

Weight:

Length: Head Circumference:

## 18 months

No longer a baby, but not quite a child, this in-between phase is filled with lots of excited discovery and emotional volatility. The sometimes assertive, sometimes clingy and sometimes irritable behaviors of a formerly happy and fearless child are common in this transitional phase of development. Consistency, patience and a sense of humor will come in handy!

# Development

Social/Emotional:

- Will venture farther away from you when at play
- Engages in parallel play (play is beside a peer not typically with them)
- Engages in pretend play
- Many families see the return of some separation anxiety

Language/Communication:

- Understands most of what is said to them
- May string 2 words together "all done", "thank you"
- Points to body parts.

Cognitive:

- Understands 2-step commands "Take off your coat and hang it up."
- Increased awareness of shape and color helps with sorting activities
- Copies activities like sweeping or putting things away

Movement/Physical Development:

- Walks quickly and may run
- Can navigate up stairs while hold on with one hand
- Eats with utensils
- Scribbles back and forth and up and down

## Nutrition and The Picky Eater

Mealtime is often a place where toddlers can exert their free will and independence. You may notice your toddler eating less now than they did as an infant. You may not be able to force your child to eat., but you can provide nutritious foods, demonstrate healthy eating habits, and set the stage for pleasant mealtimes. Do not limit the menu to food your toddler likes. Serve new foods alongside favorites. This may make trying something new easier for them. You may also have to offer new foods several times before your child accepts it. Don't give up after one or two tries!

A reasonable serving size to use is 1 tablespoon for every year old. So, at 18 months a tablespoon and a half of each food being offered is a great place to start. If your toddler asks for more, give more; if your toddler stops eating, accept that decision. Allow your child to help choose foods in the grocery store. Find a way for them to help in meal prep or serving. Participating in the different parts of mealtime make them more likely to partake in the meal itself. Make food fun by cutting food into shapes, displaying food in a creative way and coming up with special names for the foods they enjoy. Instead of serving a specific vegetable to your toddler, let them choose between two options. "Would you like broccoli or cauliflower for dinner?" Provide healthy dips to encourage your child to try new fruits or vegetables. These could include hummus, yogurt, or homemade salad dressings. Above all else, be a good example and know there will come a time when you don't throw away more food than your child eats!

#### **Emotions and Behavior**

At this age, toddlers start to experience new emotions like anger and frustration, guilt, shame, possessiveness and excitement. While your child is getting better at expressing feelings both physically (hugs and hitting) and verbally ("owie.", "hug you."), these 'big' emotions can be hard to deal with for your toddler, and you might see some surprising behaviors and temper tantrums as a result. This is a common age for hitting and biting behaviors to take place. When feelings get too big or overwhelming they often get physically manifested. Some of the most successful ways to eliminate the biting and hitting is to give your child the opportunity to practice. When you see them getting frustrated because their brother has a toy they want, give them the language they need to express their emotions. "It looks like you really want to play with that truck. Do you remember how to ask?" To a frustrated toddler with limited vocabulary and social skills, hitting or taking a toy from their brother may seem perfectly logical. It needs to be said that hitting or spanking a child does nothing to teach a child not to hit, or bite, or whatever the offense is.

An alternative to the action they have taken should be offered and practiced. In the case of hitting, let your child know that hands are not for hitting and hitting hurts. They can use their hands to get your attention by holding your hand with theirs, tapping you on the leg or giving you a hug. Give them a chance to practice what to do as a means to help repair the situation. If your child is really upset, this sort of repair will likely need to wait until they can calm down. As they try to make sense of all these feelings, you may find they get clingy and seek the familiar comfort of those they know best. As we have covered in previous packets, your toddler thrives on routine. They like to know what to expect and when. As your child starts to exert a little more independence it becomes increasingly important to give them plenty of warning when a change is going to occur. For example, if they are playing in the sand and it is getting close to the time you need to leave, let your toddler know, "We need to leave in 10 minutes". Offer updates frequently as the time to leave gets closer, "You should clean up your shovels, we need to leave in 5 minutes". Finally, give them one last choice before you leave, "We need to leave in a minute, what do you want to do one more time?". Try and leave on a high note. It's an idealized example, but it really can make transitions much easier.

#### Potty Training

The average age for daytime potty training is around 30 months of age. Like with most developmental progress, there is a wide range of normal in the interest and readiness for potty training to present. We introduce the topic here, because this is the earlier side of normal for some interest to appear. Early signs of readiness include a child telling a parent when they are wet or dirty. Your child will also start to follow you into the bathroom (no more private time, sorry!) and copy a lot of what you are doing. You may find them sitting on the toilet and trying to wipe themselves fully dressed. If you are comfortable, talk to them about what you are doing, why you sit or stand to use the potty, why you wipe from front to back, etc

This is an important time to talk about vocabulary. Our body parts do not need cute or made up names. This is terribly confusing to children and can often lead to misrepresentation and shame associated with a very normal and natural process. If your child has a penis, call it a penis. If your child has a vagina, please call it a vagina. Enough said?

## Fever and Medication

- FEVER = 100.4 F or higher rectally or under the arm. Fevers are normal, natural responses and do not always need to be treated. If your child has a fever but is not uncomfortable, having difficulty sleeping or eating they are fine to ride this fever out. Generally, any fever over 102-103 makes for a fussy baby and it is ok to manage these fevers with medication.
- Note that fever reducing medication will likely only drop the fever by 1-2 degrees.
- **Tylenol** (Acetaminophen) may be given for fever, teething, or pain relief. Tylenol may be given as often as every 4 hours but we suggest using it as sparingly as possible. Tylenol dosing is based on weight.
- **Motrin** (Ibuprofen/Advil) may be given for fever, teething or pain relief. In general, motrin is better at reducing inflammation (so think teething and after injury, but it does have some fever reducing properties). Every child responds to medication differently, so see what works best for your baby.

\*\* There is an infant and a children's liquid suspension of this medication so read labels carefully, they are different concentrations, require different syringes for dosing and are NOT the same measurements as infant/children's Tylenol. See chart below.

\*\*Know what strength you have and ALWAYS double check before dosing\*\*

 BENADRYL: Children's Benadryl (diphenhydramine is the generic name) is a good over-the-counter (OTC) to have on hand for any allergic reactions. There is NO infant Benadryl, all products will say for age 2 and up. Just like Tylenol and Motrin, this product is dosed based on weight and is ok to use from age 4 months and up as long as you know the correct dose for your child's weight. Your child's dose of Benadryl (or diphenhydramine) will be the same as your child's Tylenol (Acetaminophen) dose.

Weight	Age	Infant's Tylenol Oral suspension (Acetaminophen 160mg in 5mL)	Children's Tylenol Oral Suspension (Acetaminophen 160mg in 5mL)	Children's Tylenol Meltaways Chewable Tabs (80mg per tab)	Jr. Tylenol Meltaways Chew Tabs (160mg pe tab)
6-11 lbs	2-3 mo (do not give under 2 mo)	1.25 mL	1.25 mL	1.77	877
12-17 lbs	4-11 mo	2.5 mL	2.5 mL		
18-23 lbs	12-23 mo	3.75 mL	3.75 mL		
24-35 lbs	2-3 yrs	5 mL	5 mL (1tsp)	2 tablets	<u> 22</u>
36-47 lbs	4-5 yrs		7.5 mL (1.5tsp)	3 tablets	
48-59 lbs	6-8 yrs		10 mL (2tsp)	4 tablets	2 tablets
60-71 lbs	9-10 yrs	-	12.5 mL (2.5tsp)	5 tablets	2.5 tablets
72-95 lbs	11 yrs		15 mL (3tsp)	6 tablets	3 tablets

# Acetaminophen (Tylenol): dose lasts 4-6 hours

# Ibuprofen (Motrin, Advil): dose lasts 6-8 hrs

Weight	Age	Concentrated Oral Infants' Drops (50mg in 1.25mL)	Children's Oral Suspension (100mg in 5mL)	Children's Chewable Tablets 50mg	Junior Strength Chewable Tabs or Caplets 100mg
6-11lbs (DO NOT USE)	0-6 mo (DO NOT USE)				
12-17lbs	6-11 mo	1.25 mL	2.5 mL		
18-23 lbs	12-23 mo	1.875 mL	3.75 mL		
24-35 lbs	2-3 yrs	2.5 mL	5 mL (1tsp)	2 tablets	
36-47 lbs	4-5 yrs	3.75 mL	7.5 mL (1.5tsp)	3 tablets	
48-59 lbs	6-8 yrs		10 mL (2tsp)	4 tablets	2
60-71 lbs	9-10 yrs		12.5 mL (2.5tsp)	5 tablets	2.5
72-95 lbs	11 yrs		15 mL (3tsp)	6 tablets	3

## Development from 18-24 months

Social/Emotional:

- Watches parents to see how to react in a situation
- Stranger anxiety can be in full effect

Language/Communication:

- Points to images in a book when asked to find them
- Strings 2 3 words together

Cognitive:

- Plays with more than one toy at the same time.
- Begins to sort shapes and colors

Movement/Physical Development:

- Kicks or throws a ball
- Runs

Your child's next well check is at 24 months (2 years old).