

THE 2-YEAR-OLD WELL CHILD VISIT

Case: The parents of Julian bring him in for his 2-year-old well child visit. They report that he is generally a well-behaved child, though at times, he can be stubborn. His vocabulary is growing as he imitates the adults around him and enjoys people reading to him. He has a great appetite, but is sometimes picky with the foods he is offered. They would like to begin potty training with him, but he has been resistant to attempts. He sometimes throws temper tantrums when his parents encourage him to eat certain foods or when they make him sit on the training toilet seat. His parents are concerned that he is not engaging in potty training, and they worry that his temper tantrums may lead to future, more significant behavioral problems.

Questions for discussion:

What should be expected of a 2-year-old?

What should be discussed at the 2-year-old well child visit?

Developmental Assessment:

The 2-year-old child is continuing to develop new skills in life, as well as a sense of independence and ability. He enjoys feeding himself, helping to dress/ undress, and imitating parents or caregivers to learn language and motor skills. He likes to feel that he can make decisions (which toy to play with or which food to eat). He develops fears of unknown people, places, and things, and he will cling to parents when in those situations. In play, he will engage in parallel rather than interactive activities with his peers.

He has learned how his actions can elicit both negative and positive reactions from his caregivers, and will test the limits to prove the responses. Temper tantrums are an example of this, although they may also represent frustration at being unable to clearly communicate his wants or at not receiving the desired or expected response. It is essential for caregivers to remain calm and to reinforce positive behavior through this period. If temper tantrums get bad or the child begins breath-holding spells, ignoring the child during these works well. A 2-year-old has some understanding of rules about behavior and safety, and he should be taught these rules appropriately. Some difficulty with this teaching process is normal.

Language: at least 20 word vocabulary; 2-3 word phrases; 25% understandable to non-family members; follows 2-step commands; understands names of family members, familiar objects, and seven body parts; uses pronouns inappropriately

Motor: Can go up and down stairs; kicks a ball; stacks 5-6 blocks; draws horizontal and circular strokes

Developmental Questions to Ask:

- Behavior
 - How does he respond to discipline from parents/ caregivers?
- Communication
 - How many words is he speaking?
 - Is he making 2-3 word phrases?
 - What percentage can a non-family member understand?
 - Does he rely on gestures to communicate?
 - How much does he understand? Can he follow 2-step commands without gestures?
- Physical/ Motor
 - Can he walk up and down stairs on his own, 1 step at a time? (Going down stairs may still need some assistance.)
 - Can he kick a ball?
 - Can he jump up?
 - Can he imitate a stroke with a pencil?
- Interpersonal relations
 - Is he cautious around strangers or very outgoing?
 - Does he engage in parallel play with peers?
 - Selections from Modified Checklist for Autism in Toddlers (M-CHAT):
 - Does he take an interest in other children?
 - Does he use his index finger to point and indicate interest?
 - Does he ever bring you objects to show you something?
 - Does he respond to his name when you call?
 - Does he imitate you if you make a face?
 - If you point at a toy across the room, will he look at it?
 - Does he hold eye contact for more than a second or two?
- Activities of daily living
 - Is he feeding himself?
 - Does he help get undressed/ dressed?
 - Does he brush his teeth?
 - Does he wash and dry his hands?
 - How is toilet training progressing?

Health Assessment:

At 2 years-old, a healthy diet is essential. Milk can be switched from whole milk to a low-fat milk (1 or 2%; not skim), and daily intake should be no more than 16-24oz. This will decrease fat intake, but maintain an adequate level for brain development. Juice should be limited to 4-6oz per day; thirst and hunger should be fulfilled with milk and healthy snacks or meals. He should be advanced from bottles to cups.

New solid foods should be introduced incrementally, in order to be able to determine if he has any food allergies. It is normal for toddlers to be picky with foods. If growth and weight gain is adequate, reassure the parents that their feeding is okay and no vitamins or supplements are needed. Junk food should be avoided. At this age, it is important to note if a toddler is overweight, and to emphasize a healthy diet and physical activity to prevent progression to obesity in childhood and adolescence.

The physical exam should be thorough, as at any well child visit. At 2-years-old, the oral exam is important to check for dental caries, likely due to baby bottle tooth decay. It is still important to check red reflexes for retinoblastomas. Also, be mindful of any signs suggestive of child abuse.

Health Topics to be discussed:

- Nutrition
 - What type of milk is he drinking? How much per day?
 - How much juice?
 - What foods/ solids does he eat?
 - What is his eating schedule? How are his eating habits?
 - How much junk food is he given?
- Growth parameters/ BMI
 - Is he overweight or underweight? If so, is this new or a continued trend?
- Immunizations
 - No scheduled immunizations at this visit
 - Check to see if catch-up shots are needed
- Other testing/ screening
 - Check for lead or TB risk factors
 - Determine if there are any indications for hearing or vision screening

Safety Assessment:

At 2 years of age, the child can walk, run, jump, and climb, and he is probably very curious. Therefore, safety at home is a major concern. Supervision is essential to prevent dangerous falls, toxic ingestions, burns, and outdoor accidents. An assessment of home safety and supervision is very important to determine if there are any red flags that would increase risk of injuries.

Safety Topics to be discussed:

- Car seat
 - Rear seat, forward facing (if over 20 lbs). However, it is not wrong (and it's actually safer) to keep seat rear-facing if the seat is certified to face backwards at the child's weight.
- Water safety
 - In home- never leave alone in bath tub
 - Outdoor- adult supervision (holding hand) at pool or beach, even if child can swim; do not rely on floaties
- Outdoor safety (sun, playgrounds, streets)
 - Use appropriate sunscreen and other sun protection (shade, hat, clothes)
 - Always supervise if playing near street
 - Watch for driveway back-overs.
- Home childproofing (stairs, tables, sockets, poisons)
 - Watch closely for fall hazards (stairs, windows)
 - Plastic covers over sockets
 - Low cabinets should have safety fasteners; chemicals should be out of reach and all medicines should have safety caps
 - Remove sharp-edged furniture from sleep and play rooms
- Burns
 - Child should not be in kitchen when adults are cooking.
 - Do not allow child to carry bowls of hot soups.
 - Don't let older children cook without supervision with the toddler

Summary of Anticipatory Guidance Recommendations for 2-year-old WCC:

- Communication & Language Development
 - Speak to him in understandable words that he can imitate and grasp comprehension.
 - Read age-appropriate materials to him daily.
 - Decrease reliability on gesturing for understanding commands or for communicating.
- Discipline
 - Set appropriate and understandable home rules for behavior.
 - Do not respond to temper tantrums with anger; ignoring them can be effective.
 - Use time out (1 minute for each year of age = 2 minutes).
 - Limit television time to less than 1 hour per day of age-appropriate programs.
- Health and Nutrition
 - Drink 1 or 2% milk.
 - Limit juice to 4-6 ounces per day.
 - Feed 3 meals per day, with healthy snacks in between meals.
 - Participate in outdoor physical activities as a family.
 - Keep child's environment cigarette smoke-free.
- Safety
 - Be mindful of furniture that may be conducive to climbing and falls.
 - Always make sure that outdoor play is supervised by an adult.
 - Never leave alone in or near water.
 - Kitchen safety— prevent burns by prohibiting toddler use of microwave and not allowing older children to cook or carry hot foods near toddler.
- Toilet training
 - Do not force toilet training. Not all toddlers will be completely trained by 3 years old. Inform parents that this is within normal developmental limits, that they should not become frustrated, and above all, they should not punish "slow" potty training...punishment will only make the process more difficult for the child and parents.

Reference: Green M, Palfey JS, eds. 2002. Bright Futures- Guidelines for Health Supervision of Infants, Children, and Adolescents (2nd ed, revised).

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