

## Your 15-Month-Old Toddler

### Diet

- Offer a variety of healthy table foods, and try to eat together as a family. Allow your child to feed himself with fingers and utensils. Expect messy eating; table manners can be taught later.
- Your toddler will decide how much to eat, and whether to eat at all. This is an age for slower growth, so many toddlers have very sporadic appetites. Try to avoid struggles over food; your toddler knows how hungry he/she is.
- Continue to avoid foods that are choking hazards, such as popcorn, nuts, whole grapes, raisins, hard candies, hot dogs or large chunks of food.
- Your toddler should drink around 16–20 ounces of milk each day. Too much milk can lead to picky eating and iron-deficiency anemia. If your child won't drink milk, offer other calcium-containing foods (yogurt, cheese, soy or almond milk, tofu, kale, broccoli).
- If your toddler is still using a bottle, this is the time to switch to cups. Prolonged bottle feeding is associated with tooth decay.
- Multivitamins may be recommended if your toddler's diet seems inadequate.

### Elimination

Most toddlers are not ready for toilet training until at least 2 years of age.

### Sleep

- Continue a consistent bedtime routine.
- Most toddlers sleep through the night and take 1–2 naps per day.
- Sleep disruptions may occur, especially with illness or travel. Try to re-establish your child's routine as soon as possible, once things are back to normal.

### Development

- Most 15-month-olds are able to understand simple commands, say 3–6 single words, communicate with gestures, point, and use utensils. Many are walking well, while others are just beginning to walk.
- Encourage your child's language development by reading books, singing songs, and keeping conversation going. If your toddler uses a word consistently, in context, it counts as part of his vocabulary even if it is not clearly articulated.

### Safety

- Car seats (infant or convertible) should face rear until your child is 2 years of age.
- Maintain your childproofing efforts. Be mindful of medications and other chemicals, electrical outlets and cords, stairs and choking hazards. Window blind cords should be out of reach. Consider window guards for upper floor windows. Never underestimate your toddler's ability to climb.
- Visit [cpsc.gov](http://cpsc.gov) for a list of recalled toys.
- Maintain your smoke and carbon monoxide detectors.
- Your toddler can drown in just a few inches of water. Supervise your toddler constantly, especially around water.
- If you own a gun, store it unloaded and locked, in a separate location from ammunition (which should also be locked).
- Use a properly-fitted bicycle helmet if you take your toddler on a bike ride.
- Sunscreen, SPF 30 or higher, and sunglasses and a hat are recommended.

## Behavior

- Be aware that the “terrible twos” may begin well before your child’s second birthday. It’s helpful to develop strategies to manage your toddler’s growing independence. Offering choices can be useful (“Do you want the red sweater or the green sweater?”). Make sure both choices are acceptable to you.
- Think of discipline as a means of teaching and protecting, not punishing. Be consistent, and praise good behavior.
- Try to minimize exposure to television and electronics, and set a good example when possible

## Fever/Illness

- Fever is a common symptom in children, usually caused by the immune system’s response to an infection. Any temperature over 100.4° F is considered a fever. Once you’ve identified a fever, you can treat it with acetaminophen or ibuprofen to make your child more comfortable. Depending on other symptoms, it may be necessary to come to the office, although most fevers are caused by viruses, and can be managed at home.
- More important than the number on the thermometer is how your child looks and acts. If your child is interactive after receiving fever medicine, that is a good sign.
- Please call our office to report fever that lasts more than 72 hours, or is accompanied by other concerning symptoms (decreased drinking, decreased urine output, labored breathing or looking very ill).
- Being prepared can help you cope with fever. Keep your thermometer handy, have acetaminophen or ibuprofen (and dosing information) available and take these with you when travelling.

## Prevention

- Brush your toddler’s teeth twice a day. Teething gels are not recommended.
- We follow the vaccine schedule recommended by the American Academy of Pediatrics. If you have questions or concerns about vaccines, please visit [vaccine.chop.edu/parents](http://vaccine.chop.edu/parents).

## Reaching us

If you have concerns, please do not hesitate to call the office to speak to a nurse. Nurses return calls throughout the day. You may also leave a non-emergent message for your doctor or nurse practitioner, who will return your call by the end of the day. For emergencies, a doctor is on call when the office is closed.

## Resources

- A good website to bookmark for future reference is [healthychildren.org](http://healthychildren.org).
- We suggest having the Illinois Poison Control Center phone number handy: [800.222.1222](tel:800.222.1222).

## Today

- Prevnar #4 or MMR, DTaP #4 and Hib #4 vaccines will be given.
- You will be given a developmental questionnaire to complete at home when your child is 16 months old, and mail back to our office.

## At the 18-month check-up

- Your toddler will have a Hepatitis A vaccination and may have other catch up vaccinations.
- You will be given two developmental questionnaires to complete at home and mail back to our office.

### Acetaminophen Dosing Instructions

Every 4–6 hours and no more than 4 doses/day

Weight	Dose	Infant <b>OR</b> Children’s suspension 160 mg/5 mL
12–17 lbs	80 mg	½ tsp or 2.5 mL
18–23 lbs	120 mg	¾ tsp or 3.75 mL
24–35 lbs	160 mg	1 tsp or 5 mL

### Ibuprofen Dosing Instructions

Every 6–8 hours

Weight	Dose	Infant drops 50 mg/1.25 mL	Children’s suspension 100 mg/5 mL
12–17 lbs	50 mg	1.25 mL	½ tsp or 2.5 mL
18–23 lbs	75 mg	1.875 mL	¾ tsp or 3.75 mL
24–35 lbs	100 mg	2.5 mL	1 tsp or 5 mL