



Caring for the
Next Generation

7959 Broadway, Suites 600 & 604
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Dr. Fitch's 4-7 Year Well Child Handout

Name: _____ Date: _____

Weight: _____ lb (____ %)

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 yearly 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).
- Schedule a date night. Mom and dad having time together is important.
- Schedule a dentist appointment.
- Don't forget your Flu vaccine—we start giving flu vaccine (injectable or Flumist [if approved and available]) as soon as we receive it in the office (Historically Flumist comes late July / early August. The injectable vaccine usually comes late August or early September). If it's not that time of year at your well visit, call us in early fall to set this up. Of note, we don't schedule these until we have received the vaccine in the office. You can follow the vaccine arrival on our website or on Facebook.
- 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!! 

NUTRITION:

- It is still normal to be picky at this age. Since your child has some reasoning ability, you can establish family rules like, "If you don't take 2 bites you don't get seconds, bread, or dessert." This is not bribing if you establish the rules up front. The older they get, the more this motivates them.
- My goal is to get your child to take **2 bites** / try new foods. It may take 15-20 tries until they like it. Starting at age 4, I will tell your child that I want them to take **2 bites** of lots of new foods. I tell them I'm going to ask them what their **2 new foods** are at next year's check-up (some keep a list during the year). My favorite was a child who told me they ate two new flavors of Skittles.
- If your child is picky and you try to make them a great eater by next year, it won't happen. You will likely get discouraged and be tempted to give up. Make baby steps (2 new foods a year) and you can make some significant progress over time. Some do the same number of bites as the year of age, but I want at least 2 bites. The first bite you swallow and don't taste.
- Until your child is a pre-teen (8--girls or 9--boys) variety still means getting something from each food group every 3 or 4 days.



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- I want meal times to be fun times. That's not to say there won't be battles. But, I want your child 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-child eating habits.
- **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.**
- Limit juice intake to no more than 8 ounces per day. 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:

- The official recommendation is skim or 1% milk for toddlers 2 and up.
- When your child is 8 (girls) or 9 (boys), I'm going to recommend that they get 3 glasses of milk a day to meet their calcium needs [calcium needs double between 7 to 8 (girls) and 8 to 9 (boys)]. So, drinking 3 glasses now is getting them in the habit.
- If your child 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.

BOWEL HABITS & BED WETTING:

- I still want to jump on constipation quickly. Treatment may include adding more fruit and vegetables and water in the diet, a little watered down juice, or adding a stool softener to a cup of any liquid.
- They can quickly get into a vicious cycle of stool holding, and then it hurts, so they hold it more. If this goes on for weeks, their rectum can get stretched out and they lose sensation. They then start having accidents (sometimes it seems like diarrhea as it seeps around the hard stool) because they have lost that sensation. Please call our office if you feel like this pattern is developing. We will schedule you an appointment to discuss the treatment and duration of treatment (3-6 months).
- Most children are fully toilet trained in the day by 4 years. However, if your child will urinate but won't have a bowel movement in the toilet at 4, that is still ok. I would rather you put a diaper / pull-up on your child to go hide under the dining room table and have a bowel movement than hold it in and become constipated (again, don't let bowel movements become a battle).
- Many are dry through the night, but others are still wet until 8, 9, 10, 11, 12 or older. I think it makes sense to empty his / her bladder before bed, but besides that, I don't think there is anything you can do to facilitate nighttime dryness. For some children it just takes longer (often there is a family history of prolonged bed wetting). You are ready to make the transition to panties / underwear when your toddler is consistently dry, but you have to define consistently.
- Over the age of 5, alarms can be effective to train if the child is sometimes dry in the AM (if they are still soaked, the alarms wake the whole house except the child who is wet). I am not a big fan of medicines as they don't train. They only mask the symptoms by decreasing urine production at night. Exceptions include when the child is self-conscious and spending the night out, going to sleep over camp, or going on family vacations where the family is sharing a hotel room.



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SLEEP:

- A 4-7 year old's bedtime is usually between 7 and 8 pm. They still need 11-12 hours of sleep at night. Continuing a bedtime routine (baths, stories, songs, prayer time, etc.) and a consistent time for bed and waking will help prevent many sleep problems.
- 4-7 year olds should be expected to fall asleep on their own and remain in their own bed until morning.
- Fears of the dark, thunder, lightning, etc are common at this age. Nightmares will sometimes awaken a child from sleep. Comfort your child and put them back to bed in their own room.
- Be firm when it comes to bedtime. 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.
- Have a quiet time prior to putting your child 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).
- 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).
- **DON'T ALLOW ELECTRONICS IN THEIR BEDROOMS:** TVs, videogames, iPads, phones, etc.
- Most will drop a nap during this time (4-7 years). That doesn't mean they don't need a quiet time. I recommend at least 1-2 hours of a rest time until Kindergarten.

DISCIPLINE (Remember this means *Training*):

- My letter system begins at age 4:
 - 4 & 5 year olds—**2Ls**
 - 1) **Listen**—I tell your child I want them to listen to all adults the 1st time. If they don't, I think it is right to get a consequence. I give them permission to make mistakes, but I hope they Learn (bonus L) from their mistakes.
 - 2) **Love**—I tell your child I want them to love their family (mom and dad and siblings). I tell them it's normal to have arguments, but I don't want them to hit, kick, pinch, bite, call names, push, yell, or tattle. Instead, I want them to be patient, use kind words, and be quick to say, "I'm sorry". I tell them part of loving our family is being quick to say, "I'm sorry".
 - 6 & 7 year olds—**2Hs** (really the 2Hs are to reinforce the 2Ls)
 - 1) **Hard**—This may sound like a silly H word, but I tell your child it's hard to listen and love all the time. When things in life are hard (like school, sports, other activities, etc.), we practice. Where do I want them to practice...
 - 2) **Home**—I want your child to practice listening and loving in their home. I'm convinced that children who listen and love well in their home will listen and love better outside their home.
 - It can still be tough to be a parent of a 4-7 year old. They continue to assert their independence but they do have more reasoning ability. As I have said before, remember it's a phase. I know it can be challenging, but remember to enjoy the moment.
 - There is still a lot of ignore, redirect, and praise positive behavior (they do a lot to get our attention so try to "catch" them being good). Try to respond calmly versus reacting harshly.



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- 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 are more effective as they have more reasoning ability. Try to have the consequence fit the offense. If a consequence stops getting their attention, try a different place or a different consequence. Taking away things (put the toy in time out) and privileges become more effective at this age.
- Consistency really is important. In fact, if we are inconsistent we confuse our child and do them a disservice.
- Setting limits really does give your child freedom. 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.

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PLAYTIME:

- Children at this age enjoy sand and water play, books, and reading.
- Pretend play, using both toys and household objects, is normal. Passive play (such as TV viewing) should be limited to less than 2 hours per day. Let them be creative with art and building materials as well.
- Having direct conversations with your child improves their language development. Early on, children do not learn language from TV or radio. Encourage your child to talk about their day or other topics of interest.
- Show your affection by your behavior, not just words (so give unexpected hugs, quiet time together). Each parent should spend some time alone with each child each day.
- Playmates are important. Allow your child to interact with other children.
- Your child does need to learn how to separate from parents and interact with other children (and adults). However, this can come from school, 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—ie, not a disruption to the class/nursery). The more they get exposed to this separation, the quicker they will be comfortable with it.
- Sibling rivalry is normal. If both children are over 3 years old, let them work it out a little. If you are always quick to jump in and resolve/fix it for them, they will never learn how to resolve conflict. Afterwards you can praise them for what they did well and correct them on what they did poorly.
- Children have lots of energy, so give them opportunities to get the energy out (both inside and outside the house).
- Have your child do chores.
- It is common for your child 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



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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. It is appropriate to let them know that some areas are “special and private” and we don’t touch them around others. They should know that no one (outside of mom and dad or doctors) should touch them in these private areas.

IMMUNIZATIONS:

For 4 year olds there are 4 or 5 (if flu season) vaccines today. For those 5-7 there are only catch-up shots if your child is missing any or the flu vaccine in flu season:

(1) DTaP #5 (Diphtheria, Tetanus, acellular Pertussis)

(2) IPV #4 (Inactivated Polio)

(3) MMR #2 (Measles, Mumps, and Rubella)

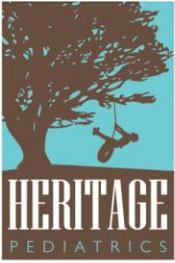
(4) Varicella #2 (Chicken Pox)

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

- Though fever and irritability are always a possibility, I don’t expect that you will see those today. These shots really do hurt when injected. The good news is that there are no routine vaccines until 9 years of age, except flu vaccines.
- It is very common to see a local reaction from the DTaP. In rare circumstances, the whole thigh can swell up. Though the swelling can last a few days and the knot can last for weeks, if there is fever or the tenderness is not better within 24 hours, call our office.
- If it is flu season and your child hasn’t received a flu vaccine, he / she will receive one today.
- Children over 2 years old can 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 or local reaction) but this can vary depending on the year.
- I am comfortable giving the Flumist to my asthmatic / wheezing patients as long as he / she are 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 one month before flu arrives in the community. Though it’s usually the end of December or later when flu arrives, some years it can come as early as November.

DEVELOPMENT:

- 4 years: Hops; Heel-toe walk; Swims; Catches bounced ball; Rides bike (with training wheels) with helmet; Uses scissors; Copies O, square, triangle; Draws person(4 or more parts); Can do buttons and zippers; Talks in fluent sentences and paragraphs; Knows colors; Can remember and talk about past events; Toilets alone (though may want / need some help); Dresses self (with assistance); Plays in groups; Usually separates from parent easily.
- 5 years: Hops on either foot; Throws a ball well; Able to skip; Copies diamond; Prints several letters; Tie shoes (often later with Velcro and slip on shoes); Better with buttons and zippers; Follows 3 part



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directions; Toilets alone (may still want / need help); Dresses self (may still need help); Usually separates from parent easily; Better understanding of time.

- 6 years: Jumps Rope; Good balance; Rides bike (learning to do without training wheels) with helmet; Prints name plus several letters; Draws person (6 or more parts); Pastes; Better at tying shoes; Recognizes coins; Toilets alone; Dresses self; Usually separates from parent easily; Better understanding of time; Knows morning, afternoon and evening.
- 7 years: Skates (roller, ice or blade); Rides bike (without training wheels) with helmet; Handwriting improving; Learning keyboard skills; Draws a person (12 or more parts); Knows days of the week; Clearly articulates; Reads for pleasure; Has a sense of humor; Knows rules; Does chores; Relates to Peers; Sees "boy" games vs "girl" games.

DENTAL CARE:

- Pediatric dentists recommend having a dental check up every 6 months.
- Your child should brush his / her teeth twice a day with a soft toothbrush.
- I suggest you brush your child's teeth after he / she does until they are 10 years old (they can probably be proficient on their own with an electric toothbrush by 7 or 8).

SAFETY:

Injuries are the number one cause of death for children with almost half of injuries involving motor vehicles.

- Children should remain in car seats or convertible seats until they out-grow them (usually around age of 5 and/or 40 pounds.) They should be restrained in belted booster seats until they are at least 8 years old (or over 4'9" tall). The back seat is the safest place for children to ride.
- Poison-proof your house. Check storage cabinets for kerosene, solvents, paints and removers, and drain cleaners. Keep these items (and all medicines) out of reach and locked up. Never refer to medication as "candy." Call the Poison Control Center if your child puts something poisonous in his mouth.
- Teach your child never to ride a bicycle or tricycle in the street. It is too early to expect them to look both ways for street safety, monitor all street crossing.
- 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.
- Start to teach your child his / her full name, address, and phone number. Start to teach stranger safety – not to follow strangers and not allow themselves to be touched by others in ways they don't like or in ways that make them feel uncomfortable.

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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