3 Year Health Assessment

Developmental Milestones at 3 Years

- **gross motor skills**: hops and stands on one foot up to 5 sec, kicks ball forward, throws ball overhand, catches bounced ball, pedals tricycle, walks up/down stairs with alternating gait
- **fine motor skills**: scribbles, draws person with 2-4 body parts, copies square, draws circles, uses utensils, puts on some clothing, stack at least 8 blocks
- **cognitive skills**: participates in pretend play, knows name/age/gender, names some colors, understands concept of counting, some sense of time, follows 3-part commands, recalls parts of stories, understands concept of “same” and “different”
- **language skills**: speech 75% intelligible, talks in short sentences (5-6 words) but may leave out articles/plural markings/tense markings, asks questions such as “what’s that” and “why,” understands prepositions and adjectives,
- **social skills**: enjoys interactive play, may be oppositional or destructive, listens to short stories
- **adaptive skills**: undresses, some dressing, progress toward toilet training, self-feeding, cooperates with other children, interested in new experiences
- **emotional skills**: unfamiliar images may be “monsters,” views self as whole person in body/mind/feelings, cannot often distinguish between fantasy and reality

Health Assessment

*Address the following issues:*

- Illness, allergies, accidents, injuries since last visit
- Immunizations received elsewhere
- Concerns about child
- Concerns about family dynamics/changes, home life, other life stressors
- New skills child has acquired
- Toilet training, bed wetting
- Hygiene – washing hands by self
- Diet and nutrition, milk intake (2%), vitamin/fluoride supplements, junk food
- Child care/preschool; what does the teacher say about child?
- Languages spoken at home
- Is child’s speech understandable?
- Child in a booster seat and wearing seat belt?
- Parental perception of child’s independence
- Discipline/setting limits for child
- Risk of lead exposure, anemia, hyperlipidemia, elevated blood pressure, TB infection
- Domestic violence, child abuse
- Alcohol/drug abuse in family
- Mental health problems in family
- Do you feel safe in your neighborhood?
- Gun in home?
- Aggressive animals at home?
Behavior Assessment

- Child may continue to test limits of acceptable behavior
- Show increasing acceptance of social limits
- Language skills may exceed cognitive understanding
- Active imagination and imaginary friends
- Observe parent-child interaction
  - How do they communicate with each other?
  - How much of communication is verbal? nonverbal?
  - Does parent use baby-talk?
  - Does parent give child choices? or Does the parent give commands only?
  - How does child react to parent?

Physical Exam

- Height, weight, and BMI
- Blood pressure
- Visual acuity, strabismus
- Assess hearing subjectively
- Evaluate speech
- Look for early dental caries, developmental dental anomalies, malocclusion, pathologic conditions, dental injuries
- Observe gait, leg alignment, hip rotation
- Excessive injuries or bruising may indicate inadequate supervision or possible abuse
- Observe for evidence of possible neglect or abuse

Immunization

- PPD, if indicated
- Catch-up immunizations, if delayed; otherwise, none indicated at this time

Labs

- Lead levels, if at risk
- Cholesterol level if indicated by family history and not previously done

Anticipatory Guidance

Nutrition

- Ensure balanced diet: 3 nutritious meals a day, 2-3 planned nutritious snacks a day; offer a variety of foods; avoid junk foods
- No nuts, hard candies, chewing gum
- Serve low-fat dairy products, including milk, yogurt, cheese
- Provide high-chair or booster seat at table height during family mealtimes; try to eat meals as a family; child should sit while eating, not while running/playing
- Child should feed him-/herself using utensils; parents provide help when needed
- Be sure child’s caregiver provides nutritious foods
- Do not use food as a bribe or reward

Sleep
3 Year Health Assessment

- Naps may stop, though children may become irritable when over-tired; consider earlier bedtime
- Regular bedtime and bedtime ritual are important
- Occasional night fears are usual

**Development**

- Spatial awareness has developed, so more sensitive to relationships among objects – positions toys carefully, ability to perform more precise tasks
- Encourage active play with blocks, simple puzzles, large beads on string, pegs, play dough; children enjoy building sand castles, pouring water into different-sized containers, reading, coloring/fingerpainting, dressing/undressing dolls
- Pretend play is developing
- Discourage passive activities such as watching television
- Active vocabulary of 300+ words, chatters constantly
- Language development is facilitated by direct conversation, e.g. use pronouns correctly in your own speech instead of correcting child’s language
- Children may undergo a transient, self-limited period of mild speech dysfluency (stuttering), which is normal if lasts <2-3 months
- Provide parents with information about toilet training – by age 3, 90% of children are bowel-trained, 60-70% are dry at night
- Awareness of gender difference has begun to emerge

**Parenting**

- Parents should spend some time alone with each child every day and encourage child to talk about his/her daily experiences.
- Encourage interactive reading with child
- Offer children choices in appropriate situations, e.g. peanut butter or cheese?
- Encourage parents to promote out-of-home experiences (nursery school, play groups), which are good opportunities to develop and learn social skills with peers, as well as to develop ability to be separated from parents
  - Guide and support families of children with special health or development needs; parents have right to appropriate education in public school system
- Parents can usually leave child alone in room when playing by him-/herself, but they should be watchful when child is with other children, around hazardous equipment/machinery, or near traffic
- It is important for parents to show affection to their child; children do not understand “tongue-in-cheek” comments and cannot tell when a parent is joking, e.g. locking child in room if he doesn’t eat his dinner
- Praise child for good behavior and accomplishments
- Children should be encouraged to identify with the activities and social roles of their parents; parents should be discouraged from sharing the bed with their child, if culturally appropriate
- Parents should answer their children honestly, at appropriate levels to the child’s understanding (e.g. where do babies come from?); use anatomically correct terms; understand that sexual curiosity and exploration are normal
3 Year Health Assessment

- Introduce the notion that certain parts of body (e.g. those areas covered by a bathing suit) are private and should not be touched without child’s permission
- Advise parents on discipline, which should be humane, age-appropriate, time-limited, and fair; encourage self-discipline and positive sibling relationships
  - Be consistent in expectations and discipline
  - Use “time-out” or remove child from source of conflict for unacceptable behavior
  - In general, handle anger constructively within the family
- Advise parents about importance of drug-free and tobacco-free environment
- Child may need a transitional object (e.g. favorite toy or blanket) to help him/her move from one activity to another and to feel safe in a variety of situations

Injury Prevention

- Carseat/booster seats until age 5 and >60 lbs.; sit in back seat only; keep car doors locked when car is moving
- Lock doors to protect children; gates at top/bottom of stairs
- Use a skid-proof mat in bathtub
- Test smoke alarms/CO detectors and change batteries yearly, conduct fire drills at home, teach child how to respond if clothes catch on fire (stop, drop, roll)
- Promote tobacco-free environments
- Children should not play around hot grease or liquids in kitchen; keep cooking supplies/hot pots/small appliances out of reach
- Plastic plugs in electrical sockets
- Ensure no dangling telephone/electrical/blinds/drapery cords
- If a gun is kept in the home, store gun (trigger-locked) and ammunition in separate places, locked-up; store knives out of the reach of children
- Keep cigarettes, lighters, matches, alcohol, electrical tools locked-up/out-of-sight
- Closely supervise children, especially when playing nearing street; teach children to be cautious about chasing a ball or pet into the street
- Teach child pedestrian safety skills, but do not let them cross alone
- Never leave child alone in car, bathtub, house, or yard
- Caution child about unsafe hiding places such as refrigerators, car trunks, clothes dryer, etc…
- Advise children to be careful around unfamiliar dogs, especially when they’re eating
- Discuss water safety and wear well-fitting life jacket when in boat or near water
- Consider starting organized group swimming instruction
- Ensure swimming pools have four-sided fence with self-closing, self-latching gate
- Ensure child wears helmet when riding tricycle or in seat on adult bike; parents should wear helmets, too
- Children should not follow strangers and not allow themselves to be touched by others in uncomfortable/unfamiliar ways
- Medications, poisons, toxic household products should be safely capped and out of sight/reach of children; call the poison center if child puts something poisonous or unknown in his/her mouth; do not use syrup of ipecac
3 Year Health Assessment

- Use sunscreen at least SPF 15 at all times when exposed to sunlight, use broad-brimmed hat to shade ears, nose, lips

Health Maintenance
- Help child wash hands after diaper changes/toileting and before meals
- Teach child to wipe nose with tissue and then wash hands
- Fluoride supplementation if indicated (i.e. home has well water or there is low fluoride content in local water) – ask dentist or local health department
- Brush teeth with pea-sized amount fluoridated toothpaste (avoid pediatric toothpastes) after meals and before bedtime
- Begin dental care when all 20 baby teeth have come in; every 6 months
- Encourage family exercise

Anticipated siblings/Sibling relationships
- The room for an expected newborn should be prepared to redefine the child’s “space”
- Encourage gifts for the older child, too
- Schedule child’s next visit prior to arrival of new baby, so full attention can be paid to the older child
- Acknowledge conflicts between siblings; resolve conflicts without taking sides; do not allow hitting, biting, other violent behavior

Community Health
- Provide resources or referrals for state Medicaid programs or other state medical assistance/health insurance programs
- Offer resources/referrals for food and/or nutrition assistance, e.g. WIC, Head Start, Food Stamp program; also for housing, transportation
- Provide resources for childhood programs such as preschool, Early Intervention, Head Start, community/park district programs
- Provide contact information for parent education classes or support groups
- Offer resources for parents to help make their communities safer

References:

Approved by: Karen Goldstein, M.D. May 2007