



BRIGHT FUTURES HANDOUT ► PATIENT 11 THROUGH 14 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to you and your family.

✓ HOW YOU ARE DOING

- Enjoy spending time with your family. Look for ways to help out at home.
- Follow your family's rules.
- Try to be responsible for your schoolwork.
- If you need help getting organized, ask your parents or teachers.
- Try to read every day.
- Find activities you are really interested in, such as sports or theater.
- Find activities that help others.
- Figure out ways to deal with stress in ways that work for you.
- Don't smoke, vape, use drugs, or drink alcohol. Talk with us if you are worried about alcohol or drug use in your family.
- Always talk through problems and never use violence.
- If you get angry with someone, try to walk away.

✓ HEALTHY BEHAVIOR CHOICES

- Find fun, safe things to do.
- Talk with your parents about alcohol and drug use.
- Say "No!" to drugs, alcohol, cigarettes and e-cigarettes, and sex. Saying "No!" is OK.
- Don't share your prescription medicines; don't use other people's medicines.
- Choose friends who support your decision not to use tobacco, alcohol, or drugs. Support friends who choose not to use.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.
- Talk with your parents about relationships, sex, and values.
- Talk with your parents or another adult you trust about puberty and sexual pressures. Have a plan for how you will handle risky situations.

✓ YOUR GROWING AND CHANGING BODY

- Brush your teeth twice a day and floss once a day.
- Visit the dentist twice a year.
- Wear a mouth guard when playing sports.
- Be a healthy eater. It helps you do well in school and sports.
 - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
 - Limit fatty, sugary, salty foods that are low in nutrients, such as candy, chips, and ice cream.
 - Eat when you're hungry. Stop when you feel satisfied.
 - Eat with your family often.
 - Eat breakfast.
- Choose water instead of soda or sports drinks.
- Aim for at least 1 hour of physical activity every day.
- Get enough sleep.

✓ YOUR FEELINGS

- Be proud of yourself when you do something good.
- It's OK to have up-and-down moods, but if you feel sad most of the time, let us know so we can help you.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings toward the opposite or same sex. Ask us if you have any questions.

11 THROUGH 14 YEAR VISITS—PATIENT





STAYING SAFE

- Always wear your lap and shoulder seat belt.
- Wear protective gear, including helmets, for playing sports, biking, skating, skiing, and skateboarding.
- Always wear a life jacket when you do water sports.
- Always use sunscreen and a hat when you're outside. Try not to be outside for too long between 11:00 am and 3:00 pm, when it's easy to get a sunburn.
- Don't ride ATVs.
- Don't ride in a car with someone who has used alcohol or drugs. Call your parents or another trusted adult if you are feeling unsafe.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

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Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years after birth. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months after birth. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up to date. Keep track of the vaccines each child receives and bring this information to each doctor visit.

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Q: What side effects will my child have after getting a vaccine? Are they serious?

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

Q: Should some children not be immunized?

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

Q: Does the MMR vaccine cause autism?

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year after birth or later, ASD starts before a baby is born.

Q: Do vaccines cause SIDS?

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

Q: How do we know vaccines are safe?

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

Q: What is thimerosal and does it cause neurologic problems?

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

Q: Is it safe to give more than one vaccine at a time?

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

Q: Where can I find more information?

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the internet. Credible sources include

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

CDC Vaccines & Immunizations

www.cdc.gov/vaccines

Immunization Action Coalition

www.immunize.org

Remember

If you have any questions or concerns about your child's health, contact your child's doctor.

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After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 102.5°F or 39 °C or higher, or if you have questions, call your healthcare provider.
Healthcare provider phone number (850) 424-6208

immunization
action coalition

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immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4015.pdf • Item #P4015 (2/19)



BULLYING: IT'S NOT OK

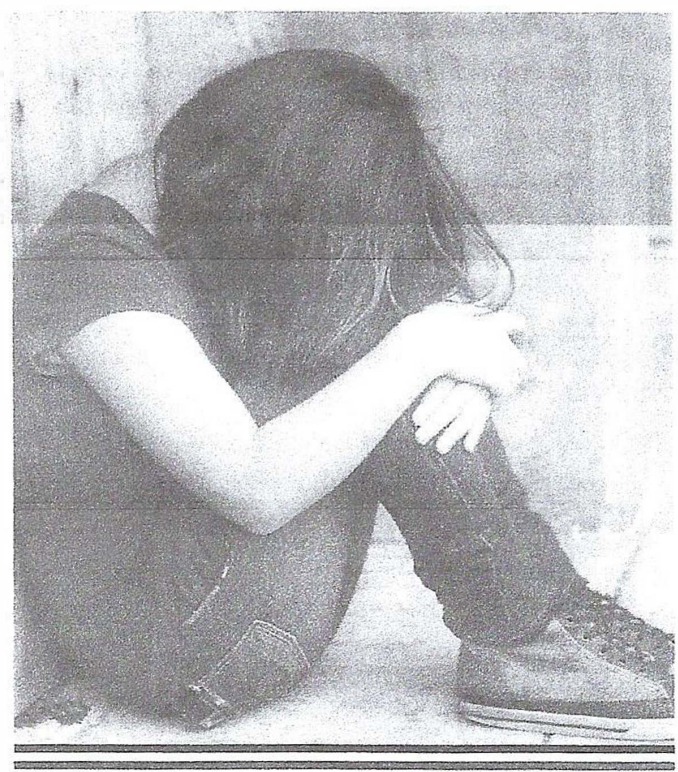
Bullying is when one child picks on another child again and again. Usually children who are being bullied are either weaker or smaller, as well as shy, and generally feel helpless. Some children and youth are at higher risk of being bullied, such as those with disabilities or other special health care needs and those who are lesbian, gay, bisexual, or transgender.

Bullying occurs when there is an imbalance of power. Sometimes children argue with each other or make bad choices in their behavior, which is not bullying.

Cyberbullying occurs electronically, using things like social media sites, texting, chat rooms, or instant messaging. Cyberbullying can happen any time—day or night—and is visible to many more people than traditional bullying. It's very hard to undo or hide what the child who is cyberbullying has done.

FACTS ABOUT BULLYING

- Both girls and boys can be bullies.
- A child can be both the bully and the victim.
- Bullies target children who cry, get mad, or easily give in to them.
- There are 3 types of bullying.
 - Physical—hitting, kicking, pushing, choking, punching
 - Verbal—threatening, taunting, teasing, hate speech (This can also include electronic messaging)
 - Social—excluding victims from activities or starting rumors about them



- Bullying happens
 - At school, when teachers are not there to see what is going on
 - When adults are not watching—going to and from school, on the playground, or in the neighborhood
 - Through electronic methods, such as social networks, texting, and instant messaging

Common characteristics of bullies and victims (from www.StopBullying.gov)

Generally, children who are bullied have one or more of the following risk factors:

- Are seen as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or not having what kids consider “cool”
- Are seen as weak or unable to defend themselves



BULLYING: IT'S NOT OK

- Are less popular than others and have few friends
- Do not get along well with others, are seen as annoying or provoking, or provoke others for attention

Those who bully others do not need to be stronger or bigger than those they bully. Often, these students require support to change their behavior and address other challenges that may be influencing their behavior. Children who bully may have more than one of the following characteristics:

- Are aggressive or easily frustrated
- Have less parental involvement
- Have issues at home
- Think badly of others
- Have difficulty following rules
- View violence in a positive way
- Have friends who bully others

EFFECTS OF BULLYING

Children who experience any kind of bullying—including cyberbullying—can experience long-term effects, even into adulthood. Bullying can have consequences for both the bully and the victim, who

- Have a higher risk of substance use
- Are more likely to skip or drop out of school
- Can have health complications
- Have poor school performance
- Experience depression or other mental health challenges

TALK WITH YOUR CHILD ABOUT BULLYING

Even if you don't think your child is bullied, a bully, or a bystander, you will be helping protect your child just by asking these questions.

- How are things going at school?
- What do you think of other kids in your class?
- Does anyone get picked on or bullied?
- What is lunchtime like? (or recess)
- Is anyone texting, tweeting, or posting mean things on social networks?

HELP YOUR CHILD RESIST BULLYING

You cannot always help your child avoid all bullying, but you can help him build coping skills to deal with difficult situations. Spend time with your child, show him love and encouragement, and model good behavior toward others. Talk through difficult situations with your child so he knows he can trust you with his problems.

WHEN YOUR CHILD IS BULLIED

It can be upsetting to find out your child has been bullied. Let her know you are there for her, willing to listen, and taking action to make sure it doesn't continue. Here are some things you can do.

- *Help your child learn how to respond.* For example, "Let's talk about what you can do and say if this happens again."
 - Look the bully in the eye.
 - Stand tall and stay calm.
 - Walk away.
 - Not respond to electronic messages and cut off communications with those who are sending unwanted messages.
 - Show bullying texts, posts, or e-mails to a parent or other trusted adult.



BULLYING: IT'S NOT OK

- Teach your child how to say in a firm voice.
 - “I don’t like what you are doing.”
 - “Please do not talk to me like that.”
 - “Why would you say that?”

For many children, these skills do not come naturally. It is like learning a new language—lots of practice is needed. Practice so, in the heat of the moment, these skills will come to your child naturally.

- **Teach your child when and how to ask for help.** Your child should not be afraid to ask an adult for help when bullying happens. Since some children are embarrassed about being bullied, parents need to let their children know being bullied is not their fault.
- **Encourage your child to make friends with other children.** There are many adult-supervised groups, in and out of school, that your child can join. Invite your child’s friends over to your home.
- **Support activities that interest your child.** By participating in activities such as team sports, music groups, or social clubs, your child will develop new abilities and social skills. When children feel good about how they relate to others, they are less likely to be picked on.
- **Alert school officials to the problems, and work with them on solutions.** Since bullying often happens outside the classroom, talk with the principal, guidance counselor, or playground monitors, as well as your child’s teachers. Write down and report all bullying, including cyberbullying, to your child’s school. By knowing when and where the bullying occurs, you and your child can better plan what to do if it happens again.

WHEN YOUR CHILD IS THE BULLY

No parents want to think their child would bully another child, but it does happen and parents must be ready to respond. If you know your child is bullying someone, take it very seriously.

Now is the time when you can change your child’s behavior.

In the long run, bullies continue to have problems. These often get worse. If the bullying behavior is allowed to continue, these children often become adults who are much less successful in their work and family lives and may even get in trouble with the law.

- Help your child understand what bullying is and why it is a problem. Help your child understand how bullying hurts other children. Give real examples of the good and bad results of your child’s actions.
- Set firm and consistent limits on your child’s aggressive or hurtful behavior. Be sure your child knows that bullying is never OK.
- Be a positive role model. Children need to develop new and constructive ways for getting what they want. All children can learn to treat others with respect.
- Use effective, nonphysical discipline, such as loss of privileges. When your child needs discipline, explain why the behavior was wrong and how your child can change it.
- Find positive ways to stop bullying with the school principal, teachers, counselors, and parents of the children your child has bullied.
- Supervise your child and help develop individual skills and interests. Children with too much “time on their hands” are more likely to find themselves in bad situations.

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BULLYING: IT'S NOT OK

- Supervise their time online, and monitor what sites they are visiting. Require them to friend you on social media sites and share their passwords with you.
- Ask for help. If you find it difficult to change the behavior, reach out to a professional, like a teacher, counselor, or your child's pediatrician.

It is important for everyone in the community to work together to build a safe environment for all children. Partner with your child's pediatrician, school district, and local community leaders to create anti-bullying messages and policies. Find more information at StopBullying.gov.

WHEN YOUR CHILD IS A BYSTANDER (with additions from StopBullying.gov):

Most children are neither bullied nor bullies—they just watch. There are things your child can do to help stop bullying.

- Don't give bullying an audience. Often, those who bully are encouraged by the attention they receive from bystanders. Children can help stop bullying by actively not supporting it.
- Set a good example.
- Help the child who is bullied get away.
- Tell a trusted adult. Talking with an adult is not tattling. Standing up for another child by getting help is an act of courage and safety. To make it easier, suggest taking a friend.
- Be a friend. Children can help someone who's been bullied by simply being nice to him. Being friendly can go a long way toward letting him know that he's not alone.

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