

# 4 month old check-up



Patient and Family Education

---

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

## TIPS FOR TAKING CARE OF YOUR BABY

### CARING FOR YOUR BABY

- Your baby needs your love. Hold him, rock him and cuddle him.
- Do not be afraid of spoiling your baby.
- Babies like music and gentle voices. Read, talk, sing and laugh with your baby. Your baby will make baby sounds and “talk” back to you.
- Babies cry a lot.
  - When they cry, they tell you that they need something. They could be hot, cold, hungry or wet. They may also just want to be held, interact with someone, or suck on a pacifier or their fingers.
  - It is OK to let your baby cry for a few minutes.
  - If you get upset with your baby's crying, lay him down in his crib, and go into another room for a few minutes. Call a family member or friend for help.
- Take time out for yourself. Being a parent is hard work, and sometimes you need a break. Ask a family member or good friend who knows about babies to care for your baby, even for just an hour. Take a nap while your baby is sleeping in his crib.

### YOUR BABY'S DEVELOPMENT

- Your baby may be able to:
  - Roll over from his stomach to his back.
  - Reach for toys and hold them for short periods of time. He will usually put them in his mouth.
- Your baby may like:
  - Toys that move and make music or noise.
  - Bringing his hands together and looking at them.
  - Looking at himself in a mirror.
  - Taking a walk outside in the stroller on nice days.
- Your baby may begin teething soon. He may drool and chew a lot.
- Some babies are sleeping through the night by this age.
- Place your baby on his tummy to “play” for short times when he is not sleeping. This helps him have strong muscles.

### SAFETY

- Crib and changing table
  - Always place your baby on his back to sleep. Use a firm mattress. Never put fluffy blankets, pillows, stuffed animals or stuffed toys in the crib with your baby. This helps prevent crib death. (SIDS).
  - Make sure the crib slats are no more than 2 ⅜ inches apart.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

## 4 month old check-up, continued

---

- Make sure crib rails do not move up and down. If you have an older crib, check with its maker to see if they have special parts to keep the side from moving.
- Never leave your baby alone on a high place, such as a bed, couch, chair or changing table. Keep one hand on your baby at all times while changing him.
- Home
  - If you live in an older home, have it tested for lead.
  - Install smoke and carbon monoxide detectors. Change the batteries twice a year.
  - Keep plastic bags, ropes and strings, hot items and sharp objects out of reach.
  - Keep objects with small parts and sharp edges away from your child.
  - Do not carry hot liquids or cook while holding your baby at the same time – this can cause burns.
- Car
  - Make sure your baby rides in a car safety seat every time you go driving, no matter how short the trip.
  - Place the car seat in the back seat, facing towards the rear window. Your baby should ride like this as long as possible. Do not turn him forward-facing until he is at least 2 years old. Make sure the car seat is installed correctly. The seat should be at a 45 degree angle.
  - Do not add anything, such as blankets or harness strap covers, to your baby or the seat unless it is approved by the car seat maker.
  - Buckle the car seat to the car, and buckle your baby into the car seat.
  - Wear your seatbelt, too.
  - When you use a baby seat or car seat to carry your baby, be sure the safety strap is buckled. Never place the seat on a high place, such as a counter, and walk away.
- Smoking
  - Keep your baby away from cigarette smoke. Breathing in second-hand smoke can cause asthma, ear infections and other breathing problems.
- CPR
  - Take a baby CPR course. Call the Red Cross, American Heart Association or a local hospital for more information.

### **A FEW NEVER, EVER's –**

To help keep your baby safe - **NEVER:**

- Leave your baby alone except in a crib or playpen.
- Leave your baby alone in a car.
- Hold your baby in your lap while riding in the car.
- Leave your baby alone in a sink or bathtub – not even to answer the door or phone or get a towel.
- Put a necklace on your baby or use ribbons or strings to tie a pacifier around your baby's neck. This can cause choking.
- Warm breastmilk or formula in a microwave. This can cause “hot spots” in the liquid and burn your baby.
- Prop a bottle to feed your baby.
- Shake your baby. This can cause brain damage, blindness and death.
- Give your baby honey. Honey sometimes contains germs that can harm babies less than 1 year old.
- Use a baby walker on wheels – it can tip over and harm your baby. Use a baby seat that has legs that sit flat on the ground instead.

**In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**



## 4 month old check-up, continued

---

### BATHING

- Always test your baby's bath water to make sure it is warm but not too hot. Set your water heater at 120°F or lower. Ask your landlord to do this if you live in an apartment.
- Your baby only needs 3 to 4 baths a week.
- Keep your baby's nails short to prevent him from scratching himself.
- Your baby does not need powders, lotions or gels on his skin unless his doctor tells you to use them.

### DIAPER NEEDS

- Change your baby's diapers when they are wet or soiled. Clean his bottom with mild soap and water, or use disposable wipes. Always wash your hands well when you are done.
- Babies often make faces, grunt or turn red with bowel movements. As long as their bowel movements are soft, there is no need to worry.

### FEEDING

- Give your baby only breastmilk or formula until the doctor tells you to begin feeding him cereal and other foods. He does not need water or juice until then.
- Hold your baby when you feed him. Talk to your baby in a quiet and soothing way while he eats.
- Burp your baby several times during a feeding.
- Wipe your baby's mouth with a clean, wet cloth after feedings.
- Sometimes your baby may only need to suck and not eat. He can use his hands or a pacifier.
- To help prevent problems with your baby's new teeth, even before they come in:
  - Do not prop his bottle. This can lead to tooth decay. It can also cause ear infections.
  - Wipe your baby's gums with a clean, wet cloth after each feeding.
  - Do not clean your baby's pacifier or bottle nipple by putting it in your mouth. Your saliva may contain germs that can cause problems and tooth decay for your baby.

### Breastfeeding

- Eat a healthy diet with fresh fruits, vegetables and proteins like meats, nuts, beans and eggs.
- Drink milk or eat other good sources of calcium, such as yogurt, cheese, green leafy vegetables, fortified orange juice or dried beans.
- Keep taking your prenatal vitamins.
- Breastfed babies need vitamin D drops by 2 months old. Ask your baby's doctor about how many vitamin D drops to give. Also ask the doctor if your baby needs any other supplements, such as iron.
- Check with your doctor before taking any medicines. Many of them pass through your breastmilk to your baby.
- Babies eat about every 3 to 4 hours at this age when breastfed.
- You may want to give your baby your breastmilk in a bottle once in a while to get him used to it. This will help if you need to leave him with a babysitter or go back to work.
- You will know your baby is getting enough to eat if he grows well and has 6 to 8 wet diapers a day.

### Bottle feeding

- Hold your baby when you feed him. Never prop his bottle.
- Babies eat about every 3 to 4 hours at this age when bottle fed.
- You will know your baby is getting enough to eat if he grows well and has 6 to 8 wet diapers a day.

**In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**

## 4 month old check-up, continued

---

### SLEEP

Have a regular bedtime and routine for your baby. This is one more way that you can help him feel more secure.

- Sing to your baby, or read him a book before he goes to sleep.
- Put your baby in the bed while he is still awake, so he can get used to falling asleep by himself.

### HEALTHY HABITS

You can help keep your baby and your family healthy when you:

- Wash your hands often during the day. Have other family members wash their hands often, too. Use warm water and soap and scrub for 20 seconds.
- Make sure your baby gets needed vaccines to help prevent disease.
- Keep your baby away from cigarette smoke. Breathing in second-hand smoke can cause asthma, ear infections and other breathing problems.
- Do not give your baby **ANY** medicines unless you talk to the doctor first.

Your baby learns through play. Avoid screen time until he is 2 years old. Some examples of screen time are:

- TV
- Computers
- Videogames
- Tablet devices
- Smart phones

### IF YOUR BABY EVER SEEMS ILL

If your baby feels too warm or seems ill, check his temperature with a thermometer.

- Call the doctor if your baby has a temperature **over 102.2°F or 39°C**, seems ill or you have any concerns.
- For babies less than 2 years old – take the temperature in the rectum (opening in the bottom where the bowel movement or stool comes out). Other methods are not as accurate in babies.
- Do not give your baby any medicines before talking with the doctor. This includes acetaminophen (Tylenol or other less costly store brand) and ibuprofen (Motrin, Advil or other less costly store brand).

### FOR YOUR BABY'S NEXT VISIT – 6 months old

- You and your baby's doctor can talk about how things are going with your new baby.
- Your baby will have a physical examination (check-up) that may include getting vaccines. You will have a chance to ask questions.
- You may want to talk about your baby's:
  - Feeding and sleeping
  - Safety
  - Development

### THINGS FOR YOU TO DO

- Keep a record of when your baby is ill or hurt. Share this record with your baby's doctors.
- Make a list of questions to talk with your doctor about at the next visit.
- Bring your baby's shot (vaccine) record to your next visit.

**In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**



**Introducing Cereal and Jar Foods to Infants**

Feeding is an important part of your infant’s life and involves an emotional interaction between infant and parent. Therefore, for a child to be healthy, both physically and emotionally, feeding must be approached with care.

Some families have added solid foods to their infant’s diet without understanding the nutritional role. Most infants enjoy good nutrition and do not suffer from feeding problems even though solids have been added to their diets in a very casual way. Nevertheless, feeding difficulties are often associated with the introduction of solid foods (jar foods, baby foods) at too young an age.

We have learned much about infant feeding in the past 20 to 30 years, and subsequently, recommendations have changed over this period of time. Many times relatives and caring relatives will offer advice on what to feed your baby. Recognize that their advice is given out of a desire to help, but that it may be erroneous or outdated, and may even be harmful to your child. Please check with the staff at Pediatric Associates of Johns Creek if you have any questions or concerns about feeding your baby.

**When To Start Solid Feedings**

Previous generations routinely fed their babies solid foods at a few months to even a few weeks old. We have learned a lot about nutrition and allergies since that time, and no longer recommend this practice. Breast milk or formula provides all the nutritional needs, except Vitamin D, during the baby’s first six months of life. Therefore, it is NOT necessary to begin solid feedings until the infant is four to six months old. The introduction of solid food too early may contribute to obesity and food allergies. By waiting until 4-6 months old to start solids, it is usually possible to prevent or minimize feeding problems, food intolerance, allergies, and obesity.

A common myth is that solids at bedtime will help your baby sleep through the night. Good scientific research has proven that this is not true. The only exception is the minority of breast-fed babies who are not receiving enough calories or gaining adequate weight.

**How To Start Solid Feedings**

- Start foods other than formula or breast milk when the infant is 4-6 months old, weighs at least 13-15 pounds, is able to sit with some support, and voluntarily moves his/her head to engage in the feeding process, or is close to this and is not satisfied consuming more than 40 ounces of formula per day.
- Attempt to make meal time a pleasant experience.
- Offer the baby solids AFTER or between bottles rather than before, so that he/she is not fussy from being hungry. Do not try to feed the baby more food after he/she begins to turn away more than once.
- Have your baby practice eating from a spoon by offering frequent small servings of 1-3 tsp. after each bottle feeding and gradually increasing the amount until the child can take 2-4 tbs. in a short period of time. Then two mealtimes (mid-morning and mid-afternoon) may be established.
- Introduce single-ingredient foods according to personal preference or acceptance by the infant. Eggs and nut products may also be introduced cautiously, unless there is a family history of food allergies or severe

eczema. Fruit juice is not recommended for infants under 1 year of age. Your baby may use mixed dinners after he/she has tolerated all of the individual ingredients.

-Introduce new foods separately, watching for signs of a food allergy such as rashes, eczema, diarrhea, excessive spitting or vomiting, or wheezing. If any of these occur, discontinue that food for several weeks before retrying it. Do not start another new food until these symptoms have resolved. You may want to keep a diary if your child seems to have a reaction to more than one food, and discuss this with your doctor.

-Provide solid food of texture compatible with the infant's ability to chew and swallow. Between 8-12 months of age, introduce your baby to mashed table foods or junior foods (such as mashed potatoes, squash, bread, pasta). Most children can be on all table food by 15 months.

-Infant feeders should not be used, as this predisposes the infant to obesity. Use a spoon.

-You can make strained baby food at home with an electric blender or baby food grinder. Be sure to add enough water to get a consistency that your baby can easily swallow. These can be stored in plastic freezer bags for later use.

-Avoid nuts, popcorn, hot dogs, raisins, raw carrots, celery sticks, pieces of raw apple, and grapes, as these are easily choked on.

-Do not give babies honey until after 12 months of age, as this is a common cause of infant botulism.

-Avoid caffeine containing beverages including regular tea, coffee, and coke; they will make your baby sleep poorly and become irritable.

-Avoid artificial sweeteners. There is still some controversy as to their safety in the growing child.

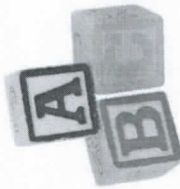
-Avoid sodas and carbonated beverages which have no nutritional value, and can erode teeth and lead to cavities. Also, the bubbles can give the baby a stomach ache.

### **Individualize the Feedings**

Each child is an individual with his/her own set of needs, preferences, and nutritional requirements. Some infants may require solids for gastro-esophageal reflux or for increased calorie needs prior to four months of age. Other babies may not need solids or extra calories until 6 months old. If you are finding problems feeding your baby, or feel as if the baby does not eat enough, or is never satisfied, please discuss this with the staff at Pediatric Associates of Johns Creek.



# INTRODUCING PEANUTS TO YOUR INFANT EARLY CAN HELP PREVENT PEANUT ALLERGY



♥ KNOW YOUR CHILD'S RISK ♥

Because the ideal window for introducing peanut-containing foods is small—and begins early—it's critical to know your baby's risk factors and plan in advance. Depending on your child's risk, guidelines from the National Institute of Allergy and Infectious Diseases (NIAID) provide the following recommendations for introducing peanut-containing foods to your child after they've already started other solid foods. Early introduction of peanut-containing foods can reduce the risk of developing peanut allergy by up to 86%.

## IF YOUR INFANT Has Severe Eczema, Egg Allergy or Both

The new guidelines recommend talking with your pediatrician before giving them any peanut foods. Your healthcare provider might want to do an allergy test or introduce baby-friendly peanut foods under medical supervision. Once cleared, infants in this category should start eating peanut foods around 4-6 months of age and should continue to consume them regularly – 2g of peanut protein, three times per week.

## IF YOUR INFANT Has Mild To Moderate Eczema

The new guidelines recommend feeding them small amounts of baby-friendly peanut foods, like peanut powder or thinned peanut butter, around three times a week starting when they are around 6 months old. It is not necessary for parents of infants in this group to have an in-office evaluation by a pediatrician in advance of introducing peanut foods.

## IF YOUR INFANT Has No Eczema or Food Allergy

The new guidelines recommend introducing foods that contain peanuts together with other solid foods as often as you would like and in accordance with family preferences and cultural practices. Most children will fall into this low-risk category.

NIAID Guidelines for Clinicians and Patients for Diagnosis and Management of Food Allergy in the United States  
<https://www.niaid.nih.gov/sites/default/files/appendix-peanut-allergy-prevention-guidelines.pdf>



# 5 EASY WAYS TO INTRODUCE PEANUT FOODS TO YOUR INFANT

1

## MIX WITH WATER, FORMULA OR BREAST MILK

Thin 2 tsp. of peanut butter  
with 2-3 tsp. hot water, formula  
or breast milk. Allow to cool  
before serving.



2

## MIX WITH FOOD

Blend 2 tsp. of peanut butter  
into 2-3 Tbsp. of foods like infant  
cereal, yogurt (if already tolerating  
dairy), pureed chicken or tofu.



3

## MIX WITH PRODUCE

Stir 2 tsp. of powdered peanut  
butter into 2 Tbsp. of previously  
tolerated pureed fruits  
or vegetables.



4

## PEANUT SNACKS

Give your baby a peanut-containing  
teething food, such as peanut puffs.



5

## TEETHING BISCUITS

Teething infants who are older and self-  
feeding may enjoy homemade peanut butter teething  
biscuits. Find a recipe for teething biscuits at  
[nationalpeanutboard.org](http://nationalpeanutboard.org)



### Remember:

The recommended way to introduce baby-friendly peanut foods depends on each child's individual risk factors. Depending on your child's risk, peanut foods should be introduced according to NIAID guidelines after they've already started other solid foods. Whole nuts should not be given to children under 5 years of age. Peanut butter directly from a spoon or in lumps/dollops should not be given to children less than 4 years of age. This content is not intended to be a substitute for professional medical advice, diagnosis or treatment.

Always seek the advice of your pediatrician.

[preventpeanutallergies.org](http://preventpeanutallergies.org)





Pediatric Associates, PC  
Pediatric Associates of Johns Creek, PC

## Checkup Schedule

---

Birth (In hospital).....	Hepatitis B
2-3 Days after Discharge.....	Newborn Exam
2 Week.....	Exam Only
1 Month.....	Exam, Hepatitis B
2 Month.....	Exam, DTaP, Hib, Polio, PCV, Rotavirus
4 Month.....	Exam, DTaP, Hib, Polio, PCV, Rotavirus
6 Month.....	Exam, DTaP, Hib, PCV, Rotavirus, CBC (Complete Blood Count)
9 Month.....	Exam, Hepatitis B, ASQ
12 Month.....	Exam, MMR, Varicella, Hepatitis A, CBC
15 Month.....	Exam, HIB, PCV
18 Month.....	Exam, DTaP, Polio, Hepatitis A, CBC, M-CHAT, ASQ
24 Month.....	Exam, CBC, M-CHAT
30 Month.....	Exam, ASQ
3 Year.....	Exam, CBC, Urinalysis
4 Year.....	Exam, CBC, Urinalysis, Hearing & Vision, DTaP, Polio, MMR, Varicella
5 Year.....	Exam, CBC, Urinalysis, Hearing & Vision, DTaP, Polio, MMR, Varicella (Vaccines given if not completed at 4 year visit.)
6-10 Years....	Exam, CBC, Urinalysis, Hearing & Vision as indicated
11 Year.....	Exam, CBC, Urinalysis, MCV4, Tdap, HPV*
12-15 Years..	Exam, CBC, Urinalysis, Hearing & Vision as indicated, HPV *
16 Year.....	Exam, CBC, Urinalysis, MCV4, Td, Men B, HPV *
17-25 Years...	Exam, CBC, Urinalysis, Hearing & Vision as indicated, Men B

- The Ages & Stages Questionnaire (**ASQ**) screens and assesses the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from in-depth evaluation for developmental delays.
- The **M-CHAT** is a scientifically validated tool for screening children between 16 and 30 months of age that assesses risk for autism spectrum disorder (ASD).
- A Visual Evoked Potential (**VEP**) screening is conducted annually on our patients beginning at age six months through 8 years. The purpose of this test is the early detection of any abnormalities in your child's vision. We will provide you with further details regarding this non-invasive procedure when you arrive for your physical exam. You may also visit [www.Diopsys.com](http://www.Diopsys.com) to learn more.
- **Tdap-(Tetanus, Diphtheria, & Pertussis Vaccine)**: This vaccine is recommended for children 10 years of age and older. Due to an increase in diagnosed Pertussis (Whooping Cough) cases, this booster is now required for school attendance.
- **MCV4-(Meningococcal Vaccine)**: This vaccine is recommended for children 11 years of age and older. A booster dose is recommended before entering college.
- **Men B (Meningococcal B)**-This vaccine is recommended for patients 16 years of age and older. This vaccine is given in a 2-part series and is recommended before entering college.
- We offer the **\*HPV (Human Papillomavirus vaccine)** to both our female and male patients. This vaccine is given in a 2 or 3-part series depending on what age the series is started.

Click here to visit **The Centers For Disease Control and Prevention** website at [www.CDC.gov](http://www.CDC.gov) to download important vaccine information which may answer any questions you have concerning a particular vaccine.

# After the Shots...

*Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while.*

*Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.*

**Vaccinations may hurt a little...  
but disease can hurt a lot!**

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- ☐ Does your child have a temperature that your healthcare provider has told you to be concerned about?
- ☐ Is your child pale or limp?
- ☐ Has your child been crying for more than 3 hours and just won't quit?
- ☐ Is your child's body shaking, twitching, or jerking?
- ☐ Is your child very noticeably less active or responsive?

## What to do if your child has discomfort

### I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

### Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

### My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

### My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen, according to your healthcare provider's instructions (see box below). *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

### My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

**HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.**

If your child's temperature is \_\_\_\_\_°F or \_\_\_\_\_°C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number 770-476-4020

Medication (if needed) \_\_\_\_\_  
NAME OF MEDICATION / TYPE OF FORMULATION

Give \_\_\_\_\_ every \_\_\_\_\_ hours as needed.  
DOSE OR AMOUNT




# Dosing On Call

Dosing for infants and children from your healthcare professional

**DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**

If possible, use weight to dose; otherwise, use age.  
Do NOT use with any other product containing acetaminophen.




**Infants' TYLENOL® Oral Suspension**  
Active ingredient: acetaminophen 160 mg (in each 5 mL)

WEIGHT	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs
AGE	0-3 months	4-11 months	12-23 months	2-3 years
DOSE	1.25 mL	2.5 mL	3.75 mL	5 mL

Available in: Grape, Cherry, Dye-Free Cherry

Use product only as directed.



**Children's TYLENOL® Oral Suspension**  
Active ingredient: acetaminophen 160 mg (in each 5 mL)

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL	7.5 mL	10 mL	12.5 mL	15 mL

Available in: Grape, Bubblegum, Strawberry, Cherry, Dye-Free Cherry

Use product only as directed.




**Children's TYLENOL® Chewables**  
Active ingredient: acetaminophen 160 mg (in each chewable tablet)

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet	1½ tablets	2 tablets	2½ tablets	3 tablets

Available in: Grape, Bubblegum

Use product only as directed.



**Children's TYLENOL® Dissolve Packs**  
Active ingredient: acetaminophen 160 mg (in each pack)

WEIGHT	under 48 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	under 6 years	6-8 years	9-10 years	11 years
DOSE	do not use	2 powders	2 powders	3 powders

Available in: Wild Berry


Use product only as directed.

All Infants' TYLENOL® and Children's TYLENOL® products have the same strength of acetaminophen: **160 mg** (in each 5 mL, tablet, or pack).

mL = milliliter

**DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.**

If possible, use weight to dose; otherwise, use age.




**Infants' MOTRIN® Concentrated Drops**  
Active ingredient: ibuprofen (NSAID)\* 50 mg (in each 1.25 mL)

WEIGHT	12-17 lbs	18-23 lbs
AGE	6-11 months	12-23 months
DOSE	1.25 mL	1.875 mL

Available in: Berry, Dye-Free Berry

Use product only as directed.




**Children's MOTRIN® Oral Suspension**  
Active ingredient: ibuprofen (NSAID)\* 100 mg (in each 5 mL)

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL	7.5 mL	10 mL	12.5 mL	15 mL

Available in: Grape, Bubblegum, Berry, Dye-Free Berry

Use product only as directed.



**Children's MOTRIN® Chewables**  
Active ingredient: ibuprofen (NSAID)\* 100 mg (in each chewable tablet)

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet	1½ tablets	2 tablets	2½ tablets	3 tablets

Available in: Grape, Dye-Free Grape

Use product only as directed.

## IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: \_\_\_\_\_

This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all TYLENOL® and MOTRIN® products.
- Use only the dosing device (dosing syringe or dosing cup) that came with the product. Do not use any other dosing device.

Rely on TYLENOL® and MOTRIN®, the two brands of pain and fever relievers that pediatricians recommend most.†

# Always On Call

## Postpartum Depression Resources

(Updated March 18, 2019)

Georgia Crisis and Access Line for emotional support in your community  
24/7/365 Behavioral Health Crisis and Suicide Hotline  
800-715-4225  
[Mygcal.com](http://Mygcal.com)

Postpartum Support International  
[www.Postpartum.net](http://www.Postpartum.net)  
800-944-4773 (4PPD)

Postpartum Support International North Atlanta Mothers Support Group  
Call/text 503-389-3149 or email [Justine.PSICoordinator@gmail.com](mailto:Justine.PSICoordinator@gmail.com)  
\*This is a free group\* (currently meets 3<sup>rd</sup> Tues each month in Cumming GA)

National Suicide Prevention Lifeline  
800-273-8255 (TALK)  
[Suicidepreventionlifeline.org](http://Suicidepreventionlifeline.org)

National Alliance on Mental Illness – Georgia Chapter  
770-234-0855  
[Namiga.org](http://Namiga.org)

Dial 9-1-1 – Ask for Crisis Intervention Team (CIT) officer

Northside Hospital Behavioral Health Services  
404-851-8960  
Email: [BehavioralHealthServices@northside.com](mailto:BehavioralHealthServices@northside.com)

Emory Women's Mental Health Program  
404-778-5526  
[WomensMentalHealth.emory.edu](http://WomensMentalHealth.emory.edu)

PostpartumDads – Recommendations for partners of women with PPD  
[www.postpartumdads.org](http://www.postpartumdads.org)

---