



Weight: \_\_\_\_\_ Length: \_\_\_\_\_ Head Circumference: \_\_\_\_\_

2 ½ years (30 months)

## Development

### Social/Emotional:

- Begin interactive play with peers.
- Have gained a bit of self-awareness and understand feelings

### Language/Communication:

- Increasing vocabulary and more complex sentence structure
- Parent can understand at least ½ of what child is saying

### Cognitive:

- Can use things to pretend, like using a block as a phone
- Follows multi-step directions
- Understands everything you say

### Movement/Physical Development:

- take some clothes off by themselves
- jump off the ground with both feet

## Nutrition

If your family has been using whole fat cow's milk as part of your toddler's diet, you may now switch to lowfat or non-fat if that is what the rest of the family drinks. If your toddler was the only one drinking milk, they may now transition to whatever you prefer or stay on whole milk if they tolerate it well. A well balanced and varied diet will ensure your child meets all of their nutritional requirements. If you have a picky eater or just want to make sure your toddler gets what they need as their appetite fluctuates, a daily multivitamin can be given. We recommend you avoid the gummy type of vitamins for dental health reasons. An excellent liquid multivitamin is Novaferum. You can get this with (YUM!) or without iron (MMM!), depending on your child's specific needs. Rainbow Light makes a chewable multivitamin, "Kids One" that contains iron for children that is well tolerated and Rnzo's Picky Eater Multivitamin is also a good option. It is important that all vitamins and supplements for your family be purchased from a store front or reputable distributor so that you can be sure the supply has been temperature controlled and the vitamins remain viable by the time they get to you. Amazon is

notorious for poor temperature control and many of the vitamin supplements for babies and children are of little to no value by the time they get to your door.

Don't be surprised if your toddler skips meals occasionally or loves something one day and won't touch it the next. Schedule 3 meals and 2–3 healthy snacks a day. You're in charge of the menu, but let your child be in charge of how much they eat. Try your best to avoid being a short-order cook. Prepare family meals with at least one thing your child (usually) likes. Encourage “no thank you” bites or get your child in the habit of “You don't have to like it, but you have to try it.” bites. We want them to try at least a bite before they make a decision about whether they like something or not. You will be far less frustrated if you maintain the idea that you provide, they decide.

We encourage you NOT to resort to offering other foods that are not part of the meal prepared. And please, even if you don't believe your child will eat any, offer a balanced plate with vegetables, proteins, carbs, fruits, etc. They certainly won't eat something if it not on their plate!

## Emotional Development

Toddlers are realizing that they are separate individuals from their parents and caregivers. This means that they are driven to assert themselves, to communicate their likes and dislikes, and to act independently (as much as they can). Toddlers are also developing the language skills that help them express their ideas, wants, and needs. At the same time, toddlers do not understand logic and still have a hard time with waiting and self-control.

At this age toddlers start to experience new emotions like anger and frustration, guilt, possessiveness and excitement. These ‘big’ emotions can be hard for your toddler to deal with, and you might see some tantrums as a result. Your toddler is beginning to think about how they feel and might link feelings with words. For example, your toddler might tell you they're ‘sad’. They might show affection by giving you a kiss or hugging a doll, which is also part of developing empathy. When you see challenging behavior, it usually means that your child can't figure out how to express their feelings in an acceptable way or doesn't know how to get a need met. What helps your child learn is when your response shows them a different, more constructive way to handle these feelings.

Pay attention to which situations push your child's buttons and plan accordingly. If they fall apart when hungry, carry snacks with you. If they get cranky in the late afternoon, take care of errands earlier in the day.

If they struggle making a transition from one activity to the next, give them a gentle heads-up before a change. Alerting them to the fact that you're about to leave the playground or sit down to dinner (“We're going to leave in 10 minutes, what do you want to plan on one more time? We plan to eat when you and Daddy are done with your story”) gives them a chance to adjust instead of react.

## Potty Training

The average age for a child to be potty trained during the day is 30-36 months, but 10-15% of children will still not be potty trained at age 3. Nighttime dryness takes longer to attain. Needing a diaper or pull up overnight is very normal until 5-6 years of age

For developmental readiness, your toddler should be able to get to the toilet on their own, sit down, pull their pants up and down, and be able to communicate to you or a caregiver that they need to go.

For emotional readiness, your child might show an interest in being potty trained. For example, they might go to the same spot in the house when they need to go. They might tell you when they want their diaper changed. Or they may show that they can hold their pee for longer periods, like waking up from a nap with a clean diaper.

Create a plan for consistency. A common strategy is taking your child to the potty every 30 or 60 minutes for the first couple of days. If that goes well, try to extend the periods between tries. Some good opportunities to encourage your child to use the toilet include waking up in the morning, after meals, before and after naps, and before bedtime.

Choose a word your family is going to use for pee and poop, and stick to it!

If your toddler doesn't go potty after a minute or two on the toilet, don't force it. Get up, move on and try again later. If your child has an accident, don't punish them. Help them clean up, show them what to do with their dirty underwear and how to change into new ones.

Praise your child every time they make it to the potty, even if things don't go as perfectly as you would like. Reward them with sticker charts in the bathroom or a small treat. Rewards are highly motivating for little kids!

Children who have been potty trained, even for a long time, may experience regression, especially if changes occur at home (new baby, a move, parent returning to work, loss of a pet, etc.). Children may also become "too busy" to bother with the potty. Don't punish accidents. Calmly have your child help you clean up, and encourage your child to listen to their body when it has to go and remember to use the potty next time.

If your child has struggled with constipation, it is absolutely key to get this addressed before potty training.

Withholding behavior can derail potty training efforts and feed into a chronic cycle of constipation. Encourage lots of water intake and high fiber, whole foods. Talk to your provider if hard to pass, large or very dry stools are common for your little one.

Children are naturally curious about their own genitals. Sexual self-exploration is common at this age. Teach your child that while this exploration may be normal, it should be confined to his/her private space (ie, your child's room) and not be done in public. Teach your child the correct terms for their genitals.

## 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; please see attached dosing chart.
- 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.**

- No Aspirin until 18 years
- Minimize your infant's exposure to infections by washing hands often, avoiding public areas and reducing the number of people who hold your infant.
- NO COUGH OR COLD MEDICINES. If your infant gets a cold, try humidified air and nasal saline drops with the bulb syringe. Please call our office if your infant seems to be having difficulty breathing or is not feeding well due to congestion.
- 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.

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

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 per tab)
6-11 lbs	2-3 mo (do not give under 2 mo)	1.25 mL	1.25 mL	--	--
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	--
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

## 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 30-36 months

### Social/Emotional:

- Can start to “share” or “take turns”
- May have a fear of imaginary things

### Language/Communication:

- Language is almost all understandable
- Can match/identify letters and numbers

### Cognitive:

- Can understand opposites (long/short, big/small)
- Is using plurals and pronouns more correctly

### Movement/Physical Development:

- Can stack objects, like blocks, 3-4 high
- Can catch a ball
- Can walk up stairs alternating feet.