

WELL CHILD CARE AT 10 YEARS

At Today's Visit

- Your child's health care provider will ask for an update on your child's health.
- We will discuss your child's growth and development.
- We will check your child's vision if he/she has not had or does not have access to a screening exam.
- We will check your child's hearing if he/she has not had or does not have access to a screening exam.
- Your child will have a physical examination.
- Your child may receive her second chicken pox immunization if she has received only one to date (assuming she has not had the disease itself).
- We will ask you questions to determine if your child has had a possible exposure to tuberculosis.
- If your child's body mass index (BMI=weight compared to total body surface area) is \geq the 85% for age and additional risk factors are present for diabetes or high cholesterol, a blood test will be performed to determine your child's blood sugar and cholesterol level.
- Your child's blood pressure will be taken.
- Your child's school health form will be completed.

Things to Keep in Mind Between Now and the Next Visit

- **Growth and Human Sexual Development**
 - ▷ Middle childhood (ages 5-10) is characterized by slow, steady physical growth. Children gain an average of 7 pounds and grow an average of 2½ inches per year. Head circumference increases an average of an inch per year. Body composition and body shape remain relatively constant. Growth spurts, accompanied by increased appetite and food intake are common. Conversely, appetite and food intake decrease during periods of slower growth.
- **Promotion of Health and Safe Habits**
 - ▷ Be a role model for your child by living a healthy life.
 - ▷ Be sure that your child gets adequate sleep. For children 6-10 years of age, the suggested bedtime is 8-9 p.m. (This may vary depending on families' schedules).
 - ▷ Encourage regular physical activity.

- ▷ Enforce reasonable television/music standards.
- ▷ Supervise your child's personal care and hygiene. Reinforce the importance of hand washing.
- ▷ Counsel your child about avoiding the use of alcohol, tobacco, drugs, and inhalants. Be sure that your child's school curriculum includes information on substance abuse.

- **Injury Prevention**

- ▷ Continue to ensure that your child wears a lap/shoulder safety belt in the back seat of the car. The lap belt should rest low and snugly across your child's upper thighs, and the shoulder belt should rest across the shoulder and chest area.
- ▷ Never place your child in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.
- ▷ Reinforce important safety rules. Anticipate that your child may make errors in judgment because of increased risk-taking behavior.
- ▷ Anticipate providing less direct supervision as your child demonstrates more maturity.
- ▷ Be sure that your child knows how to swim and reinforce water safety rules.
- ▷ Be sure that your child puts on sunscreen (SPF15 or higher) before going outside.
- ▷ Continue to keep your child's environment free of smoke.
- ▷ Test smoke alarms to ensure that they work properly. Change batteries semiannually. Conduct fire drills at home.
- ▷ Review with your child the safety rules for the home, including the use of emergency numbers and what to do when home alone (e.g., rules about having visitors, what to do in case of fire or other emergencies).
- ▷ Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.
- ▷ Learn first aid and cardiopulmonary resuscitation (CPR).
- ▷ Review safety rules for biking and in-line skating. Be sure that your child always wears a helmet when riding a bicycle or skating.
- ▷ Reinforce the importance of safety in sports and other physical activities, emphasizing the need for wearing protective gear (mouth guard, helmet, knee or elbow pads).
- ▷ Teach your child to avoid high noise levels, especially when listening to music through earphones.

- **Nutrition**

- ▷ Model and encourage healthy eating habits.
- ▷ Encourage your child to eat three nutritious meals a day, including a variety of healthy foods. Share family meals together regularly.

- ▷ Serve your child a balanced breakfast, or be sure that the school provides one.
 - ▷ Teach your child to eat a balanced diet. Help him to choose plenty of fruits and vegetables; breads, cereals, and other grain products; low-fat dairy products; lean meats, chicken, fish and other sources of protein; and foods prepared with little or no fat.
 - ▷ Help your child choose nutritious snacks that are rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages, such as candy, chips, or soft drinks.
 - ▷ Share family meals together regularly. Make meal times pleasant and companionable. Encourage conversation.
 - ▷ Encourage your child to eat a nutritious lunchtime meal at school by packing a balanced lunch or participating in the school lunch program.
- **Oral Health**
 - ▷ Be sure that your child brushes his teeth twice a day with a pea-size amount of fluoridated toothpaste. Ask the oral health professional when and how to teach your child how to floss her teeth.
 - ▷ Give your child fluoride supplements as recommended by your dentist based on the level of fluoride in your drinking water.
 - ▷ Schedule a dental appointment for your child every six months or as indicated by your child's individual needs or susceptibility to disease.
 - ▷ As your child's permanent molars erupt, be sure that your dentist evaluates them for placement of dental sealants.
 - ▷ Review with your child how to handle dental emergencies, especially the loss or fracture of a tooth.
 - ▷ Continue to emphasize the dangers of smoking and smokeless tobacco.
- **Sexuality Education**
 - ▷ Prepare your child for puberty and sexual development.
 - ▷ If your child receives family life education at school or in the community, discuss the information with him. Provide additional information as needed.
 - ▷ For parents of girls: Prepare your daughter for menstruation.
 - ▷ For parents of boys: Prepare your son for wet dreams.
 - ▷ Begin to teach your child the importance of delaying sexual behavior.
 - ▷ Explore your child's understanding of sexually transmitted diseases, including HIV/AIDS and hepatitis.
- **Promotion of Social Competence**
 - ▷ Praise your child for his efforts and accomplishments, especially in school.
 - ▷ Help your child choose activities in which he can be successful.
 - ▷ Encourage your child to talk with you about his school, friends, and feelings.

- ▷ Encourage your child to read and to develop hobbies.
- ▷ Spend individual time with your child doing something you both enjoy.
- ▷ Expand your child's experiences through family trips and outings (e.g., parks, museums, cultural events).
- ▷ Promote interaction and friendship with peers through participation in social activities, community groups, and team sports.
- ▷ Help your child learn how to get along with his peers. Discuss awareness of and respect for differences among peers.
- ▷ Promote independence by encouraging developmentally appropriate decision making.
- ▷ Help your child learn appropriate or reasonable behavior.
- ▷ Continue to set limits and establish consequences for unacceptable behavior (e.g., grounding, limited television viewing time, loss of privileges).
- ▷ Expect your child to follow family rules, such as those for bedtime, homework, and chores.
- ▷ Provide a well-lighted, quiet space for homework. Remove distractions such as television.
- ▷ Assign age-appropriate chores, including responsibility for some household or yard tasks.
- ▷ Promote positive interactions between your child and his teachers and other adults.
- ▷ Help your child develop an ability to withstand peer pressure. Discuss strategies and try role playing.
- ▷ Help your child develop an ability to deal constructively with conflict and anger in the family, at school, and in the neighborhood.
- ▷ Provide personal space (even if limited) for your child at home.
- ▷ Encourage a sense of social responsibility and promote acceptance of diversity.

- **Promotion of Constructive Family Relationships and Parental Health**

- ▷ Serve as a positive ethical and behavioral role model.
- ▷ Show affection in your family.
- ▷ Anticipate beginning to see the normal range of adolescent behaviors, including the pervasive influence of peers, a change in the communication pattern between adolescents and parents, sudden challenges to parental rules and authority, conflicts over issues of independence, refusal to participate in some family activities, moodiness, and risk taking.
- ▷ Contribute to your child's self-esteem by being affectionate and by praising her efforts and accomplishments.
- ▷ Show interest in your child's school progress and after-school activities. Set reasonable but challenging expectations.
- ▷ Promote self-responsibility.

- ▷ Spend some individual time with each child in your family.
 - ▷ Participate in games and other activities with your child.
 - ▷ Create opportunities for your family to share time together.
 - ▷ Foster conversation and open communication in your family.
 - ▷ Know your child's friends and their families.
 - ▷ Encourage the development of good sibling relationships.
 - ▷ Acknowledge conflicts between siblings. Help them to resolve conflicts themselves without taking sides. Do not allow violence.
 - ▷ Handle anger constructively in the family.
 - ▷ Talk with the health professional about your own preventive and health-promoting practices.
- **Promotion of Community Interactions**
 - ▷ Discuss with the health professional possible programs for your child: before- and after-school programs, recreational programs, or other community programs.
 - ▷ Participate as a family in school and community activities.
 - ▷ Volunteer regularly for school or community activities that require adult supervision.
 - ▷ Encourage your child to participate in social, religious, cultural, volunteer, and recreational organizations.
 - ▷ Advocate for community programs and facilities for children (recreational, athletic, artistic, and educational activities).
 - ▷ Discuss current events and social responsibility as a family.
 - ▷ Promote social connections with neighbors and ties with extended family members.
 - ▷ Participate in activities that reflect cultural diversity.
 - ▷ Find out what you can do to make your community safer.
 - ▷ Encourage peer-mediated conflict management in schools from third grade through high school.

Normal Development: 10 Years Old

- ***Each child is unique.*** It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. Consequently, these guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend. Keep this in mind as you review these milestones.
- ***If you have any concerns related to your child's own pattern of development, check with your child's pediatric provider.***

- ▷ **Physical Development**
 - ◆ physical growth and development varies enormously among this age group
 - ◆ is energetic and spirited
 - ◆ is usually awkward
 - ◆ strives to be physically fit
 - ◆ is fascinated with how the body works
 - ◆ may be curious about drugs, alcohol, and tobacco
 - ◆ continues to revel in bathroom humor
- ▷ **Emotional Development**
 - ◆ fluctuates between dependent child and independent pre-teen
 - ◆ becomes increasingly self-conscious
- ▷ **Social Development**
 - ◆ seeks approval for being "good" from significant people
 - ◆ becomes preoccupied with the opposite sex
 - ◆ relates to peer group intensely and abides by group decisions
 - ◆ succumbs to peer pressure more readily
 - ◆ does not want to be "different"
 - ◆ continues to participate in small groups of same sex
 - ◆ confides constantly in best friend
 - ◆ can be fickle
- ▷ **Mental Development**
 - ◆ is eager to learn and master new skills
 - ◆ is proud of doing things well
 - ◆ is concerned about personal capabilities
 - ◆ has internalized standards of right and wrong to some degree

How to Prepare for the Next Visit

- Please bring in questions and/or observations about your child that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please fill out and bring in any school health forms that you need completed.
- Encourage your child to think about things that they may want to talk about at the visit.
- Please bring in your vaccine record.

What to Expect at the Next Visit

- Your early adolescent should return when he is 11 years old.
- Your adolescent will have a history taken and a physical examination.
- Your adolescent's blood pressure will be taken.
- If your female adolescent had established her menstrual period, she will have a hemoglobin level drawn through a finger stick to screen for anemia (low red blood cell count).

- As your child will be entering early adolescence (11-14 years of age) at our next well visit, we will request some private time during the history, physical, or both in which parents temporarily leave the examination room. This one on one time will provide your child and our health care providers the opportunity to begin to establish the foundation of a new, confidential, and personalized adolescent health care relationship. Adolescents need the opportunity to interact with their healthcare providers both in private and in the context of the family.
- Your child will receive a combination vaccine against pertussis (whooping cough) and tetanus (lock jaw).
- Your child will have the opportunity to receive a vaccine against the number one bacteria that causes meningitis (an infection in the fluid surrounding the brain) in adolescents between 11 and 21 years of age.
- Your female adolescent will have the opportunity to begin a 3 dose vaccination series against the human papilloma virus which accounts for a majority of cervical cancers in addition to other female gynecological conditions.
- Your adolescent may receive a second chicken pox vaccine if he/she has received only one to date (assuming he/she has not had the disease itself).
- We will discuss beginning the Hepatitis A vaccination series (if it has not already been given).
- We will introduce you and your adolescent to our new adolescent medicine program and describe how we hope this program will change how adolescent patients seek out accurate information, become more comfortable with inquiring about their own health issues, and ultimately empowering themselves in the context of the family to make informed, health promoting decisions.

QUESTIONS FOR THE 10 YEAR VISIT

PATIENT NAME: _____

DATE: ____/____/____

NUTRITION

Is your child drinking milk? Yes No

If so, what type?
 whole 1% 2% skim soy rice other

HOW MUCH MILK DOES YOUR CHILD DRINK?
 < 8 ounces 8 to < 16 ounces 16 to 24 ounces 24 to 32 ounces >32 ounces

HOW MUCH JUICE, GATORADE, SPORTS DRINKS AND SODA POP DOES YOUR CHILD DRINK?
 0 to 4 ounces 4 to 8 ounces 8 to 16 ounces >16 ounces

HOW MUCH WATER DOES YOUR CHILD DRINK?
 < 8 ounces 8 to 16 ounces 16 to 24 ounces >24 ounces

WHAT TYPE OF WATER SOURCE DO YOU HAVE?
 city well bottled with fluoride bottled without fluoride

HOW MANY SOLID MEALS DOES YOUR CHILD EAT IN A DAY?
 1-2 2-3 3-4 4-5 5-6

HOW MANY SNACKS DOES YOUR CHILD EAT IN A DAY?
 0 1 1-2 2-3 >3

HAS YOUR CHILD COMPLETELY ELIMINATED ANY OF THE FOLLOWING FOOD GROUPS?
 meats vegetables fruits breads

ELIMINATION

STOOL
 Is your child continent of stool by day and night? Yes No

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER BOWEL MOVEMENTS?
 pain fear holding large size or hard diarrhea blood in stool

FREQUENCY:
 every 3-4 days every other day every day 1-2 times per day > 3 times per day

URINE
 Is your child continent of urine during the day? Yes No
 Is your child continent of urine at night? Yes No
 Is your child having any problems with urination? Yes No

SLEEP

Does your child have a fairly consistent bedtime? Yes No

HOW MANY HOURS DOES YOUR CHILD SLEEP AT NIGHT?
 < 8 8-10 10-12 > 12

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING SLEEP?
 snoring restless sleep is poorly rested after a night of sleep night terrors difficulty falling asleep
 frequent nighttime awakenings pausing or startled breathing during sleep teeth grinding nightmares

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR THE 10 YEAR VISIT

PATIENT NAME: _____

VISION

Do you have any concerns about your child's vision? Yes No

HEARING

Do you have any concerns about your child's hearing? Yes No

SAFETY

Does your child ride in the car using booster seat or a seat belt? Yes No

DO YOU HAVE A POOL?

NO YES, IT IS AN:

- Above ground without a fence Above ground with fence around pool Above ground with fence around yard
 In ground without a fence In ground with fence around pool In ground with fence around yard

SOCIAL & SCHOOL ADJUSTMENT

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD:

- Plays well with other children Yes No
- Has good friendships Yes No
- Gets along well with others at school Yes No n/a
- Is adjusting well to school Yes No n/a
- Is doing well in school Yes No n/a
- Is maintaining good school attendance Yes No n/a
- Generally follows rules at home Yes No
- Generally follows rules at school Yes No n/a
- Is having disciplinary problems at school Yes No n/a
- Is having problems with the law Yes No
- Uses a computer at home Yes No n/a
- If yes, where is the computer located?
- in the child's bedroom in another bedroom in the den in the study
 in the family room in the living room in the kitchen portable
- Number of hours of TV per day
 does not watch TV half an hour 1 hour 1-2 hours 3-4 hours >4 hours
- Number of hours of video games per day
 does not play videogames half an hour 1 hour 1-2 hours 3-4 hours >4 hours

QUESTIONS FOR THE 10 YEAR VISIT

PATIENT NAME: _____

DEVELOPMENT

Has age appropriate fine and gross motor skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has age appropriate handwriting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has age appropriate reading skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knows good dental hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brushes teeth independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flosses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains adequate personal hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exercises	<input type="checkbox"/> Yes	<input type="checkbox"/> No

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions. Because exposure risks can change, we will ask you to update this questionnaire at the 6, 12, 18, and 24 month well child visits and then annually until 21 years of age.

Respond to the following questions by checking the appropriate answer.

Has a member of your family or a person who has contact with your child had tuberculosis disease? Yes No Unknown

Has a family member had a positive tuberculin skin (TB) test? Yes No Unknown

Was your child born in a country with a high rate of tuberculosis (places other than the United States, Canada, Australia, New Zealand, or Western European countries)? Yes No Unknown

Has your child traveled (had contact with resident populations) to a high risk country for more than 1 week? Yes No Unknown

MAR 2.2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

Cholesterol Screening Questionnaire



PATIENT NAME: _____

BIRTHDATE: ___ / ___ / ___ AGE: _____ DATE: ___ / ___ / ___

Increasing evidence suggests that atherosclerosis (hardening of the arteries) and coronary heart disease (CHD) involve processes that begin in childhood and adolescence. Depending on family history, children at risk for hyperlipidemia (high fats in the blood) should be screened with a blood test (measuring either a cholesterol or LDL-C level depending on the risk factor) beginning at age two. Please complete this questionnaire to determine if your child has any of these risk factors. Screening can prevent complications by early recognition and treatment.

Respond to the following questions by circling the appropriate answer.

1.	Does your child have a parent or grandparent who was diagnosed with coronary atherosclerosis (based on coronary angiography), including those who have had balloon angioplasty or coronary artery bypass surgery \leq 55 years of age ?	Yes	No	Unknown
2.	Does your child have a parent or grandparent who has had a documented myocardial infarction (heart attack), angina pectoris (heart related chest pain), peripheral vascular disease (narrowing of the blood vessels within the body), cerebrovascular disease (narrowing of the blood vessels within the brain or having had a stroke), or sudden cardiac death \leq 55 years of age?	Yes	No	Unknown
3.	Does your child have a parent with a cholesterol level \geq 240 mg/dl ?	Yes	No	Unknown

Signature of Provider

_____/_____/_____
Date