



GOING FOR A CHECKUP

A Parent's Guide to Childhood Health Care

M. Miller and J. Bauman

The good health and proper growth of children are literally in the hands of those closest to them. This guide will help answer many of the questions parents and caregivers have about visits to a health care provider from infancy through the preschool years.

During the normal course of growing up, children need different kinds of health care, from health exams and lab tests to immunizations. This fact brings up many questions for parents and caregivers: When does my child need to see a doctor? What can I expect when visiting a health care provider? How can I prepare my child for a visit to the office or clinic?

In the sections that follow, these and other important issues will be addressed. Because health care services are a part of childhood, it's important to know *who* provides health care and *how* to choose the right health care provider.

Choosing a provider

A variety of professionals provide medical services to children and families. *Pediatricians* are doctors who specialize in child and adolescent health. *Family or general practitioners* are doctors who spend part of their training on children's health and are able to treat the whole family. *Internists*, although not trained in the care of children, are familiar with both adult and childhood illness. Finally, *nurse practitioners* have an advanced nursing degree and training to manage common medical problems. *Pediatric nurse practitioners* specialize in treating children. *Family nurse practitioners* treat both children and adults.

The most important consideration when choosing a health care provider is your confidence in the individual. While first impressions are important, confidence usually develops with time and experience. At first, it may be helpful to ask friends for their opinions of local health care providers. Once you have identified a practitioner, look

for the following qualities when deciding whether he or she will become your child's—or your family's—health practitioner.

What to look for

- Is the practitioner easy to talk to?
- Does the practitioner listen to you?
- Does the practitioner encourage questions?
- Are your questions taken seriously?
- Are the practitioner's explanations clear?
- Is a complete health history taken before making decisions?
- Is a careful examination performed?
- What is the practitioner's educational and clinical background?

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Other key concerns

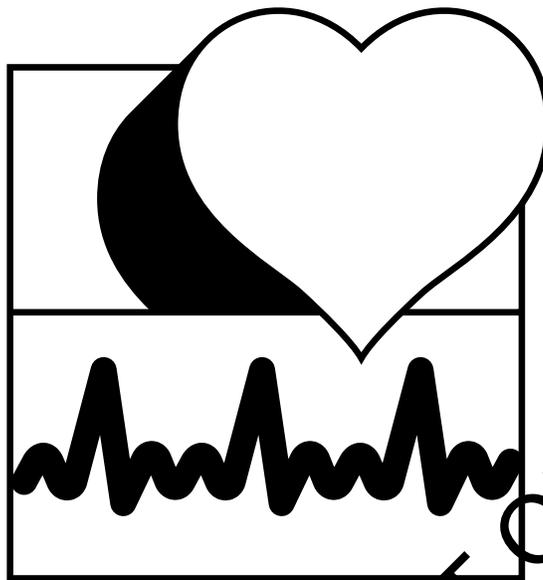
- Does the practitioner consider underlying problems, or does he or she simply make sure that no illness is present? Remember, the person providing health care should be concerned with returning your child to a state of good health, not just checking the results of lab tests.
- Is there a backup person available if the practitioner is not available?
- Finally, are medications given with clear directions, and only after it has been determined they are truly necessary?

Second opinions

Always feel free to seek other opinions when your child's health is a concern. Remember, though, that it is quite easy to find several different opinions about a given problem. A "second opinion" or an evaluation by a specialist is often helpful when dealing with a serious health concern.

Managed care

When people belong to a health plan, they are part of a health insurance system or group often referred to as managed care. Managed care systems hire their own providers (doctors, technicians, therapists, etc.), and may operate their own clinic or hospital. Different plans cover different services; for example, not all plans include dental coverage. Payment guidelines may differ as well. It's important to find out what services a plan pays for before choosing it.



If you join a health plan, you will select a provider from a list of the plan's providers, or a provider may be assigned to you. You will receive a membership ID to carry at all times. After you sign up, if you need *any kind of health care*, you must contact your provider first. Except in some emergencies, if you go to a provider outside of your health plan without first being referred by your provider, your plan can refuse to pay.

Rules for managed care

Most health plans have a member services department. Use it when you have questions or concerns, and remember...you are the customer.

1. Think ahead about what kind of health services you might need.
2. If you can choose, compare plans and pick one that best meets your needs.
3. If you do not like your provider or how you have been treated, call member services and ask for someone different.

Preparing your child for health checkups

Everyone reacts differently to the thought of having a health checkup. Some people fear doctors and dentists so much they will not go for a visit until they are very sick or in pain. Everyone needs health care at different times in their life. Preparing and supporting your child during health care visits can help your child develop a positive attitude toward lifelong health care.

Children tend to fear health exams if:

- They sense their parent's anxiety
- They remember feeling pain at the doctor or dentist office
- The office or equipment or staff are unfamiliar
- They feel crummy on days when they end up at a medical office
- They see other children's fear and hear other children crying

Remember, a child's fear is real and can cause real physical or emotional responses. Respect your child's fear. Never call a child silly or a "baby" for being afraid. In the box at right are ways you can help make children's exam experiences less traumatic.

Definitions

Sometimes the following terms are used as if they are the same, even though their meanings are different. During health care visits, make sure that you and your provider are talking about the same thing.

Do's and don'ts for health checkups

Do:

- Explain truthfully to children what will happen to them during the exam/visit
- Let children express their feelings about exams and providers
- Be a calm role model for children. This might mean facing your own fears about medical visits.
- If possible, buy a toy doctor kit or books about health care for your child to play with and read at home. Activities like this help children “act out” experiences in advance to reduce their fears.
- Talk with your child care provider or preschool teacher about making toys and books related to doctor and dentist visits available for children. Discuss having a doctor, nurse, or dentist visit the preschool or child care program to explain what they do and answer children's questions.

Don't:

- Tell a child that a procedure (like a shot) won't hurt if it will hurt
- Stay in the room during your child's exam if you are very nervous or emotional about a procedure yourself
- Tell a child who is misbehaving that “so and so” (a provider) is going to come and give them a shot, pull a tooth, etc.
- Tell a child that you are taking him or her to school, to Grandma's house, for ice cream, or anywhere else if you are really taking him or her to a provider's office

Screening: A basic test to collect simple data that could suggest a possible health problem. Picture sifting information through a screen. If a piece does not pass through, it gets looked at more closely. Screening can sometimes be done by people with no medical training, but a true reading of screening results requires a health professional.

Exam: Short for examination. To investigate, inspect, scrutinize, inquire, or test...to look at critically or methodically in order to find out the facts or physical condition of what is being examined. Health exams are more thorough and usually more technical than screening, and must be done by health professionals.

Assessment: Ongoing procedures used by qualified professionals to

identify strengths, needs, and services to meet needs. Health professionals *assess* exam results to help define a child's health condition.

What to expect during exams and screening

Note: Not all health care providers will perform all of the tests described below. Ask your provider to explain exam procedures and tests beforehand.

The physical exam

Body parts and systems are checked for normal development and immunizations are given if needed (see Screening Guide, page 6). A child's body changes quickly, so be sure to take your child for physical exams at *all* the recommended ages during childhood—not just when he or she gets sick.

Clothes are removed during exams. Since children are taught not to let strangers undress or touch them, remember to talk to your child before his or her medical visit about what is OK during medical exams.

Temperature, height, weight, and (up to 24 months) head circumference are measured. Results are “charted” to compare a child's growth with other children of the same age. If your child does not have a growth chart, ask your provider to start one.

Hearing

Birth to 3 months: a noise is made while the infant is watched for a “startle reaction.” Six months: a rattle is shaken to test hearing in each ear. Three to 4 years and up: wearing headphones, the child is

asked to indicate when (and in which ear) a sound is heard.

Vision

Birth to 3 years: a light is shone into each eye (light reflex test), and one eye is covered at a time to test response (cover test). Three years and up: from a distance, the child looks at a wall chart of symbols or letters and is asked what/how much he or she sees.

Teeth

Note that cavities, baby bottle tooth decay, and dental injuries can occur as soon as teeth come in. First year: gums and incoming teeth are examined. One year to 18 months: exam by dentist if possible. Two years and up: dentist examines child's teeth and gums. See OSU Extension publication EC 1468, *Pearly Whites! Dental Health for Infants, Toddlers, and Preschoolers* for more information about childhood dental care.

Lead screening

Parent answers a list of questions to see if the child is at risk for lead exposure. If the answer to any of these questions is "yes," a small amount of blood is taken to be tested for lead.

TB test (PPD)

A small bubble of fluid is injected under the skin of the forearm with a tiny needle. The area is checked by the parent or health care professional 48–72 hours later for signs of *significant* redness and swelling at the injection site.

Anemia screening

The child's finger (or sometimes an infant's foot) is pricked with a lancet for a drop of blood to be

tested for iron levels. This test is required for entry into Women, Infants, Children (WIC). Low iron levels can lead to poor health.

Urine screening

The child urinates a small amount into a cup to be tested for abnormal levels of protein, sugar, or signs of infection. This test also can rule out kidney problems and the childhood onset of diabetes.

Additional information

In addition to checking your child's physical health, a visit to the provider also should include discussion about other important childhood health information. Nutrition, safety, family issues, child development, and a recommendation for when the next checkup should occur are common topics.

Immunizations: Why so many shots?

It's recommended that children in the United States be immunized against 10 different diseases: diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, hepatitis B, Haemophilus influenzae type b

(Hib), and, most recently, varicella (chicken pox). Children need over 80 percent of their vaccinations in the first 24 months of life (see Screening Guide, page 6). This requires multiple doses of vaccine and about five visits to the health care provider.

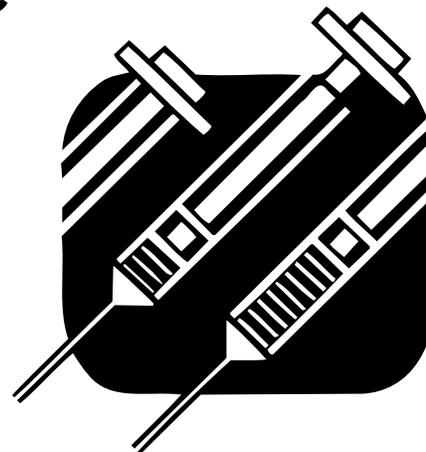
After the first 2 years, periodic "booster" shots are necessary to keep full immunity. Booster shots are needed when a child is between 4 and 6 years old. Usually, local health departments or county clinics provide vaccinations and booster shots at low cost, and will provide free immunizations for families unable to afford them.

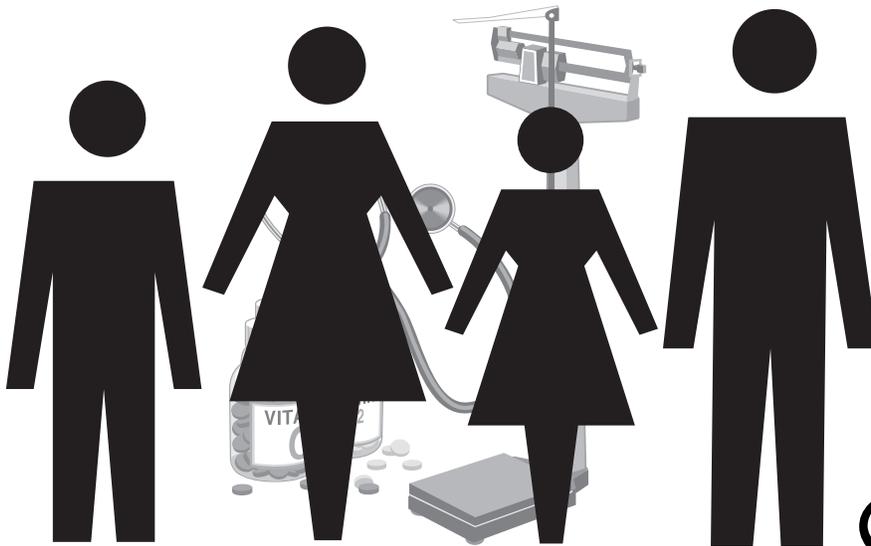
Prior to the widespread use of vaccinations in the United States, infectious disease killed or disabled thousands of children each year.

Now, immunization programs have proven to be among the most effective ways to fight disease. Disease levels have dropped by over 99 percent since the introduction of vaccines. However, because rates of childhood disease go up when immunization rates go down, it's important that parents make sure their children receive all of the necessary doses of vaccine for each disease.

Questions about immunizations

What's in a vaccine? Vaccinations involve a single or a series of injections containing either "dead" virus or bacteria or live virus but in greatly weakened form. Introducing the virus or bacteria into the body stimulates the immune system to make substances called antibodies. The antibodies then remain as a permanent defense against the disease.





Can vaccines harm? The failure to properly immunize a child places him or her at risk for contracting the disease. The dangers of getting the disease are far greater than any potential problem associated with the vaccine designed to fight it. Each vaccine is different and each is associated with potential side-effects, the majority of which are both minor and rare. In every case, the consequences of getting the disease far outweigh the risk of side-effects.

How do I get more information about immunizations? Your health care provider or local health clinic can answer questions and provide you with materials that explain childhood immunizations in greater detail.

What parents can do

- Become familiar with the new immunization schedule (see Screening Guide, page 6).
- Keep copies of your child's immunization record and compare it to your health care provider's to be sure it's up-to-date.

- When new vaccines become available (most recently for hepatitis B and chicken pox), and your older children did not receive them, check with your health care provider about catching up on vaccinations.

- Take advantage of opportunities to have your child fully immunized. Look for free immunization clinics in your community, or call the health department for immunization dates.

Be there with your child when the immunization is given. Do not react with fear, which likely will make your child feel worse. Tell the truth about what will happen and why the shot is needed. Children do better when they know what to expect.

- Help your child cope with the procedure by using a calm voice and soothing talk.
- Ask the provider about the use of acetaminophen at the time of the vaccination and additional doses to help discomfort later on. Never give a child regular aspirin.

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Screening Guide

Typical exam and screening schedule (may vary with child)***

<p>1 month Physical exam Height, weight, head circumference Hearing screening (before 3 months), lead screening* <i>Immunizations</i>***: Hep B #1 (if not given at birth)</p>	<p>2 months Physical exam Height, weight, head Hearing (if not yet done) Vision (strabismus, reflex test) <i>Immunizations</i>: DTP #1, OPV #1, Hib #1, Hep B #2</p>	<p>4 months Physical exam Height, weight, head Vision (reflex test) Hearing (if not yet done) <i>Immunizations</i>: DTP #2, OPV #2 Hib #2, Hep B #2 (if not yet given)</p>
<p>6 months Physical exam Height, weight, head Vision (strabismus, reflex test) Tooth eruption Anemia and lead screening* <i>Immunizations</i>: DTP #3, OPV #3, Hib #3, Hep B #3 (between 6–18 mo.)</p>	<p>9 months Physical exam Height, weight, head Vision (strabismus, reflex test) Tooth eruption Anemia screening* Lead screening* (by 12 months) <i>Immunizations</i>: Hep B #3 (if not yet given)</p>	<p>12 months Physical exam Height, weight, head Vision (reflex test) Tooth eruption Anemia and lead screening* TB test (all babies) <i>Immunizations</i>: Hib #3 or #4, Hep B #3 (if not yet given), MMR #1, check whether up-to-date</p>
<p>15 months Physical exam Height, weight, head Tooth eruption TB test (if not yet done) Lead screening* <i>Immunizations</i>: Hib #3 or #4, DTP #4, MMR #1 (if not yet given), Hep B #3 (if not yet given), check whether up-to-date</p>	<p>18 months Physical exam Height, weight, head Dental screening Lead screening* <i>Immunizations</i>: Hep B #3 (if not yet given), check whether up-to-date</p>	<p>2 years Physical exam Height, weight, head Vision (strabismus test) Dental examination Urine screening TB test* <i>Immunizations</i>: check whether up-to-date</p>
<p>3 years Physical exam Height, weight Dental exam Vision, hearing, urine, blood pressure, anemia screening* TB test*, lead screening* <i>Immunizations</i>: check whether up-to-date</p>	<p>4 years Physical exam Height, weight Dental examination Vision, hearing, urine, blood pressure, anemia screening* TB test*, lead screening* <i>Immunizations</i> (between 4 and 6 years old): DTP #5, OPV #4, MMR #2</p>	<p>5 years Physical exam Height, weight Dental examination Vision, hearing, urine Blood pressure, anemia screening* TB test (before school), lead screening* <i>Immunizations</i> (between 4 and 6 years old): DTP #5, OPV #4, MMR #2</p>

*Only if at risk for this condition. Ask your provider about risk factors.

**Immunization key: DTP (Diphtheria, Tetanus, Pertussis); OPV (Oral Polio Vaccine); MMR (Measles, Mumps, Rubella); Hep (Hepatitis); Hib (Haemophilus influenzae type b)

***Based on American Academy of Pediatrics Periodicity Schedule

For further reading

The American Academy of Pediatrics (1991). *Caring for Your Baby and Young Child: Birth to Age 5*. New York: Bantam Books.

Edelstein, S.F. (1995). *The Healthy Young Child*. Minnesota: West Publishing Company.

Maternal and Child Health Bureau. (1994). *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Arlington, Virginia: National Center for Education in Maternal and Child Health.

Pantell, R.H., Fries, J.F., and Vickery, D.M. (1990). *Taking Care of Your Child: A Parent's Guide to Medical Care*. New York: Addison-Wesley Publishing Company.

Books for young children

Davidson, M. (1992). *Robby Visits the Doctor*. New York: Random House.

Drescher, J. (1987). *You're Doctor, My Doctor*. New York: Walker & Co.

McDonald, M. (1992). *Little Nippo Gets Glasses*. New York: Dial Books.

Rockwell, A.F. (1987). *Sick in Bed*. New York: MacMillan.

Rockwell, H. (1975). *My Dentist*. New York: Mulberry Books.

Showers, P. (1980). *No Measles, No Mumps, Etc.* New York: Thomas Y. Crowell.

Related OSU Extension publication

EC 1468, *Pearly Whites! Dental Health for Infants, Toddlers, and Preschoolers*. \$1.00

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If you would like to order the above publication or additional copies of EC 1486, *Going for a Checkup*, send the price listed per copy to:

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