

How to Prepare for Your Child's Health Supervision Visit

The American Academy of Pediatrics recommends that children see a pediatric health care professional regularly and often throughout their infancy and childhood.

These visits are especially frequent during the first 3 years of life. Parents can make the most of their time in the pediatric office by preparing before each visit.

Know Your Child's History and Family's History

It is very helpful to make sure medical records are transferred if your child is seeing a new clinician, especially records of any vaccinations your child has received. Consider keeping a folder with your child's records that you can bring to all of their medical appointments. Your child's clinician will ask about not only your child's health, but also your family's health, so it can be helpful to keep an ongoing record of your family history.

Your child's clinician will ask you questions about your child's development at every health supervision visit. It helps to be familiar with the developmental milestones, such as when most children start moving in different ways and using words, and watch for what new things your child is doing or saying between each visit. Your clinician's office might ask you to fill out development questionnaires before your visit or as you are waiting to be seen. Your answers to these questions will help the clinician assess how your child's development is progressing.

What to Bring to the Visit

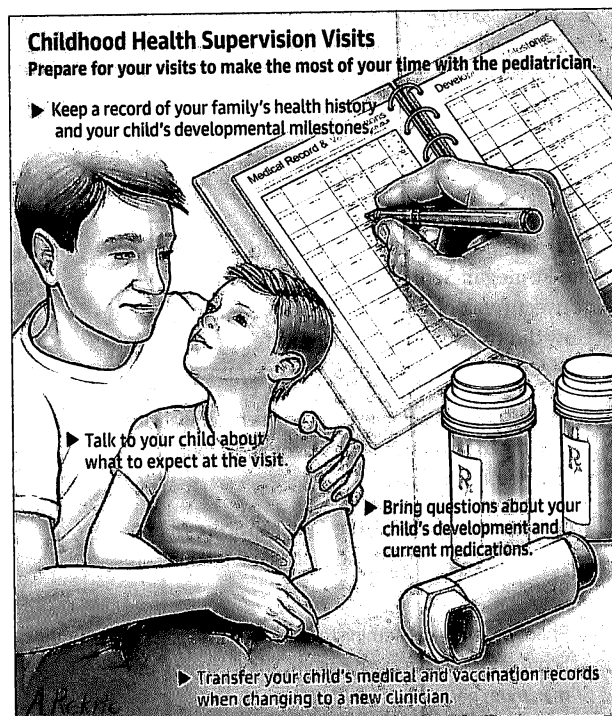
One of the most important things to bring to any health supervision visit is a list of questions. Use this time with your clinician to get their views on any topic related to the health and development of your child. If you have a question about a skin condition or your child's movements or behaviors, consider bringing a picture or video. For children who are taking medications, including inhalers, it helps to bring these medications to your visit to confirm current doses and review any questions you have.

During any visit to a health care professional, there is often time during which you might be waiting. Consider bringing drinks or snacks (if allowed by your pediatrician's office), books, and toys with you. Think of this as protected time you get to spend with your child.

What to Tell Your Child Ahead of Time

Parents often wonder how much and what type of information to share with their children about an upcoming pediatric visit. This can depend on your child's age and maturity. In general, it is best to be

as honest as you can about what the visit will involve, including undressing and a full examination. Talk about the possibility of shots and blood tests, explaining that these are normal for kids when they go to the physician's office. Avoid telling your child there will not be any needles even if you are not expecting them because sometimes a child might need a catch-up or new vaccination or an unexpected blood test. Vaccines should also not be described as punishments or used in bargaining or negotiations. If possible, try to schedule a fun activity after the visit to reward your child for a job well done.



FOR MORE INFORMATION

<https://www.healthychildren.org/english/ages-stages/pages/default.aspx>

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Online Quiz Questions

Comparison of Safety and Efficacy of Methadone vs Morphine for Treatment of Neonatal Abstinence Syndrome: A Randomized Clinical Trial

- In this multicenter randomized clinical trial comparing methadone and morphine for neonatal abstinence syndrome, all of the following factors limited participant recruitment except which of the following:
 - Some mothers were taking methadone and did not want their infant to receive it.
 - Some mothers were concerned about legal ramifications of enrolling their infants in the trial.
 - Sites began to focus on nonpharmacologic care, which reduced the numbers of infants who required pharmacologic treatment.
 - The prevalence of neonatal abstinence syndrome has decreased.
- Pharmacologic treatment was initiated when the Finnegan Score was 8 or higher on 2 consecutive occasions or 12 on 1 assessment. How did the authors attempt to reduce subjectivity in Finnegan Score assignment?
 - All nursing staff completed interobserver reliability training using both training videos and infants enrolled in the study.
 - Nurses were blinded to the Finnegan Score when determining whether to administer methadone or morphine.
 - Phenobarbital was administered if the Finnegan Score remained elevated despite administering the maximum permitted opioid dose.
 - Opioid doses were decreased by 10% every 12 hours after study enrollment.
- Why was an interaction term between infant and maternal opioid treatment type included in the analyses?
 - To account for small samples sizes.
 - To test whether treatment effect was modified by the type of opioid that the mother was taking.
 - To adjust for confounding by indication.
 - To remove selection bias.
- What was the length of stay in the methadone treatment group compared with the morphine treatment group?
 - Methadone recipients had a 14% shorter mean length of stay.
 - Methadone recipients had a 16% longer mean length of stay.
 - Methadone recipients had a 25% shorter mean length of stay.
 - Methadone recipients had a 50% shorter mean length of stay.

Educational Objective

To compare the safety and efficacy of methadone and morphine in neonatal abstinence syndrome.

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Read the **CME designated article** on page 741



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