



(rev.3-2024)

4 Month Check-Up

Child's Name _____ Date _____

Height _____ Weight _____ Head _____

IMMUNIZATIONS

Your infant will receive immunizations today. Please read the information provided and ask the doctor any questions you may have. You will be asked to sign a form, giving consent for the vaccines. Your infant should receive the DTaP, IPV, Hib, Prevnar, and Rotavirus vaccines today. Please inform the doctor of any previous reactions to vaccines. Common reactions include fever, fussiness, local redness, swelling, pain, and mild sleepiness which may last for up to 2 days. Significant reactions include fever > 104.5 rectally or inconsolable screaming for more than 3 hours. For mild reactions, treatment includes cool compresses and acetaminophen (i.e. Tylenol). Correct doses are in the chart below – it is more important to dose by weight rather than by age. Temperatures taken at this age should be taken rectally. Please notify us of any significant reactions.

During RSV season, October through March, your baby may be given an RSV vaccine if medically indicated. If it is flu season, please be sure all family members, especially siblings, and all people who come in contact with your baby are vaccinated against influenza. Young infants are at high risk for significant illness from the flu and cannot be vaccinated until 6 months of age. Remember, good handwashing is the best defense against illness at any time of year. Family members and caregivers should be up to date on all vaccines to help prevent your baby from preventable illness.

TYLENOL or acetaminophen	0-3 months (6-11 lbs)	4-11 months (12-17 lbs)	12-23 months (18-23 lbs)	2-3 years (24-35lbs)
ELIXIR (160 mg/5 ml)	1.25 ml	2.5 ml	3.75 ml	5 ml
CHEWABLE (160 mg)				1 tablet

- **If you are unsure about dosages of this or any medication, please contact us.**
- **Cold medications are not recommended at this age.**

DEVELOPMENT

At 4 months your infant should:

- Babble and coo, smile, laugh and squeal
- In prone position, hold head upright and raise body on hands
- May begin to roll over
- Open hands, hold own hands, grasp rattle, begin to bat at objects
- Follows parents with eyes, recognize parent's voice and touch
- Spontaneous social smile

Infants continue to respond to brightly colored objects, and sounds including talking, reading, singing, and music. Continue to allow for “tummy time” when your child is awake to enhance upper body strength.

SLEEPING

Infants should be placed to sleep on their backs on a firm, flat sleep surface with no pillows, blankets, stuffed animals, or any soft bedding. At this age infants are more aware of their environment, so teach them to fall asleep in their crib rather than in your arms. Mastering this at an early age will save sleepless nights later on. It is still normal for infants to wake up several times during the night. Do not place your baby to sleep with a bottle.

FEEDING/ NUTRITION

At this age, your baby's nutritional needs are met by receiving either breast milk or iron fortified formula. This is your infant's primary nutrition source. Water, juice, and solids are not necessary at this time, unless directed by a doctor. If you feel your infant is ready for solids, please discuss this with your doctor. Infants may begin taking solids from a spoon between 4 and 6 months of age.

Breast fed infants may be exclusively breast fed until 6 months of age. They should continue on the vitamin D supplement. Breast milk contains little iron, so if your baby is exclusively breastfeeding or consuming mostly breast milk, you will need to give your baby a daily iron supplement until iron containing solids are introduced.

Formula fed infants should be drinking approximately 32 ounces of formula a day and should maintain this amount when solids are introduced. If formula intake decreases with solid intake, your infant needs to eat less and drink more. Solids should be given in addition to formula, not as a replacement for formula.

- Do not give your infant honey for the first year of life.
- Discard any milk or jarred food when your infant has finished eating.
- Do not warm expressed breast milk, formula, or food in the microwave.
- Do not put your infant to bed with a bottle or prop the bottle. Infants should not “snack” from the bottle during the day, but rather take their bottle at the regular time.

There has been extensive new research in the area of food allergies, including peanut allergy. Please let your doctor know if your baby has severe eczema or any known allergies in order to properly prepare for future introduction of peanut products.

TEETHING

Teething may begin at this age, and may cause low grade fevers, drooling, or mild fussiness. If the symptoms persist or are extreme, they may be unrelated to teething and your child should be seen in the office. A cold teething ring or chilled washcloth may ease the discomfort. Do not give anything to your infant that he/she could bite off and choke on.

CONSTIPATION

Constipation is very common at this age, especially as solids are being introduced. It is normal for infants to only stool once every 3-5 days. Your infant is normal if the stool is soft and easy to pass. If your infant is constipated, you may try ½ strength prune, pear, or peach juice, up to 2 oz. a day. If you are concerned about your infant's stools, please call during office hours.

SAFETY

- Continue using a rear facing car seat properly secured in the back seat. Infants should always be placed in an approved infant seat in the rear-facing position. If they have outgrown the infant seat, they should be in a reversible car seat that is rear facing. Never place your infant in the front seat of a vehicle with an airbag. The back seat of a vehicle is the safest place for children of all ages. Avoid bulky clothing and blankets between your infant and the harness and make sure the harness fits snugly against the child's chest. Additional information can be found on the US Department of Transportation website. www.seatcheck.org or at healthychildren.org under car seat information for families.
- Continue to place your infant to sleep on his/her back and make sure other caregivers do the same.
- Do not use soft bedding (bumper guards, blankets, quilts, or pillows), soft toys, or toys with loops or string cords. Do not place pacifiers, necklaces, ribbons, etc. around your baby's neck. Keep your baby away from windows, esp. with blinds/cords.
- Begin to babyproof your house (i.e. install safety locks on cabinets, window guards).
- NO WALKERS. Stationary activity centers are fine. Walkers allow infants access to dangers they otherwise wouldn't reach. Walkers do not aid in your child's development and may actually delay development of balance and motor skills necessary for walking.
- Keep small and/or sharp objects away and out of reach.
- Keep your infant's environment smoke free.
- NEVER leave your baby alone with a young sibling or pet.
- NEVER leave your baby alone in a tub of water. Test the water temperature with your wrist before bathing. Reduce the water heater temperature to below 120 F.
- NEVER leave your baby unattended, esp. on high places such as changing tables, beds, etc. Always keep one hand on your infant, even if he/she is not yet rolling.
- NEVER shake your baby.
- Do not drink hot liquids or smoke while holding your baby. If your baby is burned, place the burned area under cold water and call our office for advice.
- Do not give your infant plastic bags or latex balloons.
- Test smoke alarms; change batteries yearly.

- Keep your baby out of direct sunlight.

Keep poisonous substances, medications, cleaning agents, health and beauty aids, paints and paint solvents, locked in a safe place out of sight and out of reach. If something is accidentally ingested, please call **Poison Control** at **828-9123** or **1-800-222-1222** immediately.

CONTACT OUR OFFICE

If non-urgent questions or concerns about your child develop before your next appointment, please feel free to call our office during regular business hours. Our medical advice nurses will be glad to answer your questions. They may recommend that you make an appointment to have your child seen by a doctor or nurse practitioner.

In the case of a true emergency, such as difficulty breathing/respiratory distress, loss of consciousness, seizure, profuse bleeding, or any potentially life-threatening situation, **call 911 or go to the nearest emergency room**. Due to their pediatric ER staff, our providers prefer Chippenham, St Mary's, or VCU Medical Center when you have a choice in where to take your child.

Please call **Poison Control** at **828-9123** locally or **800-222-1222** immediately in the event of any ingestion or suspected ingestion of chemicals, medications not prescribed for your child, accidental overdose, or any other substance of concern.

One of our doctors is always on call after hours for urgent or emergency care concerns. To reach our on-call service, please dial the office phone number and follow the prompts. You will be directed to our nurse on call service and may have to leave a message. You will receive a call back as soon as possible from one of our nurses or providers on call. We ask that you limit after-hours calls to urgent concerns only. Persistent problems such as ongoing illnesses (including colds), constipation, or behavior problems without sudden changes are best addressed during regular office hours when our providers are able to access your child's medical record. Please do not call after hours or on holidays to request antibiotics, including eye drops. In most cases your child will need to be seen to ensure proper diagnosis. If you feel that your child needs to be seen after hours, please take him or her to the nearest urgent care center or ER.

The next check-up is at **6 months** of age. We encourage you to make your appointment before you leave today. If you would prefer to call, our centralized scheduling department can be reached at 804-320-1353. Please note that our office requires 24-hour notice to cancel an appointment. Thank you.