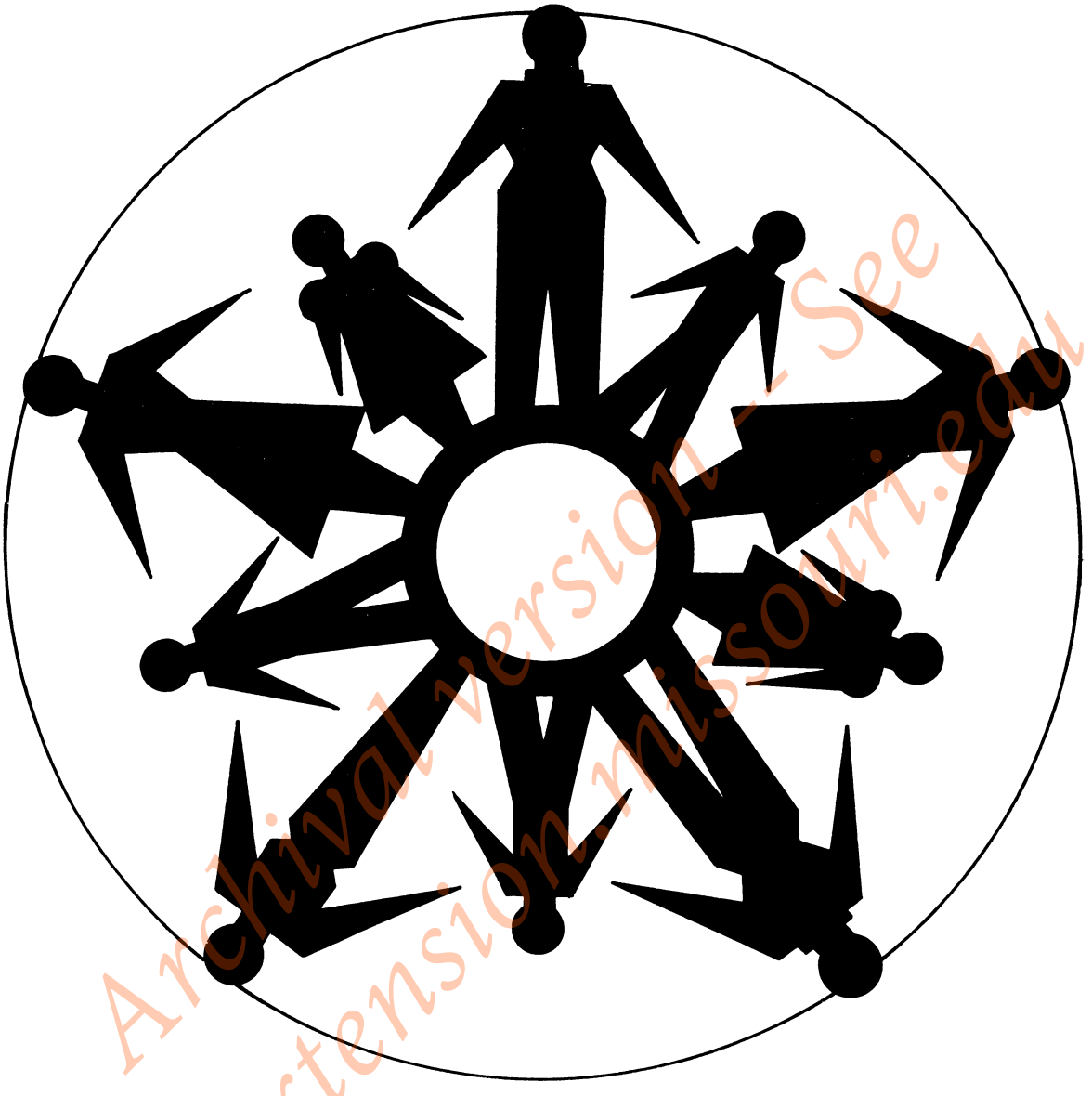
Family Health Book



For participants in **Take Care,**
A medical self-care course
for young families

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Contents

Home Health Observation Guide

How To Use This Guide

The Home Health Observation Guide chapter will help you make reliable observations about your family's health. Of course, it is no substitute for a doctor's examination. Accurate health observations *will* help you use **Take Care of Yourself** effectively to decide when a doctor's visit is needed. Use the form at the end of this chapter to record your results. There are three parts to the guide.

• Vital Signs

This section will help you take Vital Signs, which are basic health observations that include temperature, pulse, respiration, weight, height and blood pressure.

• Head-To-Toe Exam

The Head-To-Toe Exam is a quick once-over that should take ten or fifteen minutes. When used along with **Take Care of Yourself,** it will help you to make good decisions about handling health problems at home. Do a Head-To-Toe Exam whenever you are trying to size up a problem. For example, you would not need the whole exam for a sprained ankle. But if someone in your family has a rash and a fever, or just feels badly, it would be a good idea to use the whole exam to be sure you're not missing something. It is also a good idea to practice a few times so you will know what is normal for your family. That will make it easier to spot anything unusual.

• Breast Self-Examination

Breast Self-Examination is a very important health observation skill that every woman should use. This section explains why, and includes clear instructions on how to do Breast Self-Examination.

Vital Signs

This includes temperature, pulse, respiration, height/weight and blood pressure.

Temperature

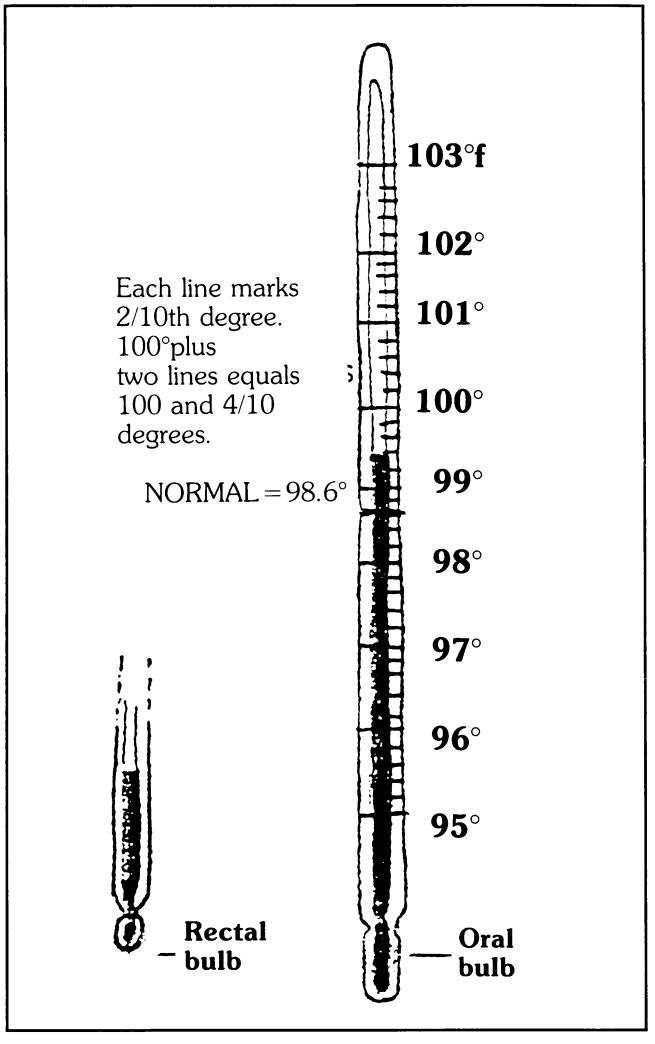
Get the thermometer ready by washing it in cool, soapy water. Don't use hot water, because that could ruin the thermometer. Then *shake it down* by holding the thermometer tightly by the end away from the bulb and rapidly shaking the water off the bulb end. This will lower the mercury in the thermometer. Shake it until the mercury is below 95°F. Some thermometers must be shaken hard.

Rectal temperature is best for infants and small children. Be sure to use a *rectal* thermometer with a round bulb.

- Rub a little Vaseline or K-Y Jelly on the end of the thermometer.
- Place the child on his stomach over your lap, or on a bed. Do this in a quiet place so that the child won't want to move around as much.
- Gently insert the thermometer into the child's rectum. Don't force it. It should go in only about 1½ inches. Leave it in for 4 minutes.

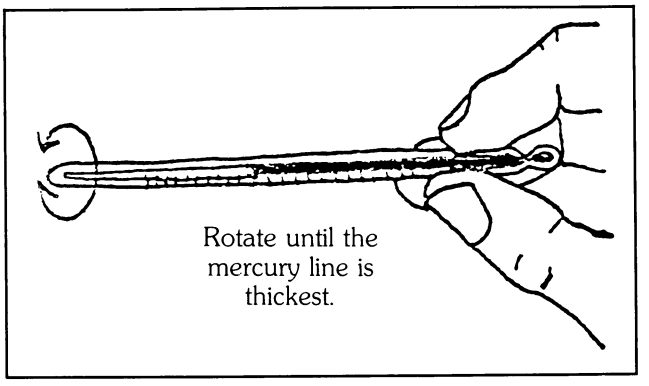
Oral Temperature is best for adults and older children. Oral temperature will read ½° to 1° lower than rectal temperature. You can use either a rectal or oral thermometer, but rectal thermometers are stronger and are a little safer for kids.

- Wash and shake down the thermometer.
- Place the bulb under the tongue, just to one side of the center. Keep the lips closed, breathing through the nose. If this is impossible due to a stuffy nose, you can take a rectal temperature instead.
- Leave the thermometer in for 4 minutes.



Reading the Temperature

- Holding the thermometer in good light, rotate it until the mercury line is thickest.
- Each line marks off 2 tenths of a degree. So 99° plus two lines equal 99 and four tenths degrees. Many thermometers have a large line marking normal, which is 98.6°
- Whenever you are telling your doctor about a fever, be sure to mention whether it was taken orally or rectally.

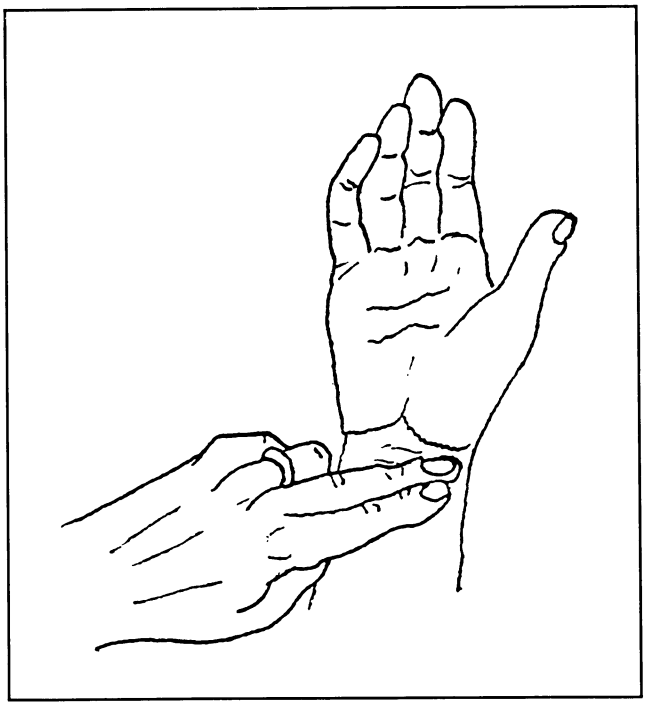


Pulse

Your pulse is the throbbing that can be felt in the arteries every time your heart beats. So your pulse rate is actually your heart rate. The best place to take it is on the wrist.

Place your first two fingers on the wrist near the base of the thumb. Move them around until you feel the pulse throbbing as strongly as possible.

Count the number of beats you feel in a minute, using a clock with a second hand. (If you want, count the beats for 30 seconds and double the results.) Your pulse rate is the number of *beats in a minute.*



Respiration

The respiration rate is the number of times a person breathes in a minute. It is usually observed while the person is resting. To take the respiration rate, count the breaths for a full minute. One breath is a complete in-and-out cycle. It may help you see the breaths to lightly place your hand on the person's chest and watch it rise and fall.

NORMAL RESTING PULSE RATES:

Adults	60-100 beats/min.
6-10 yrs.	70-110 beats/min.
Infant-1 yr.	70-150 beats/min.

Pulse and respiration vary widely, so it's important to know what is normal for you.

NORMAL RESTING RESPIRATION RATES

	Beats/Min.
Newborn	30-80
1 year	20-40
6 years	12-19
10 years	17-22
Adult	15-20

Weight/Height

On the next page is a chart that shows about how much adults should weigh for their height. The only tricky aspect of the chart is to decide whether you are of normal or heavy build. A method for determining this (other than wishful thinking) is described on the chart.

For children, it is important to note any significant change in their pattern of growth. The growth chart included at the end of this guide will help you keep track of this.

To use the charts, measure the height and weight of your child. Then, using the chart meant for your child's age group, make an X on each graph to mark your child's measurements. The important thing is not that a child be average, but that he or she be fairly consistent. A child will normally maintain about the same position on the chart (relative to the rest of the children at that age) as he or she gets older.

For example, if a boy starts out near the top of the normal range, and between ages 5 and 6 drops to near the bottom of the normal range, this is unusual and should be looked into by a physician. Any major change of this kind should be looked into by your physician. For children under two years you may want to measure them every 2 or 3 months. Older kids can be measured every 6 or 12 months.

Height/Weight Tables

To Make An Approximation of Your Frame Size . . .

Extend your arm and bend the forearm upward at a 90 degree angle. Keep fingers straight and turn the inside of your wrist toward your body. If you have a caliper, use it to measure the space between the two prominent bones on either side of your elbow. Without a caliper, place thumb and index finger of your other hand on these two bones. Measure the space between your fingers against a ruler or tape measure. Compare it with these tables that list elbow measurements for *medium-framed* men and women. Measurements lower than those listed indicate you have a small frame. Higher measurements indicate a large frame.

Height in 1" heels MEN	Elbow Breadth
5'2"-5'3"	2½"-2⅞"
5'4"-5'7"	2⅝"-2⅞"
5'8"-5'11"	2¾"-3"
6'0"-6'3"	2¾"-3⅛"
6'4"	2⅞"-3¼"
WOMEN	
4'10"-4'11"	2¼"-2½"
5'0"-5'3"	2¼"-2½"
5'4"-5'7"	2⅜"-2⅝"
5'8"-5'11"	2⅜"-2⅝"
6'0"	2½"-2¾"

Metropolitan Height and Weight Tables

MEN					WOMEN				
Height		Small	Medium	Large	Height		Small	Medium	Large
Feet	Inches	Frame	Frame	Frame	Feet	Inches	Frame	Frame	Frame
5	2	128-134	131-141	138-150	4	10	102-111	109-121	118-131
5	3	130-136	133-143	140-153	4	11	103-113	111-123	120-134
5	4	132-138	135-145	142-156	5	0	104-115	113-126	122-137
5	5	134-140	137-148	144-160	5	1	106-118	115-129	125-140
5	6	136-142	139-151	146-164	5	2	108-121	118-132	128-143
5	7	138-145	142-154	149-168	5	3	111-124	121-135	131-147
5	8	140-148	145-157	152-172	5	4	114-127	124-138	134-151
5	9	142-151	148-160	155-176	5	5	117-130	127-141	137-155
5	10	144-154	151-163	158-180	5	6	120-133	130-144	140-159
5	11	146-157	154-166	161-184	5	7	123-136	133-147	143-163
6	0	149-160	157-170	164-188	5	8	126-139	136-150	146-167
6	1	152-164	160-174	168-192	5	9	129-142	139-153	149-170
6	2	155-168	164-178	172-197	5	10	132-145	142-156	152-173
6	3	158-172	167-182	176-202	5	11	135-148	145-159	155-176
6	4	162-176	171-187	181-207	6	0	138-151	148-162	158-179

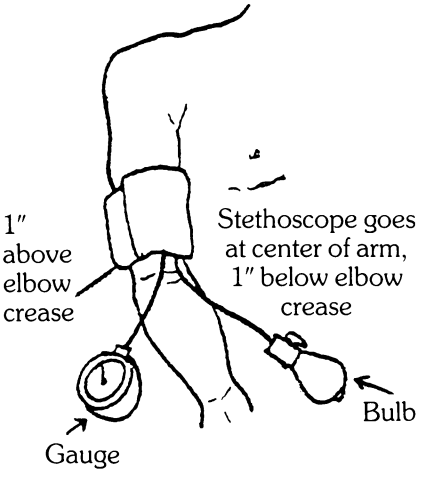
Weights at ages 25-59 based on lowest mortality. Weight in pounds according to frame (in indoor clothing weighing 5 lbs. for men and 3 lbs. for women; shoes with 1" heels).

Source: Metropolitan Insurance Companies, 1983

Blood Pressure

If you or someone in your household has high blood pressure, if you are black, over 50, overweight, or if high blood pressure runs in your family, you should know how to measure blood pressure. It isn't very difficult, but it takes practice. You probably can't learn accurate blood pressure measurement from a book, so these instructions are meant primarily to help you practice at home. You should learn to take blood pressure from a health professional.

These instructions are for taking the blood pressure of adults. Most blood pressure cuffs are too big for kids; your doctor or nurse can help you on the relatively rare occasions when a child's blood pressure must be taken.



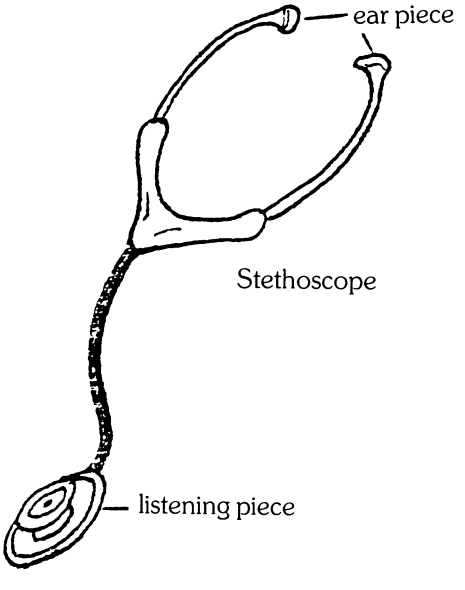
What Is Blood Pressure?

It is the force of the blood filling your veins and arteries. When your heart contracts (or pumps) there is a surge of blood. This pressure is called the *systolic* blood pressure. In between beats there is less pressure; this is called the *diastolic* blood pressure. Both diastolic and systolic pressure are important and the custom is to record them as follows:

$$\frac{\text{systolic}}{\text{diastolic}}$$

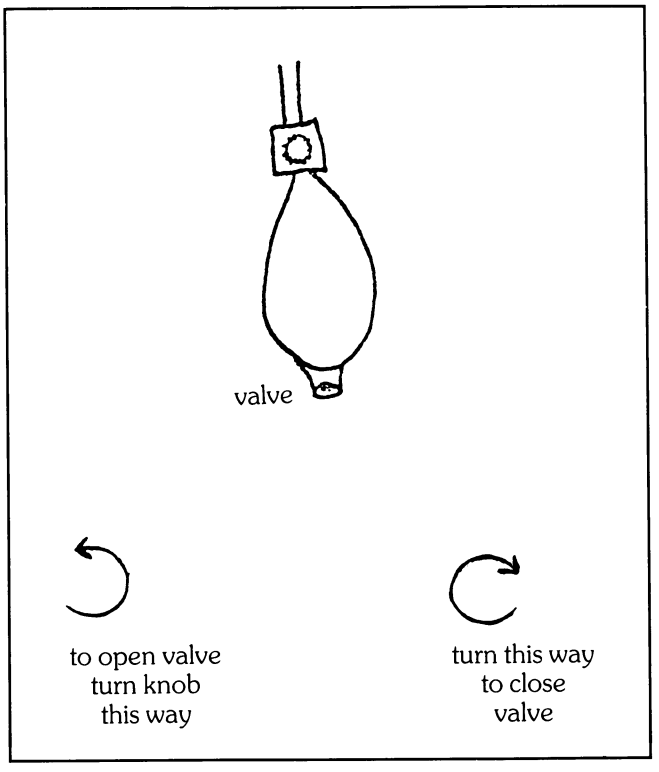
(D is for down—this can help you remember that Diastolic is on the bottom.)

If your systolic pressure is 120 and your diastolic is 80, you would say that your blood pressure is "120 over 80," and record it as 120/80.



Taking Blood Pressure

- The person should be seated next to a table, with a bare arm lying comfortably on it. Deflate the cuff by opening the valve.
- Wrap the deflated cuff snugly around the upper arm. The bottom edge of the cuff should be 1 inch above the crease at the elbow.
- Place the gauge where you can read it easily. Some gauges can clip onto the cuff; others must be placed next to the arm on the table.
- Put the stethoscope on (ear pieces in your ears) and place the listening piece on the center of the arm just below the elbow crease. Hold the listening piece in place, but do not press hard.



- Close the valve and pump the pressure up to 180 on the gauge. Immediately open the valve slightly so that the needle slowly moves down the scale. *Don't* leave the cuff pumped up to 180 for more than a moment, since it is uncomfortable.
- Watch the gauge as you listen to the stethoscope. You will soon hear a thumping or tapping sound. This is the sound of the pulse. The number on the gauge when you first hear the pulse is the systolic pressure.
- Allow the air to continue escaping from the cuff, so that the needle in the gauge slowly goes down. After a few moments the pulse will sound muffled and then disappear. The reading on the gauge when the sound disappears is the diastolic blood pressure.
- Once you have the diastolic pressure, open the valve to deflate the cuff and remove it from the arm.
- If you have trouble getting a clear reading the first time, be sure the cuff is deflated completely before your second try. If the second attempt doesn't work, wait 5 minutes or use the other arm. Repeated attempts on the same arm without the 5 minute break will lead to inaccurate measurement.

What Does It Mean?

Normal adult systolic pressure ranges from about 90 to 140. Diastolic pressure is normally about 60 to 90. A blood pressure of 120/80 is often identified as "normal," but is important to remember that one reading does not tell enough. To get an accurate picture, you should have your pressure taken three or more times at different times of the day. If your blood pressure usually runs 140/90 or higher, you probably have high blood pressure and you should see your doctor. Below average blood pressure isn't usually a problem in itself. As long as a person feels fine and can stand up without feeling faint or dizzy, lower than average readings should not cause concern.

Head-To-Toe Exam

Do a Head-To-Toe Exam when you are trying to size up a health problem. It should take 10 to 15 minutes. Use the form at the end of this guide to be sure you remember what you observe.

Overall Impression

Don't neglect general impressions such as cheerfulness, listlessness, nervousness or agitation, general appearance, etc. Since you live with your "patient" and know him or her well, your overall impressions of how your patient is doing will be very useful.

Skin

Take a good look at the skin all over the body as you do the exam. Get to know its normal appearance and texture. Note the size and location of any major blemishes, so you will have a basis for comparison if you ever notice changes. Note any dry or red areas, and of course note any rashes or wounds you see.

Head and Scalp

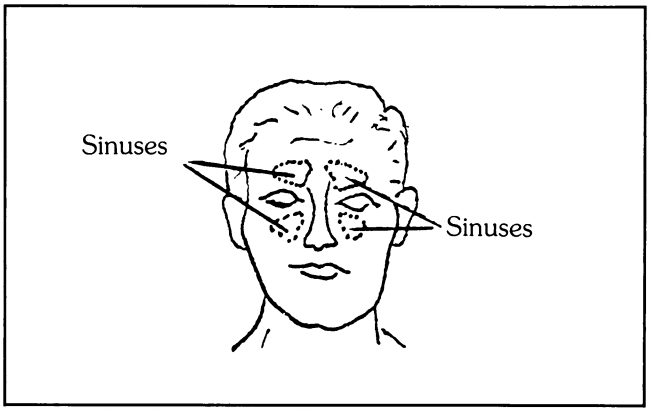
Check the scalp for bumps or tender spots. Look for dryness, flaking, etc. (There is a normal bump at the center back of the skull where it joins the top of the neck. Don't be alarmed by this.)

Eyes

Look for any excess watering or discharge, and for redness in the whites of the eyes. If you see any problems—especially if there is a particle of something in the eye—check with *Take Care of Yourself* before you do anything.

Nose

Notice any discharge from the nose, including its color and whether it is thick or thin. Note whether there is a foul odor from the nose. To look in the nose, gently press up and in on the



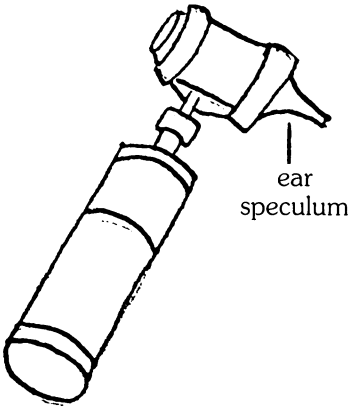
top of the nose. Use a penlight to observe the color of the skin lining the nose. It is pink when healthy, but when ill it can be red, blue or grey. Press firmly on the sinuses (just above and below the eye sockets) to determine whether they are tender.

Ears

First pull gently on the outer ear to check for tenderness. Look in the ear with a penlight to check for excess wax. (But see *Take Care of Yourself,* page 150, before trying to remove ear wax.) Also look for any redness in the visible parts of the ear.

If you have a small children, especially if they are prone to ear infections, it may be worth it to but an *otoscope* and learn how to use it. This will enable you to observe your child's eardrum in order to check for ear infections. Here's how to use an otoscope:

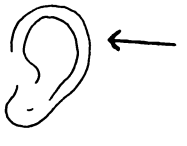
- First of all, learn how to use the otoscope from a nurse or doctor initially. Learn how a normal ear drum looks. These instructions can serve as a reminder.
- *Never* attempt to use an otoscope if your child is struggling with you. It is too easy to damage the ear canal, and doctors need years of practice to safely look in the ears of struggling kids. Get your kids accustomed to the otoscope by using it a few times when they are well. Then they probably won't fight you when they're sick.
- Gently grasp the middle of the outer ear and pull it back and away from the head. This straightens the ear canal.
- Gently insert the speculum into the ear canal ¼ to ½ inch. If there is not too much wax in the way, you should be able to see the eardrum. It may be necessary to move the speculum around gently in order to get a good look. Caution: Some people have very curved ear



Otoscope

canals. If you cannot see the eardrum easily and painlessly, stop trying. Let your doctor handle this one.

- A healthy eardrum is *pearly white.* If it is pink or red there may be a middle ear infection. A blueish color may indicate fluid behind the eardrum. If the eardrum does not have its normal pearly-white color, have your doctor check it out. See TCY p. 150 for details.

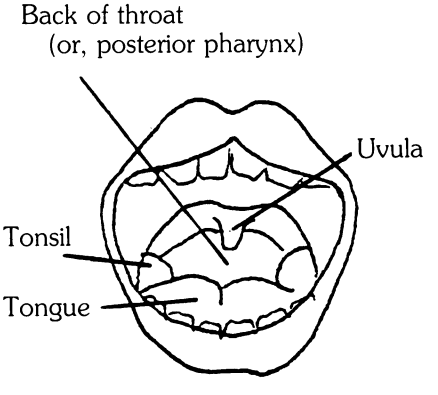


Grasp here
and pull gently
back and away
from head

Throat and Mouth

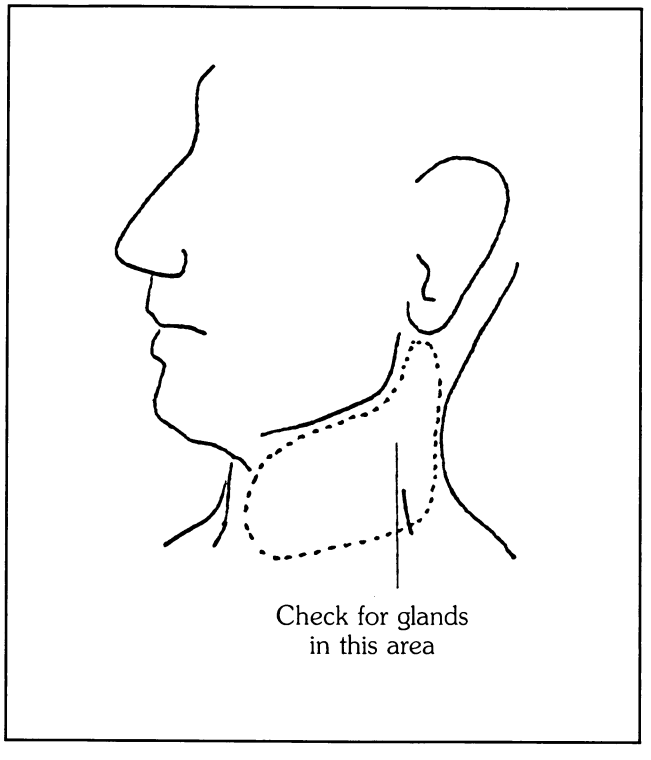
Use your penlight to examine the inside of the mouth. The lining of the mouth should be pink. Look for lumps, sores and white spots. Check the teeth for obvious plaque. The gums should grow tightly around the base of the teeth; take note of any gums that seem to be pulling away from the teeth.

To look in the throat, have the person open his or her mouth as wide as possible and say "AH." If necessary, gently push the tongue down with a clean popsicle stick or the end of a spoon, so that you can see the back of the throat. Asking a small child to pant like a puppy may help you see his throat without using a tongue depresser. Shine the penlight into the throat. Healthy throats are pink and moist. Look at enough throats to learn what is normal. Check for general redness, red patches, white or yellow spots or patches, and note any drainage at the back of the throat. You will also be able to spot tonsils at the lower sides of the throat.



Neck

Swollen glands in the neck and elsewhere are a common sign of infection. Have your patient sit comfortably. Begin by gently feeling for lumps with your fingertips just under the corner of the jaw. Work up toward the base of the ear, then down along the neck and toward the front. In healthy adults you usually won't feel the glands. Some children's glands stay swollen for weeks after an infection or an immunization. Again, it's helpful to examine your family while healthy so that you will know what is normal.



Chest

Listen to the breath sounds. Breathing should be smooth and even. If it is raspy, gurgly, whistling, irregular, or otherwise unusual you should look into it further using TCY and, if necessary, your physician.

Breast self-examination is very important for women; it is covered in a separate section.

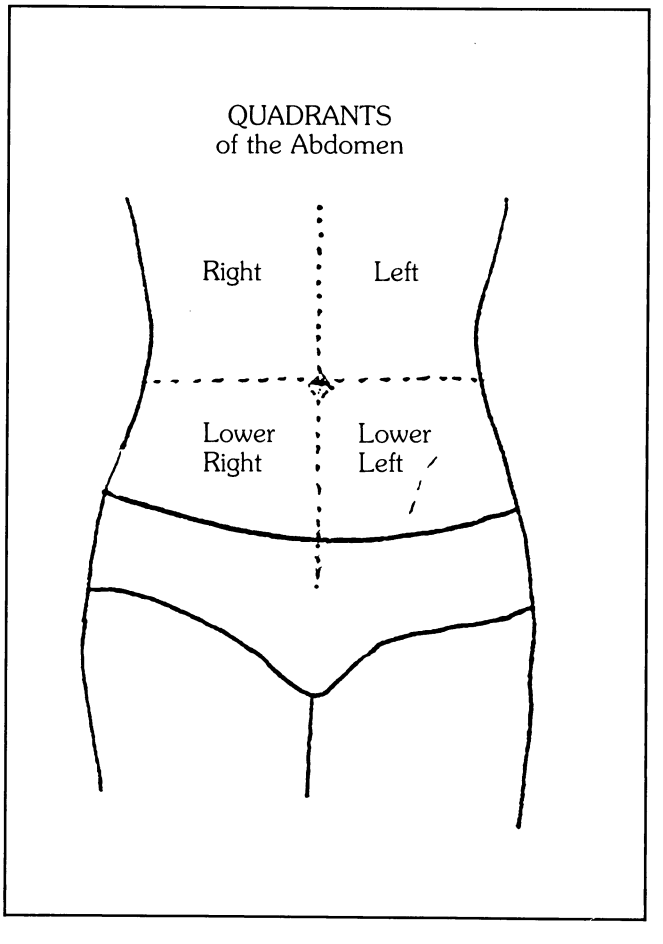
Back

If you suspect someone has seriously injured his back or neck in an auto accident, fall, or other circumstances, DO NOT MOVE THE VICTIM! Call for professional help. You could cause very serious damage to the spinal column if you move someone incorrectly. For less serious back problems, see the TCY section on pack pain starting on page 250.

For children, the main thing you can check for at home is curvature of the spine. This problem can be corrected when detected early. Have the child take off his shirt and bend over forward and touch the floor. Put a dot of ink on each vertebra (backbone) that sticks out. When the child stands, the dots should make a straight line. If not, have your doctor check into it.

Abdomen

With your patient on his or her back, gently press on the abdomen with a flat hand. If any place hurts, note where it is, using the quadrants shown in the diagram at left.



Genitals and Anus

Examine the genitals and anal area for any sores, red swollen areas, or unusual discharge. Use *Take Care of Yourself* to evaluate anything you find. Have urination and bowel movements been more or less frequent than usual?

Limbs

The important thing here is to examine the legs, arms, and other joints to get an idea of what is normal. Move them around gently to get an idea of their normal range of motion. If you are looking for swelling in a joint or other part of a limb, use the same joint on the other side as a basis for comparison. Check the hands and feet for any troublesome callouses or warts.

Breast Self-Examination

This is for all women over 18.

Breast cancer is the number one cancer killer of women, even though it can almost always be cured if it is caught early. Women themselves discover 90% of breast lumps even without systematic self-exams. Unfortunately, the discovery is sometimes too late. If you will examine your breasts regularly, you can greatly reduce breast cancer as a threat to your life. Even if you do get breast cancer someday—and about one out of 11 women will—you will catch it early, when it almost always can be treated successfully without major surgery. And don't think that every lump means cancer. About 80% of breast lumps are not cancer, but only your doctor can tell the difference.

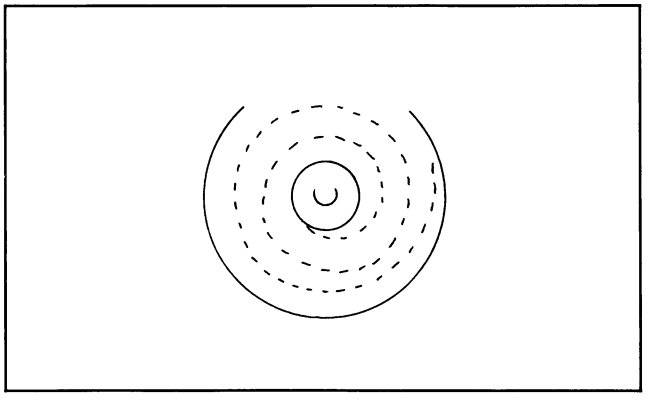
Examine your breasts monthly at about the same time every month. A few days after your period, when your breasts are not tender, is the best time. After menopause, use a regular date like the first of the month or payday. There are two stages to breast self-examination:

Stage One: Before A Mirror

With your arms at your sides look at the shape of your breasts. Most women's left and right breasts are not identical, so get to know what's normal for you. Look for any visible *lumps, depressions, puckering,* or *dimples.* Check your *nipples* to be sure they look like they usually do. Look for anything unusual in the shape or surface of your breasts. Look for the same things with your arms straight up in the air, and then with your hands pressed on your hips. Grasp your nipples between thumb and index finger and squeeze gently. Unless you are pregnant or have been nursing a child within the last year or two, there should be no discharge.

Stage Two: Lying On Your Back

Placing your right hand under your head, examine your right breast with your left hand. Hold your fingers together and press your breast tissue against your chest. Begin at the nipple and gradually work around it and outward until you have felt your entire breast. You are feeling for any lump or thickening in any part of your breast. Some women have normally lumpy breast tissue, so again it is important to get to know what is normal for you. Feel up toward your shoulder and under the arm in the same way. Take your time and be thorough. Then do the other side.



If you find any lump, thickening, depressions, discharge or any other changes, see your physician promptly. Remember that the odds are with you—it's probably not cancer, but only your doctor can tell.

Home Health Observations

Date _____ **Name** _____

Time of Day _____

Reason for Exam _____

Vital Signs

Height _____ **Weight** _____

Temperature
Rectal _____ **Oral** _____

Pulse
Beats/min. _____

Respiration
Breaths/min. _____

Blood Pressure _____

Overall impression, comments: _____

Head-To-Toe Exam

1. Skin	**7. Neck**
2. Head & Scalp	**8. Chest**
3. Eyes	**9. Back**
4. Nose	**10. Abdomen**
5. Ears **Right** **Left**	**11. Genitals & Anus**
6. Throat & Mouth	**12. Limbs, Hands & Feet**

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4. Nose	**10. Abdomen**
5. Ears **Right** **Left**	**11. Genitals & Anus**
6. Throat & Mouth	**12. Limbs, Hands & Feet**

Home Health Observations

Date _____ **Name** _____

Time of Day _____

Reason for Exam _____

Vital Signs

Height _____ **Weight** _____

Temperature
Rectal _____ **Oral** _____

Pulse
Beats/min. _____

Respiration
Breaths/min. _____

Blood Pressure _____

Overall impression, comments: _____

_____

_____

Head-To-Toe Exam

1. Skin	**7. Neck**
2. Head & Scalp	**8. Chest**
3. Eyes	**9. Back**
4. Nose	**10. Abdomen**
5. Ears **Right** **Left**	**11. Genitals & Anus**
6. Throat & Mouth	**12. Limbs, Hands & Feet**

Home Health Center Contents

Equipment and Supplies

Take Care of Yourself
Family Health Book
Thermometer
Penlight
Humidifier
Heating Pad
Nail Clippers
Tweezers
First Aid Supplies:
- Band Aids, assorted
- Adhesive Tape
- Cotton Balls
- Ace Bandage, 3″ x 126″
- Gauze Roll, 2″ wide
- Gauze Pads, large & medium
- Small Scissors

Optional:
- Stethoscope
- Blood Pressure Cuff
- Otoscope

Basic Home Pharmacy* Items

Aspirin/Acetaminophen
Antacid
Hydrogen Peroxide, 3%
Sodium bicarbonate (baking soda)
Liquid Acetaminophen
Syrup of Ipecac

Items for Occasional Use*

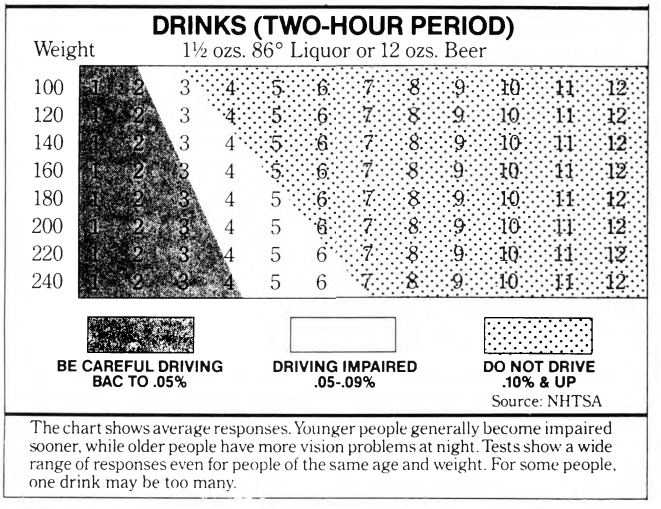
Antihistimines
Nose Drops/Spray
Cold Tablets
Cough Syrups
Bulk Laxative
Milk of Magnesia
Kaopectate/Parepectolin
Eardrops
Antifungal Preparations
Hemorrhoid Preparations
Aspirin Suppositories
Hydrocortisone Cream
Sunscreen Lotion

*See *Take Care of Yourself,* Chapter 9, for details.

How Much is too Much to Drink if You're Driving?

First, you should understand that drinking any amount of alcohol can impair your ability to drive.

The generally accepted way to measure intoxication is by your Blood Alcohol Concentration (BAC). In most areas, the legal definition of intoxication is .10 percent BAC and above. However, long before you reach .10 BAC, your judgment and motor skills deteriorate rapidly. In fact, some states include the definition of impaired driving ability, which usually begins at .05 percent.



The chart shows average responses. Younger people generally become impaired sooner, while older people have more vision problems at night. Tests show a wide range of responses even for people of the same age and weight. For some people, one drink may be too many.

Important factors to keep in mind are how much you've drunk in a given period of time, how much you weigh and whether you've been eating. Your age, individual metabolism and experience with drinking are also factors. However, it simply is not true that beer or wine is less likely to make you drunk than so-called "hard" drinks. A 6-ounce glass of wine, a 12-ounce can of beer or 1½ ounces of 86-proof whiskey have about the same amount of alcohol and will have about the same effect on you.

How to estimate your Blood Alcohol Concentration. Although the effects of alcohol vary a great deal, the average effects are shown in the accompanying chart prepared by the National Highway Traffic Safety Administration. Find your weight in the left-hand column and then refer to the number of drinks you have had or intend to have over a two-hour period. For example, if you weigh 160 pounds and have had four beers over the first two hours you're drinking, your Blood Alcohol Concentration would be dangerously beyond .05 percent, and your driving ability would be seriously impaired—a dangerous driving situation. Six beers in the same period would give you a BAC of over .10 percent—the level generally accepted as proof of intoxication.

It is easier to get drunk than it is to get sober. The effects of drinking do taper off as the alcohol passes through your body, but the drop is slow. In the example above, the person who had six beers would still have significant traces of alcohol in his blood six hours later. Having a full stomach will postpone somewhat the effects of alcohol, but it will not keep you from becoming drunk.

Black coffee, cold showers, or walking around outdoors will do nothing to make you sober. Of course, someone who claims, "I'll be okay as soon as I get behind the wheel," may be making a fatal misjudgment.

Even if you're not drinking, other drivers may be. Your best protection is still the seat belts in your car. Accidents do happen, and wearing lap and shoulder belts doubles your chances of coming through one alive.

The Best Thing You Can Buy For Your Child

For Parents of Children From Birth to Age 6

What do you think are the most important things a parent can give a child? Love? Discipline? Here is an answer you might not have considered: What if you could buy something that, when used correctly, could give your child 80% protection against the thing most likely to kill or seriously hurt him? And what if this thing was also a positive influence on his behavior? If this sounds good to you, keep reading.

Auto accidents kill and seriously hurt more kids in Missouri and the rest of the USA than anything else. That includes all the dread diseases you ever heard of. And many of these auto accidents are relatively minor ones that don't hurt adults. At least 80% of all childhood auto injuries would be prevented if parents would buy and use safe child car seats. Recent studies have turned up another benefit as well. Kids who ride in car seats

Availability of Seats Rated by Consumer Reports, April 1982

All of these seats are safe if used properly. We surveyed major retailers in May 1983 to give you an idea of price, but we encourage you to check local merchants as well. *Consumer Reports* rated these seats on convenience based on a University of Michigan study and their own tests. If you buy a seat not shown here, be sure it fits and is convenient to use before you buy it! See the *Consumer Reports* article for details on more brands.

	Wal-Mart	K-Mart	Penneys Catalog	Sears Catalog	Wards Catalog
CONVERTIBLE SEATS					
Top Rating:					
Century 200	—	—	—	$60	—
Also Good:					
Astroseat 9100A	—	$50	—	—	$49
Kantwet One-Step	$37	—	$52	$60	—
INFANT SEATS					
Dyn-O-Mite	$25	$29	—	—	$29
Infant Love Seat	—	—	$36	$40	—
BOOSTER SEATS					
*Safe-T-Rider	—	$20	—	$43	—
*Tot-Rider	—	—	$24	$25	$25

*Be sure to get and use harness with tether strap for back seat.

are better behaved in the car than those who don't.

This guidesheet will help you select, install and effectively use a child car seat. Of course it is really up to you. You have to be willing to spend $25-$65, and use the car seat consistently. But when you think about everything parents already do for their kids—like all the doctor bills and all the middle-of-the-night feedings—using a car seat is a pretty small thing. And yet it is the single most important thing you can do to protect your child's health.

Why not? There are still some misconceptions going around about safety devices such as car seats and seat belts. One of the most common reasons people give for avoiding car seats and belts is because they are concerned about the need to escape from the car in case of an accident involving fire or water. Many of these people find themselves escaping from their cars during accidents by flying through their windshields. This is unfortunately many times more common and more fatal than accidents involving fire or water. The fact is that less than one half of one percent of serious accidents involve fire or immersion in water. In real life, cars do not often explode like they do on TV. And many serious childhood injuries occur in minor accidents that hardly damage cars. To avoid effective protection like car seats because of such rare events as car fires is like refusing to leave a burning house because you might be struck by lightning.

People sometimes say that life involves a certain amount of risk and accidents just happen. After all, they say, you can't go to extremes to protect your kids from every danger. This is true enough, but it doesn't have much to do with car seats. Auto accidents are not some rare or obscure threat. They are the leading cause of death and serious injury for kids over age 1. And there is no doubt whatsoever that car seats can greatly reduce your child's risk of auto injury. Of course nothing in life is completely safe, but why risk your child's life when there is a sensible alternative?

The other major obstacle to the use of car seats is the inconvenience caused by some seats. For example, some of the older models require a tether strap anchored to the car frame, but many parents neglect this. Seats vary widely in the amount of trouble it is to get a child in and out. The safest seat is no good if it's too much trouble to use. Fortunately, convenient seats are now being made. Some very useful research on this topic was done at the University of Michigan, and was reported in a recent issue of *Consumer Reports* magazine.

The researchers in Michigan found that, when parents could try out several car seats, the ones parents chose at first glance were usually not the seats they ended up keeping. Their first choices usually turned out to be less convenient than other seats they tried. By using information from this study and other sources, *Consumer Reports* ranked several widely available safe car seats according to convenience for parents and comfort for kids. The availability and cost of the top ranked seats as of May 1983 are shown on the last page. We surveyed only major retailers that sell statewide. Other merchants may also sell those seats in your area.

Choosing Your Seat—In addition to convenience, there are a few other things to consider:

- Convertible seats (usable for both infants and toddlers up to about 40 lb.) cost more than infant seats, but they're more economical in the long run! The cost of an infant seat *plus* a toddler seat is about $30 more than the cost of one good convertible seat.

- A seat that does *not* require a rear tether strap anchored to the car body is much more versatile. Most of the newer models do not require rear tether straps.

- Be sure the seat belts in your car are compatible with your child car seat. Obviously, the seat is no good unless you can hold it in place with your seat belt. The back seat is the best place for car seats. Some rear seat belts in Japanese cars have buckles that are too big to fit through some car seat frames. Some buckles rest against the seat frame in a way that makes it impossible to tighten the belt adequately. The belts in some cars are too short to fit around certain car seats. Front seat belts in some cars have a shoulder/lap belt with a free-sliding latch. A special clip may be needed to keep such belts from slipping. (Again, the back seat would be better.) Be sure to try the car seat in your car before using it, and return it if it doesn't fit well.

- Booster seats are needed for children over about 40 pounds, until they are big enough to see out the window without the booster. Without a booster seat, kids this size will not be adequately protected by seat belts. Booster seats work well with the lap/shoulder belts in most front seats. In the back, where there are usually only lap belts, an additional shoulder harness, with an anchored rear tether strap, is necessary. A lap belt alone will not effectively protect a child this size. This is because a child's body is not strong enough to absorb the force of a crash across the hips; a shoulder belt or harness is needed to distribute the force more evenly across the body.

- When using a seat with a five-point harness (that means a harness with straps over the shoulders, around the waist, and crotch strap) be sure to keep the crotch strap as short as possible. It should hold the lap strap flat across the thighs.

- If you do use a seat or harness requiring an anchored rear tether strap, be sure the anchor is bolted to solid sheet metal. This can be done on the rear windshield shelf in sedans, and on the rear floor of hatchbacks and station wagons. An auto body shop can help you with this.

- Finally (and we hesitate to say this) using a seat belt for your child is better than nothing if you find yourself in a situation where it is necessary to go without a car seat. But it is still quite unsafe compared to a good child car seat.

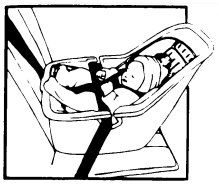
Using Your Seat—As we mentioned above, recent studies have shown that children in car seats are better behaved than children who ride unrestrained. Children don't find car seats confining, especially if you use a seat from the beginning. If you are introducing a toddler to car seats, stick with it and be consistent. Parents often report that kids who are used to seats refuse to ride any other way.

Once you've installed your seat correctly, use it every time. Sure it's a pain in the neck sometimes, but think about what you are accomplishing. You are protecting your child from the thing most likely to hurt him or her badly. Most accidents happen on short trips close to home, and remember that kids can be seriously hurt in even relatively minor collisions. Using car seats every time is a good way to show your love.

And it's the law. A child under the age of four must be protected when riding in your car according to Missouri law. A car seat is required in the front seat, and either a car seat or standard seat belts are allowed in the back. The law does not apply to public transportation or to temporary vehicles like a rented car. Violation of the law can result in a fine up to $25 and court costs. Over 40 states now have such laws, and after several years of experience it is clear that thousands of children who would have been killed or seriously injured are healthy today because of car seats.

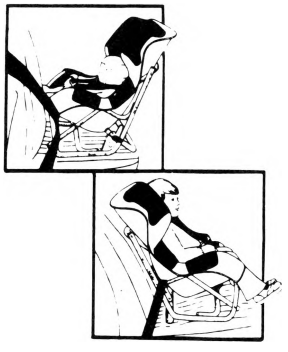
Types of Safety Seats

Child safety seats come in several shapes and sizes because different stages of a small child's development require different types of protection. So parents have several considerations to keep in mind when selecting a safety seat. There is no "best" seat. The important thing is to find the seat that best suits you, your child, and your car.



Infant Carriers

Up until they weigh about twenty pounds, new-borns require a carrier which is a tub-shaped bed that cradles the child in a semi-erect position. The infant is held securely in the carrier by means of a harness. Infant carriers are designed to face the rear of the car and must be secured to the seat by the adult belts already in the car. Accident data show that the rear seat is generally safer than the front seat. However, many parents alone in the car with their baby feel uncomfortable placing an infant in the rear seat facing to the rear where they cannot see the child. Since the rear-facing infant carrier is designed to protect the baby's head from the dashboard and windshield, the front seat is a suitable alternative. It is most important, however, that infant carriers never be used facing the front of the car. For a very small infant, it may be more comfortable to roll up small blankets or towels and place them inside the carrier at the sides of the infant's body.



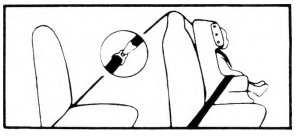
Convertible Model

Convertible Models

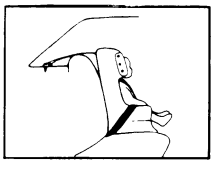
Some models of infant carriers convert to child seats so that they can be used from birth until the child weighs about forty pounds. For economic reasons, a convertible model may be a sound choice, since there is no need to buy a second seat when the child outgrows the infant mode.

If you decide to buy a convertible model, there are several points to consider. Some infant seats that convert to child seats require a top tether strap that must be secured to the rear seat belt if used in the front seat (see diagram). To use this type of seat in the rear seat requires that a hole be drilled in the rear window shelf. Correctly-used tether straps add extra stability to seats and often these are the seats that allow the least amount of movement in a crash. However, if you do not intend to drill the hole for the anchor bracket and attach the tether strap every time you place the seat in the car, do not buy this type of seat. There are convertible models that do not require a tether strap.

Proper Tether Use



Attached to Rear Seat Belt



Attached to Rear Window Shelf

Toddler Seats

Shield

For children who weigh more than twenty pounds and can sit up by themselves, there are two types of child seats. The shield type consists of a seat with a padded and slightly flexible impact shield that comes up close to the child's stomach and then bends away from his face and chest. The safety seat itself is held securely in place by an adult lap belt which is fastened around the shield. An advantage of this type of restraint is that parents do not have any harnesses or buckles to deal with. Children can learn to climb in behind some shield models with the seat already secured in place. However, children can also climb out of the shield while the car is moving, therefore, this type should only be used with well-behaved and disciplined children.

The harness type secures the child to the safety seat with a five-part belt system. This type of seat may be more complicated to use than the shield type but they are harder for an active child to wiggle out of and may allow for more freedom of movement within the seat. Some of the newer models of safety seats secure the child with a combination of shield and harness.

It is important to note whether or not the seat you choose requires a top tether strap that must be secured to a rear seat belt or the window shelf behind the rear seat (or cargo area of station wagon or hatchback). Again, if you do not intend to anchor the tether strap everytime you place the seat in a car, choose a model that does not require a top tether.

Harness

Booster Seats

A new type of seat currently being marketed is the automobile booster seat. Booster seats are designed primarily to fill the gap between when a child outgrows the standard child safety seat and when the child can use the adult belt and still see out the window. Some models can also be used for smaller children, as small as twenty pounds, and all can be used for children up to about sixty-five pounds. It is extremely important to note that booster seats should only be used with upper torso support, either by using the lap *and* shoulder belt, or for maximum safety, by using the body harness supplied with the booster seat. The body harness is secured in the same manner as a standard top tether strap. A booster seat without upper torso support is less effective than using the adult lap belt without the booster.

Adult Safety Belts

Adult safety belts should be used for children who have outgrown their safety seats or for children who can sit up by themselves when no safety seat is available. The belt should be snug and as low on the child's hips as possible. If the shoulder belt crosses the child's face or neck, the shoulder belt should be placed behind the child's back after the buckle has been fastened. Parents should check to make sure the child's head will not hit the dash in a crash or sudden stop. If this could happen, the child should be placed in the rear seat. If an emergency situation arises where there are more children than seat belts, two children can be secured within one belt.

Pillows or cushions should not be used to boost a child. They can slide out from under the child, allowing him or her to submarine under the lap belt, or allowing the child's head to move so far forward that it strikes the car's interior.

Home Safety Checklist

for families with young children

Use this checklist in your home to make it safer for your children. The checklist concentrates on one-time changes you can make in your home environment to prevent injuries. Here is how to use the checklist:

- Go through *every* room, hallway, and other areas in and around your home. Include yards, storage sheds, basements, etc.—anywhere kids might go. It may take awhile, but it's worth it.
- Work your way down the column for each room. Review each suggestion relevant to the room you are in. Use a check-mark (✓) in the column for that room to indicate that you have followed the recommendation there. Make a star (★) if you need to work on that suggestion.
- When you find something that needs more work, make a note on the Problem List on page 25. Be specific about what needs to be done, and list any obstacles you will encounter in trying to solve this problem. This will help you clearly remember what you found when you are done. The items in this checklist were developed from national information about injuries compiled primarily by the U.S. Consumer Products Safety Commission.

✓ = No problem or problem corrected ★ = Needs attention	Hall	Hall	Basement	Kitchen	Den	Living RM	BR	BR	Bath	Utility	Garage	Other	Other	Other	Other
1. All medications in original containers *with childproof caps.*															
2. Discard old prescription drugs.															
3. Have 1 ounce of Syrup of Ipecac.															
4. Medicines in locked or inaccessible closet.															
5. Household cleaners separate from food and out of reach of children.															
6. Check for poisonous plants.															
7. Check all drawers and cabinets within toddler's reach for sharp, small (swollowable), toxic or other dangerous objects. This includes matches, pins, buttons, beads, scissors, knives, razors, etc. Move dangerous items out of reach.															
8. Flammable liquids in properly labeled, tightly capped, non-glass safety containers, away from heat and out of children's reach.															
9. Check *every* room for poisons.															

✓ = No problem or problem corrected
★ = Needs attention

	Hall	Hall	Basement	Kitchen	Den	Living RM	BR	BR	Bath	Utility	Garage	Other	Other	Other	Other
10. Know where all pilot lights are; remove all flammable liquids from rooms with pilot lights.															
11. Smoke detector in hall or near bedrooms, and one on every level.															
12. Turn down water heater to 130°. Wait 2 hours and check tap water with candy thermometer.															
13. ABC fire extinguisher in kitchen.															
14. Clean chimney annually.															
15. Drapes away from fireplace/heaters.															
16. Screens or guards in front of fireplace, wood stove and open heaters.															
17. Non-skid mats or decals in tub/shower.															
18. Carpets/rugs tacked down.															
19. No loose/broken stairs.															
20. Safety Gates - top/bottom of stairs for infants/toddlers.															
21. Have and use properly installed child car seats or booster seats?															
22. Check neighborhood for water hazards, construction, unfenced pools, irrigation canals, etc.															
23. Tools and equipment stored out of kids' reach.															
24. Store firearms unloaded in locked cabinet, with shells in separate locked area.															
25. Emergency phone numbers should be taped onto or near the phone. Include: Ambulance or Hospital Emergency Room, Fire Dept., Police, Physician, Poison Control Center, and nearby friends (in case babysitter makes the call).															
26. Use toy safety checklist for toys found in each room.															
27. Toy boxes should *not* have heavy hinged lids (could fall on child's neck) or locking doors. All toy boxes should be ventilated in case child crawls inside.															

✓ = No problem or problem corrected
★ = Needs attention

	Hall	Hall	Basement	Kitchen	Den	Living RM	BR	BR	Bath	Utility	Garage	Other	Other	Other	Other
28. Home playground equipment anchored firmly in the ground; exposed bolts, screws or sharp edges covered with plastic caps or taped over; installed at least 6 feet from fences and walls and placed on soft or grassy ground.															
29. Review Infant Furniture and Equipment Guidesheet.															
30. Plastic safety plugs in unused outlets and extension cord sockets.															
31. Extension and sockets out of child's reach if possible. Check for fraying and wear.															
32. Take a moment to look around. Can you see anything else that might be dangerous? Keep in mind that kids can usually do a little more than we realize. Try to look at each room from their point of view.															

Problem	Room	Obstacles to Change	Target Date

Nontoxic Or Not Poisonous Plants

Those plants which generally have not caused any problems or symptoms:

African Violet (Saint Paulia)
Aluminum plant (Pilea)
Bloodleaf plant (Iresine)
Coleus
Corn plant (Dracaena)
Dusty Miller (Cineraria)
Devil's Walking Stick (Aralia)
Gardenia
Hibiscus
Peperomia
Pregnant plant (Kalanchoe)
Prayer plant (Leuconeura)
Primula
Patient Lucy (Impatiens)
Snake plant (Chlorophytum)
Spider plant (Chlorophytum)
Swedish Ivy (Plectrantus)
Umbrella plant (Schefflera)

Toxic Or Poisonous Plants

Those plants or parts of plants which may cause problems or symptoms:

COMMON NAME	BOTONICAL NAME	POISONOUS PART(S)
Asparagus	Asparagus officinalis	Uncooked young shoots
Azalia	Rhododendrum azalea	All parts
Bitter sweet	Solanum dulcamara	Leaves and Fruit
Black locust	Robinia pseudoacacia	Seeds, bar, foliage
Box plant	Boxus sempervirens	Leaves, stem
Buckthorn	Rhamnus cathartica	Fruit, leaves, bark
Calamonium orange	Citrus mitis	Fruit peels, thorns
Choke cherry	Prunus virginiana	Seed or pit
Cotoneaster	Cotoneaster	Fruit, berries
Crocus	Colchicum autumnale	All parts, especially bulbs
Cyclamen	Cyclamen species	Tuber, root
Daffodil	Narcissus species	All parts, especially bulbs
Deadly nightshade	Atropa belladonna	All parts
Bogbane	Apocynum cannabinum	All parts
Dumbcane	Dieffenbachia species	All parts
Elderberry	Sambucus species	Leaves, shoots, bark
Engleman Ivy (Virginia creeper)	Parthenocissus quinquefolial	Berries
English Ivy	Hedera helix	Leaves, berries
Eyebane	Euphorbia maculata	All parts
Four o'clock	Mirabilis jalapa	Root, seeds
Foxglove	Digitalis purpurea	Leaves, seeds
Geranium	Pelargonium species	All parts
Ground Ivy	Glecoma hederacea	All parts
Holly	Ilex aquifolium	Leaves, berries
Horsechestnut-buckeye	Aesculus species	Flowers, sprouts, nuts
Hyacinth	Hyacinthus orientalis	Bulb
Hydrangea	Hydrangea species	Leaves, buds
Iris	Iris missouriensis	Bulbs, stems, leaves
Jequirity bean	Abrus precatorius	Bean if chewed
Jimson Weed	Patura stramonium	All parts
Juniper	Juniperus virginiana	All parts
Kentucky coffee tree	Gymnocladus dioica	Seeds
Larkspur	Delphinium species	All parts, especially young plants

Toxic Or Poisonous Plants

Lilly of the Valley	Convallaria majalis	All parts
Mistletoe	Phoradendram flavescens	All parts, especially berries
Mushrooms	Many types	All parts
Night blooming jasmine	Cestrum nocturnum	All parts, especially berries
Nightshade	Solanum species	Leaves, berries, green fruit
Oak	Quercus species	Raw acorns, young shoots
Oleander	Thevetia peruviana	All parts, especially seeds
Philodendrun	Philodendrun	All parts
Poison hemlock	Conium maculatum	All parts, especially roots
Poison Ivy	Rhus radicans	Sap from all parts
Poison sumac	Rhus vernix	Sap from all parts
Privet	Ligustrum vulgar	Leaves, berries
Rhubarb	Rheum rhaponticum	Leaves
Snow on the mountain	Euphorbia marginata	All parts
Symphericarpus alba	Symphericarpus alba	Berries
Tulip, blue	Anemone patens	Whole plant, especially bulbs
Water hemlock	Cicuta douglasii	All parts, especially roots
Yews	Taxus species	All parts

This list is a COLLECTION of common toxic plants. It is not a list of ALL poisonous plants. Call the Poison Center right away if any are eaten.

Source: University of Missouri-Columbia
University Hospital and Clinics, Emergency Department

Using Safe Infant Furniture and Equipment

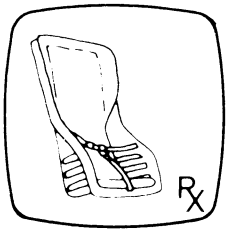
Injury prevention and your kids—The biggest threat to the health of children over age 1 is not some dread disease. It is accidental injury. More children are seriously hurt or killed by accidental injuries than by anything else. And many childhood injuries can be prevented by parents who know how. You already care enough to do everything possible to protect your children. Protecting them from injuries is a very important way you can safeguard their health. This is one of a series that helps parents prevent childhood injuries.

Infant Furniture is often involved in childhood injuries. This shows you how to choose safe furniture and equipment, and also gives you suggestions on how to use it safely. The suggestions marked with a square ■ are things to consider when selecting a product. A circle ● marks each tip on how to *use* your infant furniture and equipment safely.

Child Car Seats are a kind of infant equipment so important that there is a separate section on car seats titled "The Best Thing You Can Buy For Your Child." It is worth your while to read it. Using a car seat is the single most important thing you can do to protect a child's health.

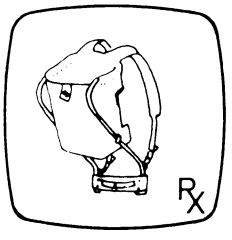
The suggestions made in this guide are based on national information about the kinds of infant furniture and equipment most often involved in accidents. Most of this information was gathered by the U.S. Consumer Product Safety Commission.

a. Baby Carrier



- Has a wide base for stability.
- Strong, usable safety straps.
- Made of sturdy material with a non-skid bottom surface. (Attach rough surface adhesive strips if necessary).
- Stay within arms reach of your baby when he is in a carrier on a table, counter, couch, or any other high surface.

b. Back Carriers - Can use when hiking, walking, or shopping.

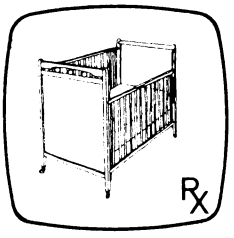


- Choose a carrier to match baby's size, try it on with baby in it; while baby is in it look for:
  -Enough depth to support baby's back.
  -Leg openings small enough to prevent the baby from slipping out.
  -Leg openings big enough to avoid chafing the baby's legs.
- Restraining straps are essential - children may stand up or try to climb out of frame carriers.
- Look for sturdy materials with strong stitching or large heavy-duty snaps to prevent baby from slipping out.
- Avoid joints that may accidentally close and pinch or cut the baby.
- Avoid sharp points, edges, or rough surfaces.
- Look for carrier back with a soft, padded covering over metal frame near baby's face to protect against bumping.
- Do not use framed back carriers before baby is 4-5 months old when baby's neck is then usually strong enough to withstand jolts that could cause injury to the baby's neck.
- Check frequently and repair promptly ripped seams, missing or loose snaps, frayed seat or straps.
- When leaning over or stooping, bend from the knees rather than the waist to minimize the chances of baby falling out of the back carrier.

c. Dressing Table

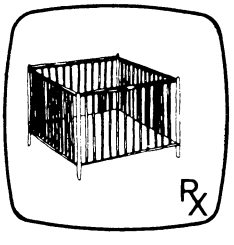
- Always strap your baby in place on a dressing table. (Remember that even straps do not always prevent falls. There is no substitute for close supervision).
- A table with guard rails offers **some** additional protection. So would a table with a recessed rather than flat top.

d. Crib



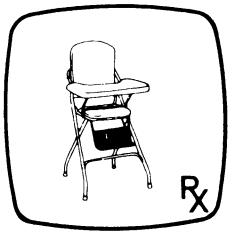
- Crib mattress is firm, and fits crib to edge (when there is a gap larger than 2 adult fingers fill it with rolled large bath towels).
- Crib has slats with no greater gap than 2⅜" (if not, use bumper pads that; (1) run around entire inner wall of crib, (2) tie or snap in place, (3) attach with at least 6 straps (trim off excess on each strap). Remove when baby can stand or he will use it to climb out).
- Check for any metal hardware on crib. Cover rough edges or exposed bolts.
- Has locks and latches on the drop-side of crib safe and secure from accidental release by you or baby inside crib. (use locking, hand operated type).
- Use no lead-based paints anywhere on crib or where child may chew.
- No cross-bars on sides (vertical slats only).
- End panels made of a material that will not splinter.
- The sides, when lowered, should be 4 inches above the mattress.
- Use no plastic bells or balls as ornaments. Child could use them to climb out.
- Never leave crib rails down when child is in the crib unattended.
- Begin to lower crib mattress level before child can sit unassisted, and have it at lowest point before he can stand.
- Do not leave toys in the crib. The unattended child may use large toys to climb out or choke on small ones.
- Use netting on the top of cribs for infants who try to climb out.
- Use no flimsy plastic for mattress protection. Use a mattress with plastic heat-sealed edges. Repair any tears immediately with non-removable patch. (children can easily remove plastic tape and eat it).
- Child has out-grown crib when the distance from mattress to crib top is less than ¾ of his height.

e. Playpen



- Hinges and latches on folding models should lock tightly to prevent scissoring action when the playpen is in use.
- Have a firm floor support to prevent collapse of a playpen with legs. (If wooden slats are more than 2⅜" apart, interweave sheeting between the slats and fasten securely).
- If you have mesh nylon netting make sure it has very small weave, smaller than tiny buttons on baby's clothing which could catch and strangle a toddler; when baby is able to stand and climb it could provide toe hold for climbing.
- Use foam pads for bottom of playpens, they are long lasting and won't mildew.

f. High Chair



- ■- Should have a wide base for stability.
- ■- No sharp or rough edges or sharp points.
- ■- Has good restraining strap - not attached to tray. (if your chair doesn't have safety straps, you can purchase a safety harness).
- ■- If chair is slippery, attach a rough surface adhesive strip to the seat.
- ●- Never allow children to stand-up in a high chair. Stay with your child while he is in a high chair.
- ●- Locate chair far enough away from table or counter so your child can't push off from it and tip over.
- ●- When not in use, place high chair where it cannot be easily knocked over.

g. Jumpers and Walkers

- ■- No scissor-like mechanism or pinch points.
- ■- Should have guards over coil springs.
- ■- A stable baby walker has a wheel base wider and longer than the frame.

h. Strollers and Carriages

- ■- Place child as far to the rear of the stroller as possible to see if it tips (does it tip if baby lies down?).
- ■- Backrest - vertical, or nearly vertical for firm support.
- ■- Safety belt - crotch strap.
- ■- A brake which locks tightly. A two wheel brake provides an extra measure of safety.
- ■- No sharp edges or scissor-like mechanisms that will catch child's fingers.
- ■- Head room for growth under canopy when in down position.
- ■- Wide base and wheels with wide diameter (will not tip over easily).
- ■- Canopy locks in horizontal position and will not fall forward on child. (downward position is in rear of stroller).
- ■- Shopping basket located low on back and with its center directly over or in front of the rear wheel axle.
- ●- Check latching devices - make sure they are securely fastened.
- ●- **Always** use seat belt.
- ●- DO NOT allow another child to stand in basket.

Tips on Toys

Choosing Safe Toys for Children Aged Birth to 12 Years

Injury prevention and your kids—The biggest threat to the health of children over age 1 is not some dread disease. It is accidental injury. More children are seriously hurt or killed by accidental injuries than by anything else. And many childhood injuries can be prevented by parents who know how. You already care enough to do everything possible to protect your children. Protecting them from injuries is a very important way you can safeguard their health. This Guidesheet is one of a series that helps parents prevent childhood injuries.

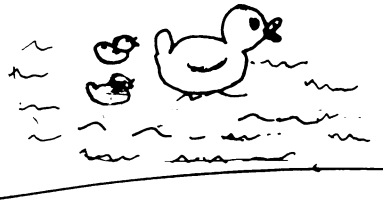
Toys cause many preventable injuries. This Guidesheet will help you decide just what toys are safe for your children as they grow. Take a few minutes to look over the toys you already have, and keep these guidelines in mind when you buy new ones.

The suggestions made in this section are based on national information about the kinds of toys most often involved in accidents. Most of this information was gathered by the U.S. Consumer Product Safety Commission.

Age Group	● Safe Toys ●	▼ Dangerous Toys ▼
Up to 1 year		
Awareness of sound, motion, touch & color	● -Unbreakable large-end rattles -Squeak toys with moulded in noise-maker. -Washable dolls and stuffed animals with bright embroidered features	▼ -Rattles with ends smaller than 1⅜" in diameter -Those with small enough to swallow or with removable parts that are sharp or could be swallowed
Hand to mouth curiosity	● -Brightly colored objects hanging in view (mobile, etc.) out of reach and with cords less than 12" long	▼ -Those with poisonous paint, or cords over 12" long
(teach the early walker not to walk or run with toys in his mouth)	-Brightly colored cloth or rubber balls with textured surface to grasp -Unbreakable cups and smooth objects that can be chewed	-Stuffed animals with glass or button eyes
Need constant supervision during play	-Brightly colored beads on a strong cord less than 10" long	▼

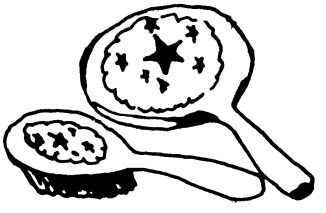
B A B Y

Age Group	● Safe Toys ●	▼ Dangerous Toys ▼
1 to 2 years		
Time of reckless mobility	● -Blocks with rounded corners -Push-pull toys -Books with cloth or stiff pasteboard pages	▼ -Same as above PLUS toys of older children that mobility puts within the toddler's reach -Toys with strings over 12" long
Hand to mouth testing	● -Take apart toys with large pieces	▼
Very curious		
Needs extremely close supervision during play		



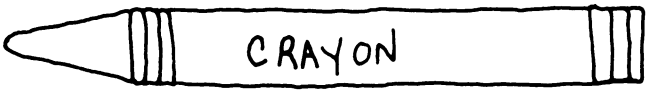
Age Group	Safe Toys	Dangerous Toys
4 to 6 years		
Will develop cooperative social play. Improve physical coordination	-Pail and shovel -Building blocks -More advanced construction sets -Cut-out paper dolls, hand and finger puppets -Modeling clay -Paints and paint books	-Poisonous or oil-based paint sets -Flammable costumes or ones with material to the floor -Kites made of electrically conductible aluminized polyester film -Electrical toys, unless battery operated
Begins era of bicycle related injuries	-Non-electrical trains, battery operated toys -Kites -Stencils, activity books and picture books -More demanding board and card games -Simple musical instruments -Small sports equipment -Selected toys with small parts -Bicycle with 20" wheel and training wheels, for 4-7 year olds	-Shooting toys and darts with pointed tips -Poorly-balanced tricycles or wagons -Bicycle poorly maintained -Bicycle used on roadways Bicycle too large for child -Fireworks of any kind -Lawn darts

Age Group	Safe Toys	Dangerous Toys
6 to 8 years		
Further cooperative and social play Physical and intellectual interests. May have renewed interest in playing alone	-Kites -**Battery-powered** electrical toys with Underwriters Laboratory (UL) approval -Puppets and puppet theatre -Complicated jigsaw puzzles -Games requiring some reading -**Well constructed,** lightweight tool sets -Dolls and doll equipment -Flower press -Set demonstrating simple principles of science. (Magnets & magnifiers, etc.) -Equipment for playing bank, store, filling station, etc. -Bicycle with 24" wheel for 7-10 year olds	-Kites made of electrically conductible aluminized polyester film -Poorly made sports equipment -Shooting toys and toys with loud noises (cap guns, etc.) -Fireworks of any kind -Electrical toys run on household current -Lawn darts -Broken toys

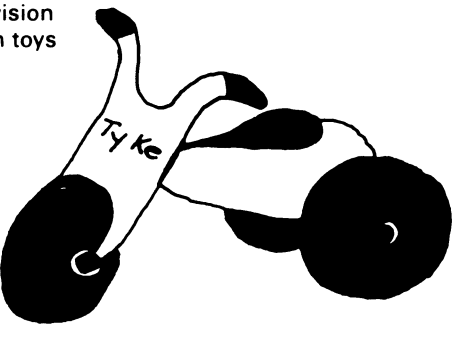


Age Group	Safe Toys	Dangerous Toys
8 to 12 years		
Art, Craft, Building and Science interests	-Electrical toys with UL approval used on household current only after you have explained how to use toy **and** electrical plug and outlets -Bicycle with 26" wheel for kids over 10 -Other sidewalk vehicles, skates, skateboards, etc. -Well-constructed sports equipment -Put together models -Chemistry and other science kits -Hobby and Arts and Crafts kits and materials -Some projectile toys (dart guns, etc.)	-Lawn darts -Fireworks of any kind -Sharp-edged tools -Poorly constructed sports equipment -B-B Guns/Air Rifles, until child understands gun safety

Age Group	● Safe Toys ●	▼ Dangerous Toys ▼
2 to 3 years		
Development of language and **more** curiosity Beginning age of **most** toy related injuries at age 2	● -Peg boards with large pieces -Wooden animals -Large crayons -Low rocking horse -Dustless chalk and chalkboard ● -Simple musical instruments -Simple jigsaw puzzles with large pieces -Blocks with numbers and letters -Toys that aid color, size and shape identification ● -Sturdy cars and riding toys (wagons, riding toys, tricycle for 2½ year olds at earliest)	▼ -Those with sharp edges or easily breakable material -Toys with small removable parts or poisonous paints -Marbles, beads and coins ▼ -Electrical toys -Metal toys with unfinished slots, holes or edges that can cut -Lead soldiers -Tricycles with seats over 12" high (not for children under 2½ years) ▼ -Riding toys used in hilly areas or inclined driveways



Age Group	● Safe Toys ●	▼ Dangerous Toys ▼
3 to 4 years		
Imagination and imitation combined with vigorous physical activity Ending age of **most** toy related injuries at 4 years	● -Those in 2-3 year category plus: -Toy telephones -Metal tea set -Dolls with wrap-around clothing ● -Construction sets with easily connecting large pieces -Rugged key-wound or friction-operated toys -Blunt scissors -Lacing cards ● -Simple card and board games -Non-electrical trains -Selected toys with small parts -Tricycles with low-slung seats, used off roadways	▼ -Highly flammable costumes -Electrical toys -Shooting toys that endanger eyes -Poorly balanced tricycles or riding toys ▼ -Lead soldiers -Riding toys in hilly areas or inclined driveways -Tricycles that take child too far from supervision ▼ -Broken toys



GIRLS BIRTH TO 36 MONTHS

WEIGHT FOR AGE & LENGTH FOR AGE

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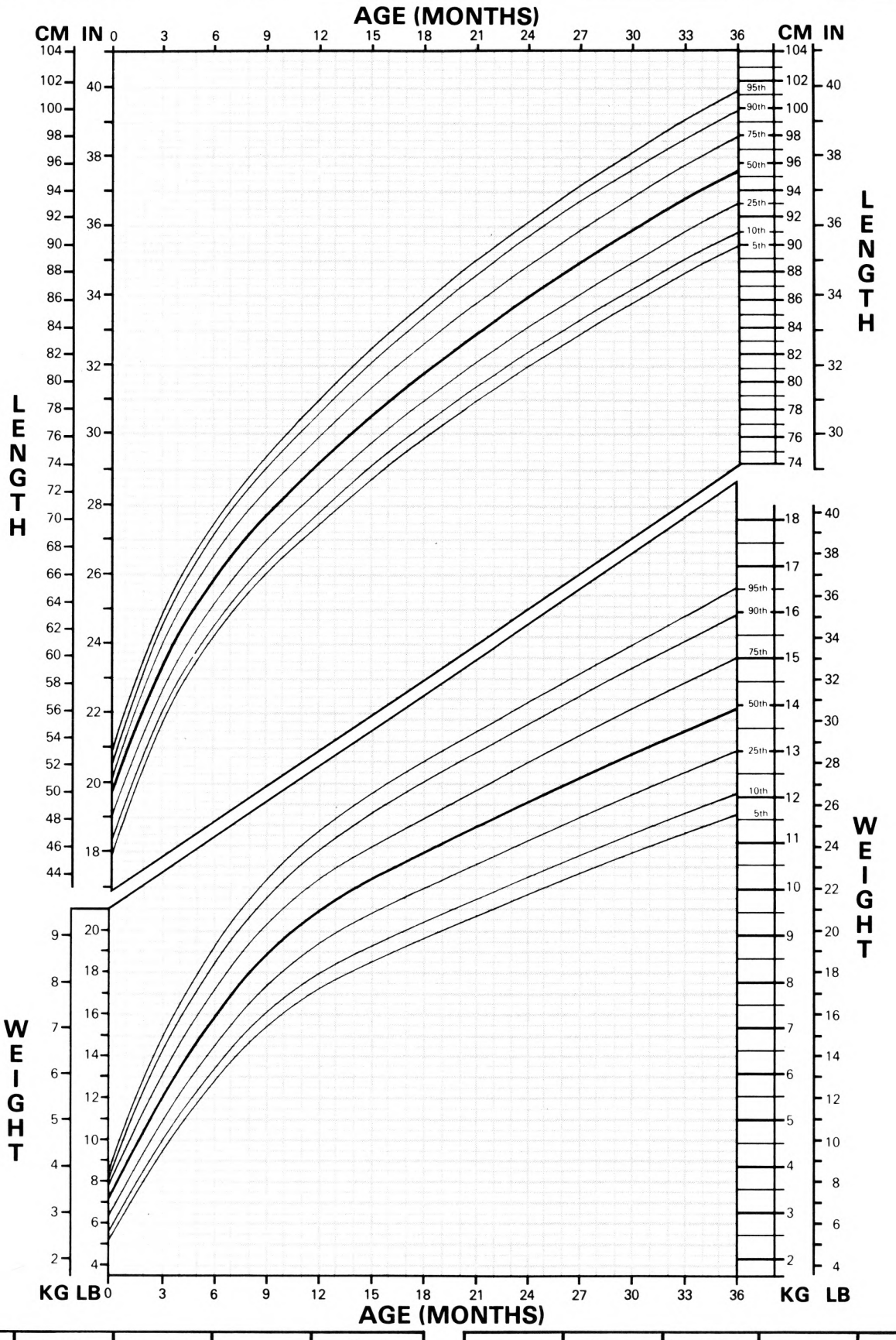


Date	Age in Months	Recumbent Length	Weight	Head Circumference

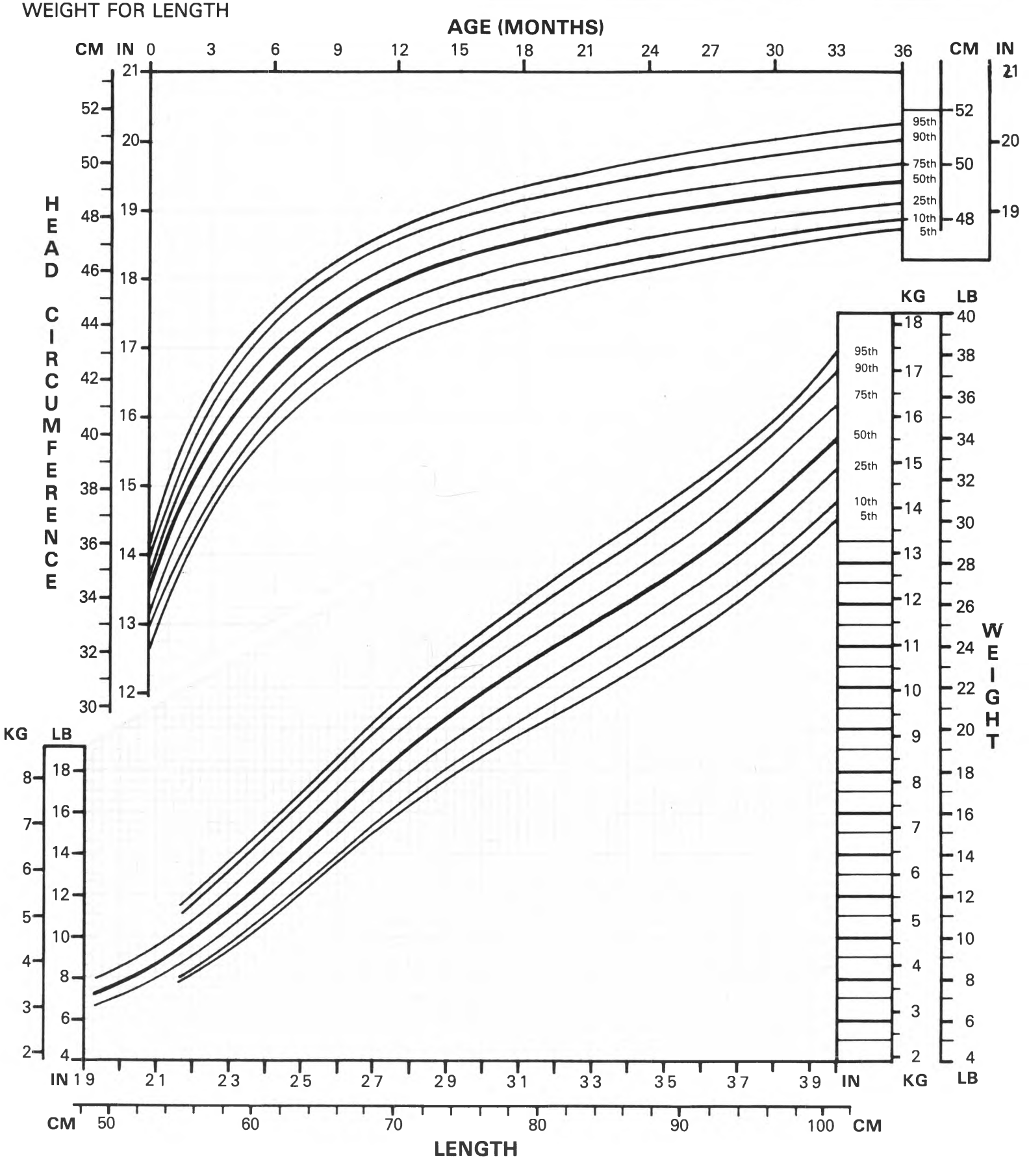
Date	Age in Months	Recumbent Length	Weight	Head Circumference

Department of Health, Education, and Welfare, Public Health Service
Health Resources Administration, National Center for Health Statistics, and Center for Disease Control

GIRLS: BIRTH TO 36 MONTHS

HEAD CIRCUMFERENCE FOR AGE & WEIGHT FOR LENGTH

NAME_____ RECORD#_____



PRE-PUBERTAL GIRLS: 2 TO 10 YEARS

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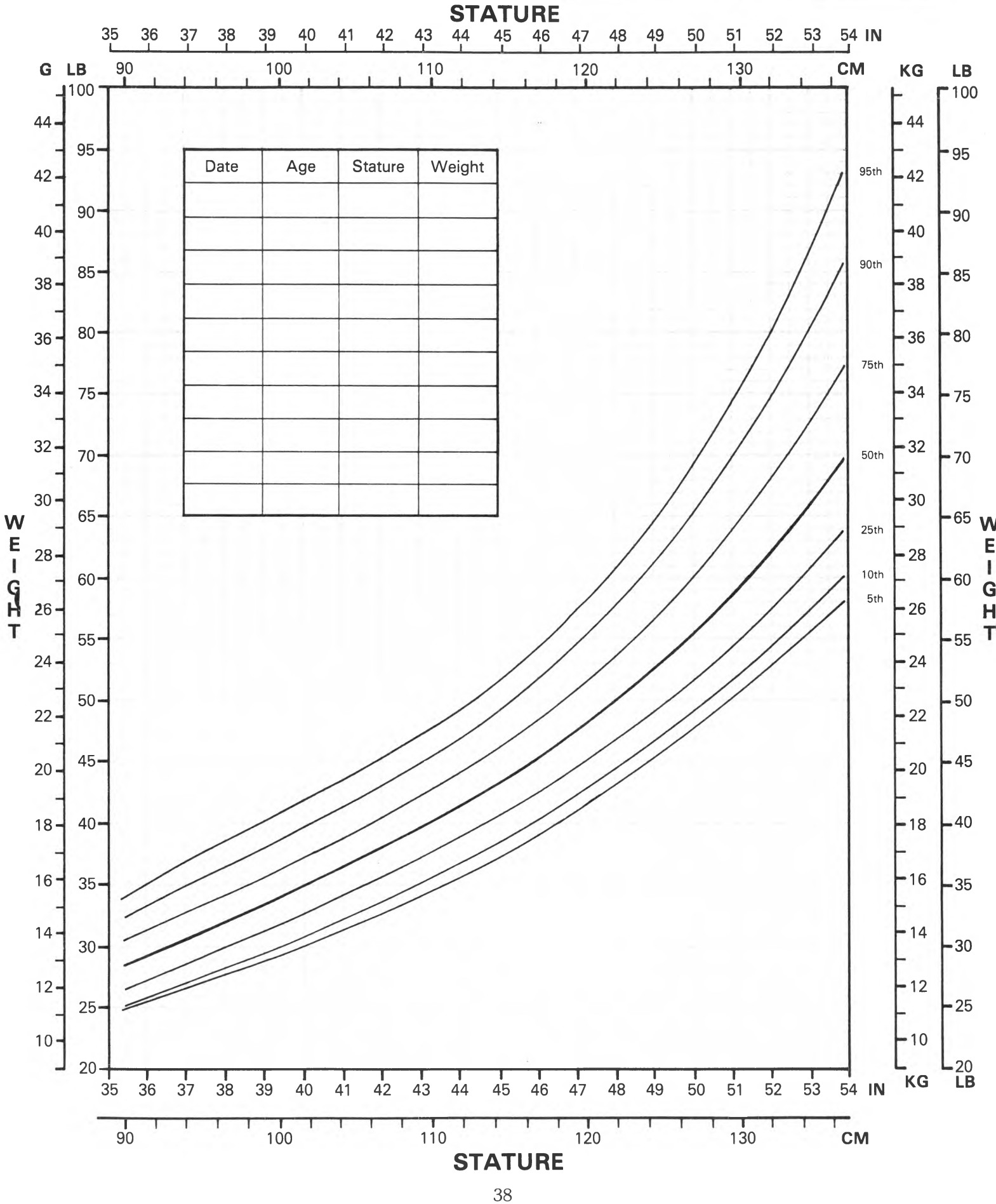

GIRLS: 2 TO 18 YEARS

STATURE FOR AGE &
WEIGHT FOR AGE

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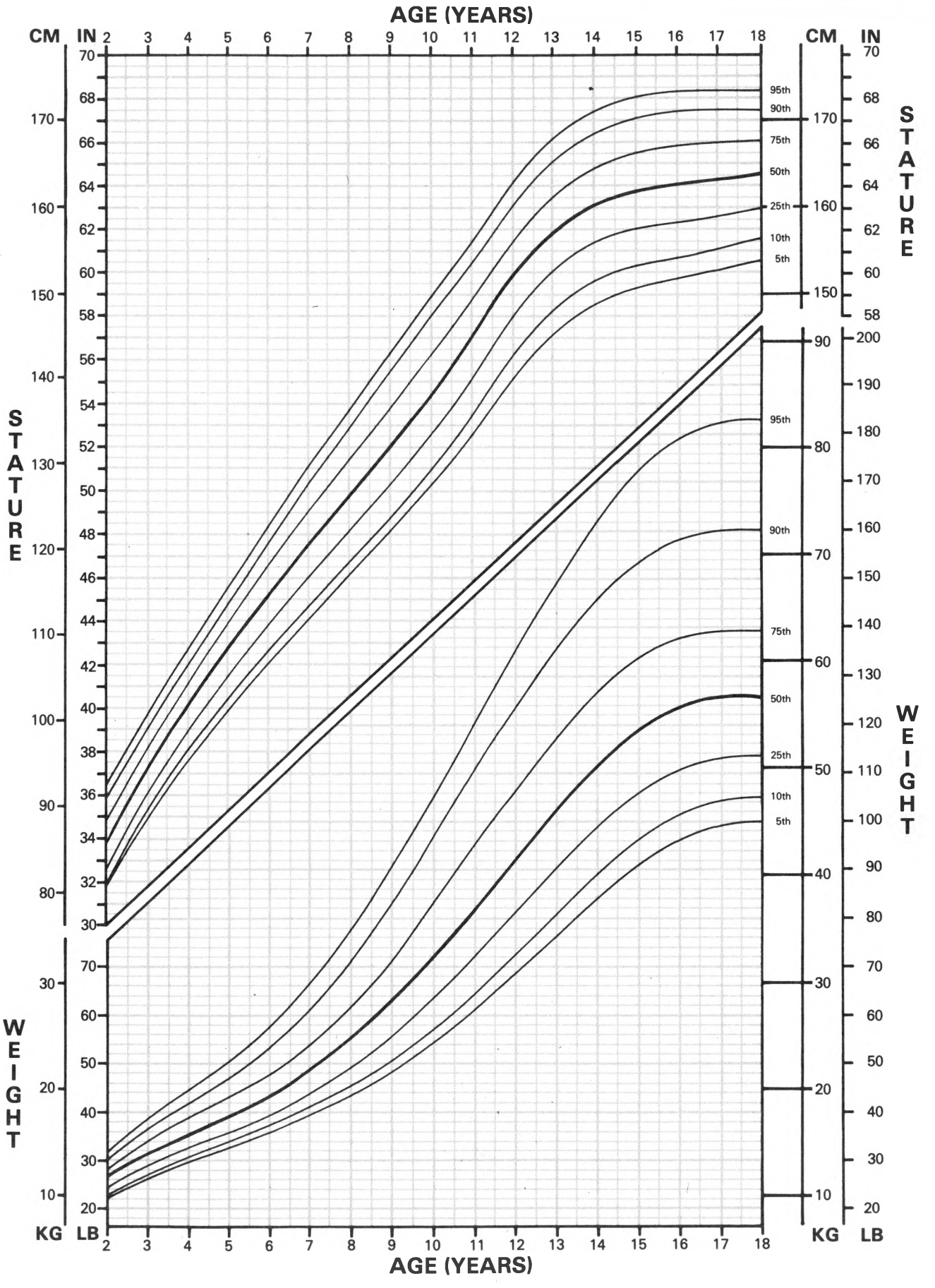

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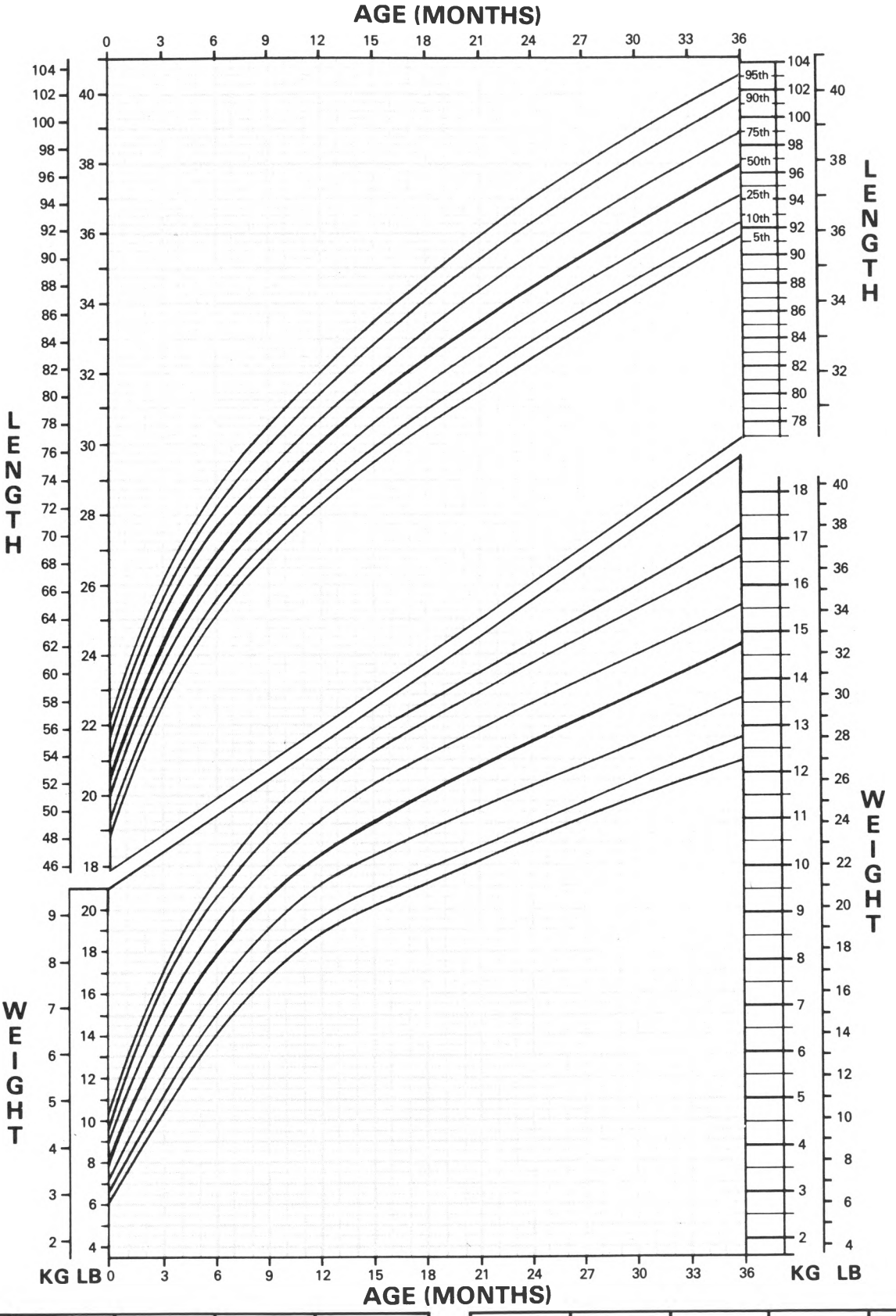
National Center for Health Statistics and Center for Disease Control

BOYS BIRTH TO 36 MONTHS
WEIGHT FOR AGE & LENGTH FOR AGE

NAME _____ RECORD # _____



Date	Age in Months	Recumbent Length	Weight	Head Circumference

Date	Age in Months	Recumbent Length	Weight	Head Circumference

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Health Resources Administration, National Center for Health Statistics, and Center for Disease Control

BOYS: BIRTH TO 36 MONTHS

HEAD CIRCUMFERENCE FOR AGE & WEIGHT FOR LENGTH

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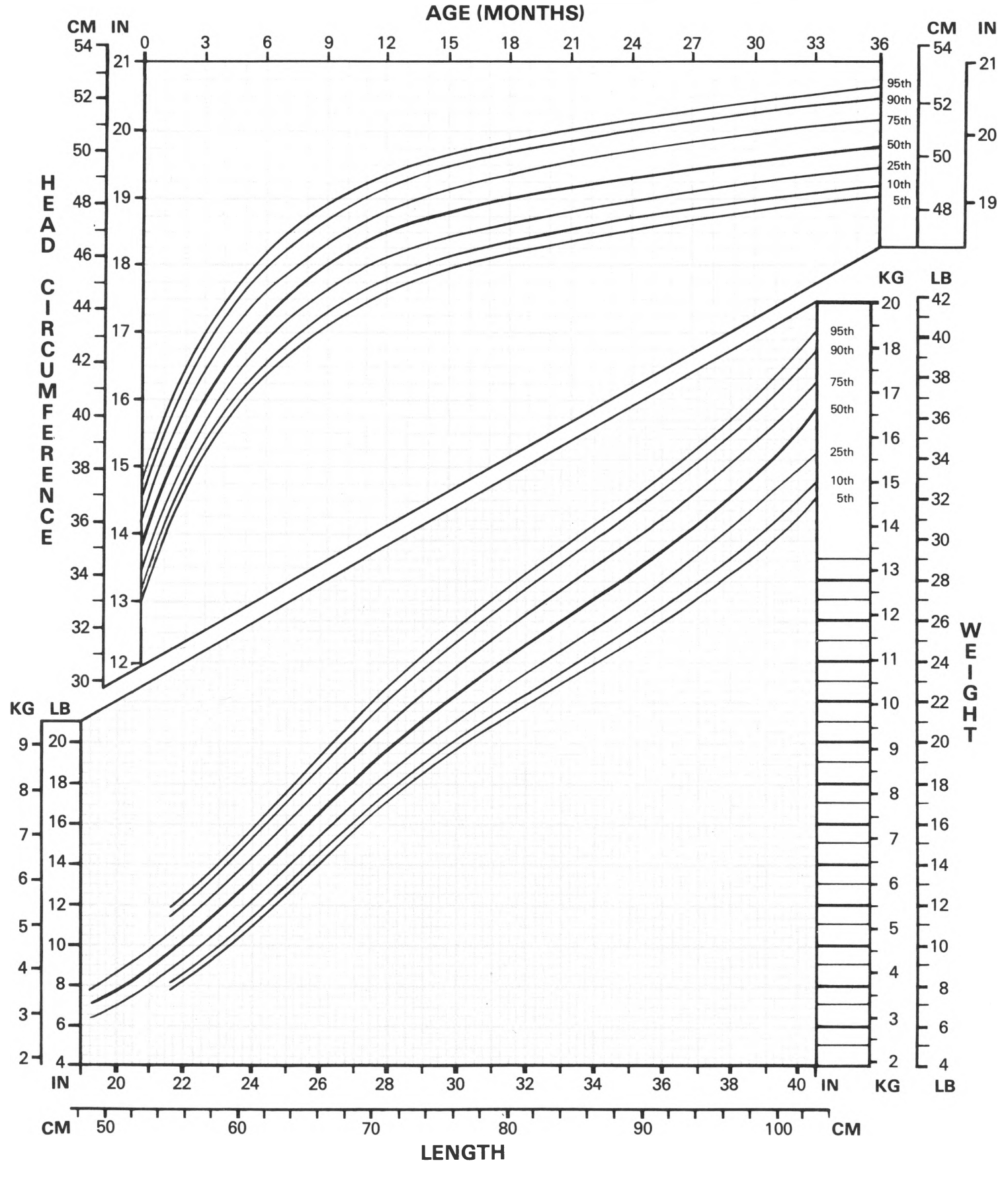

PRE-PUBERTAL BOYS: 2 TO 11½ YEARS

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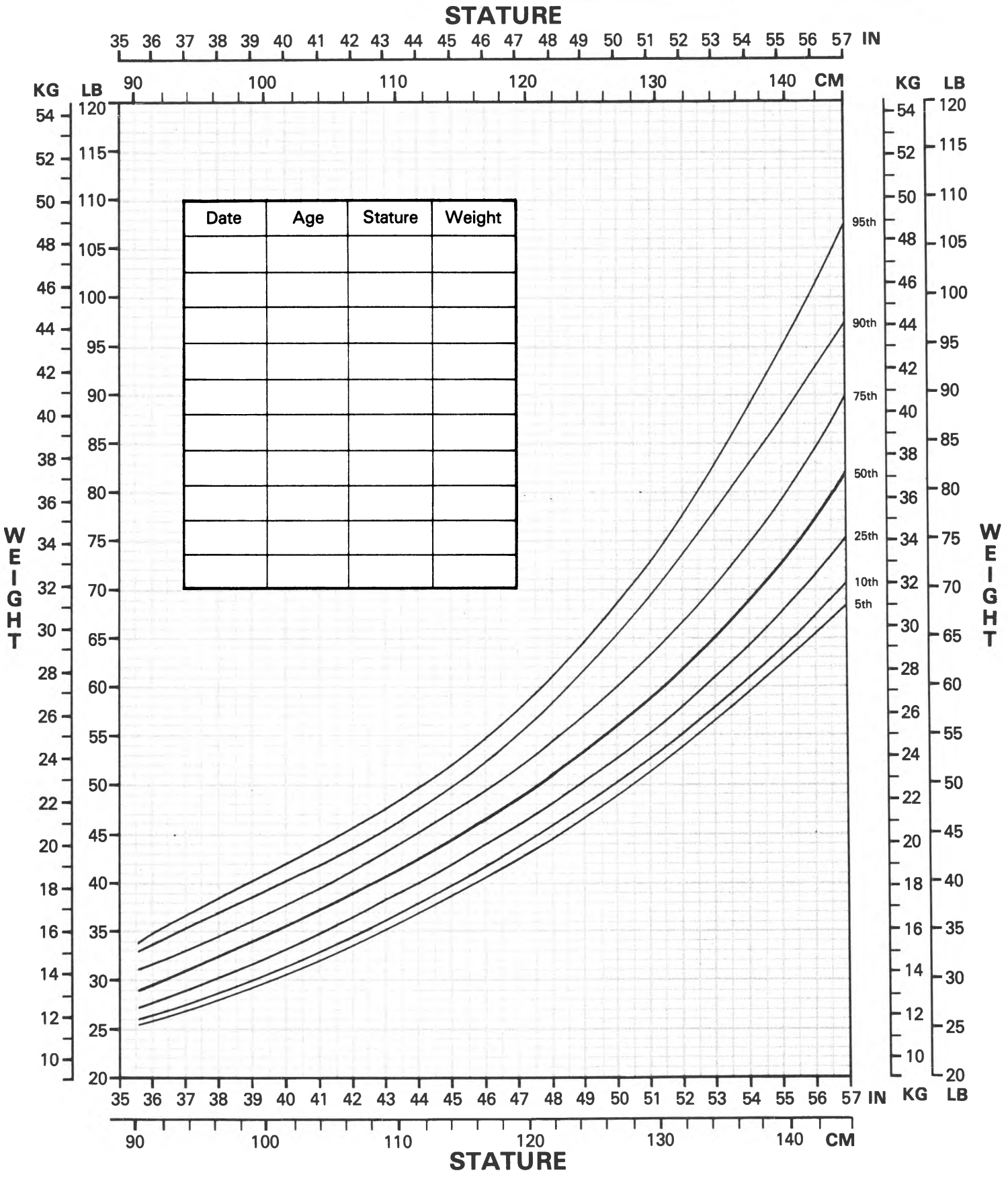
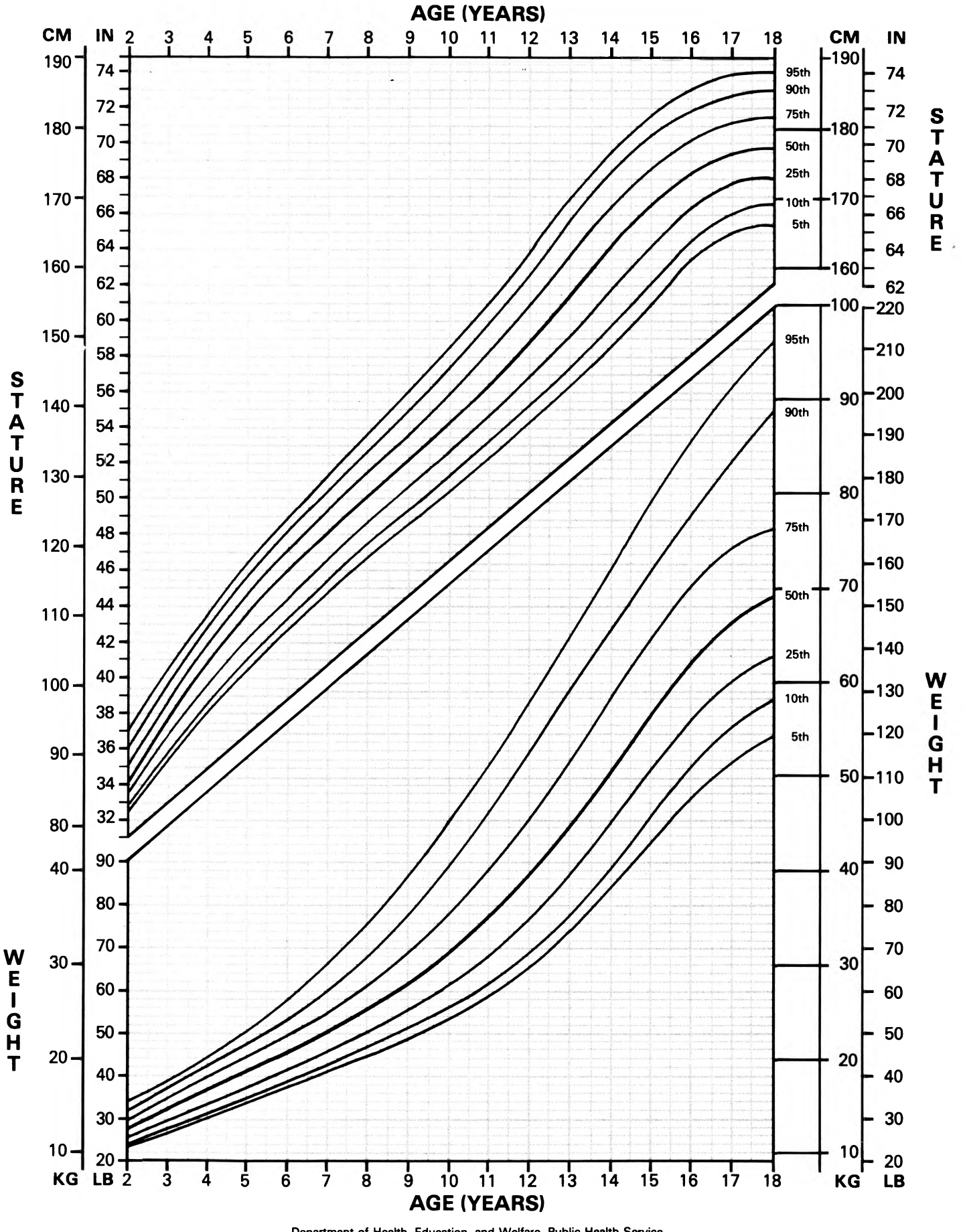


BOYS: 2 TO 18 YEARS

STATURE FOR AGE &
WEIGHT FOR AGE

NAME _____

RECORD # _____



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