can help with simple tasks (selectively).
- They can brush their teeth, wash and dry their hands, and dress and undress with varying degrees of success.
- Most are oppositional and independent and want to do things by themselves.
- May show parent preference (can develop any time after 6 months). Though this can hurt parents' feelings, this is just a phase that will pass. Continue to hold and love and engage with your toddler.
- Separation anxiety can develop any time after 6 months.

DENTAL CARE:

- Be sure to brush your child's teeth twice a day with a soft toothbrush. A small smear of fluoride toothpaste is ok. If you want more toothpaste, use one without fluoride.
- I suggest you let your child hold the tooth brush both times, but make sure you brush their teeth after they do before bed to prevent milk caries.
- We are recommending **Fluoride** application once teeth erupt (we will apply in the office). After studying the recommendation (apply every 3-6 months), I'm convinced it's safe and it's cheap (pennies). If it has the potential to prevent a cavity in an infant or toddler (which would require sedation to fix), I think it's worth it.
- Part of the above new recommendations is for you to see a dentist starting at 12 months. Unless you or I have a concern, I am fine waiting to see the dentist until 3 years of age.

SAFETY:

- Continue to buckle your child into a car seat (back seat) every trip. It is ok for your toddler to face forward at 2 years. Enforce the rule that the car doesn't move until seat belts are buckled. Never leave your child alone in the car.
- There is no such thing as a "child proof" cap. Poisonings are common at this age. Make sure all medicines, household cleaners, and poisons are locked up and out-of-reach. Keep the poison control number near the phone. 1-800-222-1222
- Outside play needs to be supervised.
- Insist on a smoke-free house and car; check batteries in smoke detectors on daylight savings dates (spring/fall).
- If you choose to have a gun in the house, keep it unloaded and in a locked place separate from the ammunition.

Follow us on Facebook 

Poison Control:
(800) 222-1222

Clinic Hours:
Monday – Friday AM:
8:00 am - 12:30 pm
1:30 pm - 4:30 pm

Friday PM & Saturday AM
Urgent Care Clinics:
1:30-4:30 PM & 8:00 AM
until last patient is seen