

**4 to 5 MONTH WELL CHILD VISIT** Name: \_\_\_\_\_ Date: \_\_\_\_\_  
WT: \_\_\_\_\_, \_\_\_\_\_% HT: \_\_\_\_\_, \_\_\_\_\_% HC: \_\_\_\_\_, \_\_\_\_\_%

### DIET

- Breast milk or formula is the most important infant “food.”
- At his time, you **may** add solid foods. When a new food is introduced, wait at least 3-5 days before another new food is given, so that any reactions may be noted. **ALL FOOD MUST BE FED BY SPOON ONLY!!**
- At 4 months, you **may** start cereal. Start with 1 tablespoon mixed with formula or breast milk. The consistency of the cereal should be like that of pudding. As your baby wants more, increase this amount to 4 tablespoons. These feedings should be given twice daily. Start with rice cereal and then introduce oatmeal and barley, waiting 3-5 days before adding the next cereal. After all 3 types of cereal have been introduced and tolerated; you may continue to use them.
- At 5 months, you may start to give yellow vegetables (carrots, beets, squash, sweet potatoes), and then some simple fruits (bananas, peaches, pears, applesauce). Give approximately 2-4 oz. per meal twice daily.

### VACCINES (Please refer to the attached handouts for complete details)

**Note:** All vaccines may cause tenderness and irritation at the injection site that should last no more than 48 hours. A lump may form at the injection site that may last for a few months. Some vaccines may cause fever, fussiness, and irritability for 48 hours (this occurs in about 15% of children). If that occurs, you may give your child **Tylenol Infant** 80mg/.8ml \_\_\_\_\_ ml every 4 hours as needed. Use if absolutely needed since Tylenol use may decrease the effectiveness of the vaccine. Please call us for fever or tenderness lasting more than 48 hours or for a fever greater than 102.5 degrees.

### GENERAL MEDICAL CARE

- Establish a **bedtime ritual** for your baby. Place your baby to bed while he or she is still somewhat awake so that the baby will learn to fall asleep without you, the breast, or the bottle.
- **Pacifiers** are recommended until 12 months of age to prevent sudden infant death syndrome.
- **Teething pain** may be soothed with a wet washcloth that is partially frozen. This cloth can be used on sore gums. For severe pain, you may give Tylenol occasionally.
- Avoid biter biscuits, due to choking risk.

### SAFETY

**Car seat:** your baby must be in a car seat every time he or she is in the car. The seat must be rear facing until the baby is 12 months of age and weighs at least 20 lbs. Children should always be in the rear seat of the car.

**Falls:** Your baby is becoming more mobile: put your baby in a safe place when you cannot hold him. A bed, sofa, or table is **NEVER** safe. Babies will fall!! Use a safety harness in high chairs, strollers, and swings.

**Burns:** your baby will bat at everything. Never carry your baby and hot foods at the same time. Also, never hold your baby while cooking. Make sure smoke detectors are installed in your home and check the batteries to make sure they are working properly.

**Sun protection:** You may use sun block, but no more than SPF 30.

**Choking:** It is time to start removing all small objects from your baby’s environment. Strongly consider taking a CPR class.

**Drowning:** Never leave your baby without an adult’s hand physically on him or her around any water.

### SOCIAL

- Parent(s) need some time off from caring for baby. A happy parent(s) is the greatest gift you can give to your infant. Be sure to nurture all the relationships in your home.
- **Read and Sing** to your baby daily. This will help with his or her language and mathematical development. Babies should not be watching T.V. - this includes educational T.V.!

### FOLLOW UP

Your baby’s next well child visit is at **6 months** of age. Make your appointment today.

During this visit, your baby may receive the Dapt #3, Hep B#3, IPV#3, HIB #3, Prevnar #3, and Rotavirus # 3 vaccines. Do not be alarmed – some of the above vaccines are given as 1 injection.

**REMEMBER TO TAKE THE BF 6 MONTH SURVEY ON OUR WEB SITE BEFORE YOUR NEXT VISIT**  
DATE \_\_\_\_\_ TIME \_\_\_\_\_ MD \_\_\_\_\_ REASON \_\_\_\_\_ 1/2011