

Your Baby at 9 Months [★]



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 9 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Language/Communication

- Understands "no"
- Makes a lot of different sounds like "mamamama" and "bababababa"
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- Is missing milestones
- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!

★ It's time for developmental screening!

At 9 months, your child is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Download CDC's
Milestone Tracker App



Learn the Signs. Act Early.

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.

What You Can Do for Your 9-Month-Old:

- Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- As she moves around more, stay close so she knows that you are near.
- Continue with routines; they are especially important now.
- Play games with “my turn, your turn.”
- Say what you think your baby is feeling. For example, say, “You are so sad, let’s see if we can make you feel better.”
- Describe what your baby is looking at; for example, “red, round ball.”
- Talk about what your baby wants when he points at something.
- Copy your baby’s sounds and words.
- Ask for behaviors that you want. For example, instead of saying “don’t stand,” say “time to sit.”
- Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- Play peek-a-boo and hide-and-seek.
- Read and talk to your baby.
- Provide lots of room for your baby to move and explore in a safe area.
- Put your baby close to things that she can pull up on safely.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.



BRIGHT FUTURES HANDOUT ► PARENT

9 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

<p>✓ HOW YOUR FAMILY IS DOING</p> <ul style="list-style-type: none"> ▪ If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help. ▪ Keep in touch with friends and family. ▪ Invite friends over or join a parent group. ▪ Take time for yourself and with your partner. 	<p>✓ FEEDING YOUR BABY</p> <ul style="list-style-type: none"> ▪ Be patient with your baby as he learns to eat without help. ▪ Know that messy eating is normal. ▪ Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day. ▪ Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking. ▪ Vary the thickness and lumpiness of your baby's food. ▪ Don't give your baby soft drinks, tea, coffee, and flavored drinks. ▪ Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating. ▪ Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it. ▪ Help your baby learn to use a cup. ▪ Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning. ▪ Continue to offer breast milk or iron-fortified formula until 1 year of age. Don't switch to cow's milk until then.
<p>✓ YOUR CHANGING AND DEVELOPING BABY</p> <ul style="list-style-type: none"> ▪ Keep daily routines for your baby. ▪ Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure. ▪ Be realistic about her abilities at this age. ▪ Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm. ▪ Support your baby's learning by giving her baby balls, toys that roll, blocks, and containers to play with. ▪ Help your baby when she needs it. ▪ Talk, sing, and read daily. ▪ Don't allow your baby to watch TV or use computers, tablets, or smartphones. ▪ Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise. 	
<p>✓ DISCIPLINE</p> <ul style="list-style-type: none"> ▪ Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do. ▪ Be consistent. ▪ Use distraction at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy. ▪ Do things the way you want your baby to do them—you are your baby's role model. ▪ Use "No!" only when your baby is going to get hurt or hurt others. 	

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
 Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

9 MONTH VISIT—PARENT

✓ SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Have your baby's car safety seat rear facing until she reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby alone in the car. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Place gates at the top and bottom of stairs.
- Don't leave heavy or hot things on tablecloths that your baby could pull over.
- Put barriers around space heaters and keep electrical cords out of your baby's reach.
- Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm's reach at all times.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call if you are worried your baby has swallowed something harmful.
- Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Keep your baby in a high chair or playpen when in the kitchen.

WHAT TO EXPECT AT YOUR CHILD'S 12 MONTH VISIT

We will talk about

- Caring for your child, your family, and yourself
- Creating daily routines
- Feeding your child
- Caring for your child's teeth
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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Ages & Stages Questionnaires®

12 Month Questionnaire

11 months 0 days through 12 months 30 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Baby's information

Baby's first name: _____ Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____ If baby was born 3 or more weeks prematurely, # of weeks premature: _____ Baby's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____ Relationship to baby: Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Baby ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION



	YES	SOMETIMES	NOT YET	
1. Does your baby make two similar sounds, such as "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peek-a-boo," "clap your hands," "So Big")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? (Make sure the object is present. Mark "yes" if she knows one object.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. When your baby wants something, does he tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
			COMMUNICATION TOTAL	___

GROSS MOTOR





	YES	SOMETIMES	NOT YET	
1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby walk beside furniture while holding on with only one hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



GROSS MOTOR (continued)

	YES	SOMETIMES	NOT YET	
<p>4. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? <i>(If your baby already walks alone, mark "yes" for this item.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>5. When you hold <i>one hand</i> just to balance your baby, does she take several steps forward? <i>(If your baby already walks alone, mark "yes" for this item.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>6. Does your baby stand up in the middle of the floor by himself and take several steps forward?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
GROSS MOTOR TOTAL				—

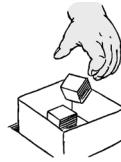
FINE MOTOR

	YES	SOMETIMES	NOT YET	
<p>1. After one or two tries, does your baby pick up a piece of string with his first finger and thumb? <i>(The string may be attached to a toy.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>2. Does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger? She may rest her arm or hand on the table while doing it.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<p>4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	— *
				
<p>5. Does your baby throw a small ball with a forward arm motion? <i>(If he simply drops the ball, mark "not yet" for this item.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>6. Does your baby help turn the pages of a book? <i>(You may lift a page for him to grasp.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
FINE MOTOR TOTAL				—

*If Fine Motor Item 4 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? <i>(Be sure the toy is completely hidden.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? <i>(If she already lets go of the toy into a bowl or box, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? <i>(You may show him how to do it.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ * |
| 6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? <i>(If she already scribbles on her own, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



PROBLEM SOLVING TOTAL

**If Problem Solving Item 5 is marked "yes" or "sometimes," mark Problem Solving Item 4 "yes."*

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? <i>(If he already lets go of the toy into your hand, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby roll or throw a ball back to you so that you can return it to him? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby play with a doll or stuffed animal by hugging it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PERSONAL-SOCIAL TOTAL

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:

YES

NO

2. Does your baby play with sounds or seem to make words? If no, explain:

YES

NO

3. When your baby is standing, are her feet flat on the surface most of the time?
If no, explain:

YES

NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:

YES

NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES

NO

OVERALL (continued)

6. Do you have concerns about your baby's vision? If yes, explain:

 YES NO

7. Has your baby had any medical problems in the last several months? If yes, explain:

 YES NO

8. Do you have any concerns about your baby's behavior? If yes, explain:

 YES NO

9. Does anything about your baby worry you? If yes, explain:

 YES NO



12 Month ASQ-3 Information Summary

11 months 0 days through
12 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ Date of birth: _____

Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	15.64		●	●	●	●	○	○	○	○	○	○	○	○	○
Gross Motor	21.49		●	●	●	●	●	○	○	○	○	○	○	○	○
Fine Motor	34.50		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	27.32		●	●	●	●	●	○	○	○	○	○	○	○	○
Personal-Social	21.73		●	●	●	●	○	○	○	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?
Comments: | Yes | NO | 6. Concerns about vision?
Comments: | YES | No |
| 2. Plays with sounds or seems to make words?
Comments: | Yes | NO | 7. Any medical problems?
Comments: | YES | No |
| 3. Feet are flat on the surface most of the time?
Comments: | Yes | NO | 8. Concerns about behavior?
Comments: | YES | No |
| 4. Concerns about not making sounds?
Comments: | YES | No | 9. Other concerns?
Comments: | YES | No |
| 5. Family history of hearing impairment?
Comments: | YES | No | | | |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

- If the baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.
- If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
- If the baby's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



Acetaminophen (Tylenol™, Feverall™) Dosage for Fever and Pain

Dosage						
	Infant drops 80 mg per dropperful (0.8 mL)	Infant or children's oral suspension 160 mg per 5 mL	Children's chewable or meltaway tablet 80 mg	Junior strength chewable or meltaway tablet 160 mg	Adult tablet 325 mg	Adult extra strength tablet 500 mg
6 to 11 lbs.	½ dropper (40 mg) (0.4 mL)	1.25 mL (40 mg)	-	-	-	-
12 to 17 lbs.	1 dropper (80 mg) (0.8 mL)	2.5 mL (80 mg)	-	-	-	-
18 to 23 lbs.	1½ dropper (120 mg) (1.2 mL)	3.75 mL (120 mg)	-	-	-	-
24 to 35 lbs.	-	5 mL (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)	-	-
36 to 47 lbs.	-	7.5 mL (240 mg)	3 tablets (240 mg)	1½ tablets (240 mg)	-	-
48 to 59 lbs.	-	10 mL (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	1 tablet (325 mg)	-
60 to 71 lbs.	-	12.5 mL (400 mg)	5 tablets (400 mg)	2½ tablets (400 mg)	1 tablet (325 mg)	-
72 to 95 lbs.	-	15 mL (480 mg)	6 tablets (480 mg)	3 tablets (480 mg)	1½ tablets (487.5 mg)	1 tablet (500 mg)
95 to 146 lbs.	-	-	-	4 tablets (640 mg)	2 tablets (650 mg)	1 tablet (500 mg)

- Use **only** the enclosed medication dispenser that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)
- Dose may be given every 4 hours. Do not use more than 5 times in 24 hours.

The following abbreviations are used on this dosage chart:

- Milligram (mg)
- Milliliter (mL)
- Pounds (lbs.)
- Not applicable: This form of medication should not be given to a child of this weight.



Ibuprofen (Advil™, Motrin™)

Dosage for Fever and Pain

	Dosage				
	Infant drops 50 mg* per dropperful (1.25 mL*)	Children's oral suspension 100 mg* per 1 tsp.* (5 mL*)	Children's chewable tablet 50 mg*	Junior strength caplet or chewable tablet 100 mg*	Adult tablet 200 mg*
12 to 17 lbs.	1 dropper (50 mg) (1.25 mL)	-	-	-	-
18 to 23 lbs.	1½ dropper (75 mg) (1.875 mL)	-	-	-	-
24 to 35 lbs.	-	1 tsp. (5 mL) (100 mg)	2 tablets (100 mg)	1 tablet (100 mg)	-
36 to 47 lbs.	-	1½ tsp. (7.5 mL) (150 mg)	3 tablets (150 mg)	1½ tablets (150 mg)	-
48 to 59 lbs.	-	2 tsp. (10 mL) (200 mg)	4 tablets (200 mg)	2 tablets (200 mg)	1 tablet (200 mg)
60 to 71 lbs.	-	2½ tsp. (12.5 mL) (250 mg)	5 tablets (250 mg)	2½ tablets (250 mg)	1 tablet (200 mg)
72 to 95 lbs.	-	3 tsp. (15 mL) (300 mg)	6 tablets (300 mg)	3 tablets (300 mg)	1½ tablets (300 mg)
Greater than 95 lbs.	-	4 tsp. (20 mL) (400 mg)	8 tablets (400 mg)	4 tablets (400 mg)	2 tablets (400 mg)

- For a child younger than 6 months old, ask your health care provider before giving ibuprofen.
- If giving less than 100 mg, use infant drops.
- Dose may be given every 6 to 8 hours. Do not use more than 4 times in 24 hours.
- Use **only** the enclosed dropper or medication cup that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)

* The following abbreviations are used on this dosage chart:

• Teaspoon (tsp.) • Milligram (mg) • Milliliter (mL) • Pounds (lbs.)

- Not applicable: This form of medication should not be given to a child of this weight.



Acetaminophen (Tylenol™, Feverall™) Dosage for Fever and Pain

Dosage						
	Infant drops 80 mg per dropperful (0.8 mL)	Infant or children's oral suspension 160 mg per 5 mL	Children's chewable or meltaway tablet 80 mg	Junior strength chewable or meltaway tablet 160 mg	Adult tablet 325 mg	Adult extra strength tablet 500 mg
6 to 11 lbs.	½ dropper (40 mg) (0.4 mL)	1.25 mL (40 mg)	–	–	–	–
12 to 17 lbs.	1 dropper (80 mg) (0.8 mL)	2.5 mL (80 mg)	–	–	–	–
18 to 23 lbs.	1½ dropper (120 mg) (1.2 mL)	3.75 mL (120 mg)	–	–	–	–
24 to 35 lbs.	–	5 mL (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)	–	–
36 to 47 lbs.	–	7.5 mL (240 mg)	3 tablets (240 mg)	1½ tablets (240 mg)	–	–
48 to 59 lbs.	–	10 mL (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	1 tablet (325 mg)	–
60 to 71 lbs.	–	12.5 mL (400 mg)	5 tablets (400 mg)	2½ tablets (400 mg)	1 tablet (325 mg)	–
72 to 95 lbs.	–	15 mL (480 mg)	6 tablets (480 mg)	3 tablets (480 mg)	1½ tablets (487.5 mg)	1 tablet (500 mg)
95 to 146 lbs.	–	–	–	4 tablets (640 mg)	2 tablets (650 mg)	1 tablet (500 mg)

- Use **only** the enclosed medication dispenser that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)
- Dose may be given every 4 hours. Do not use more than 5 times in 24 hours.

The following abbreviations are used on this dosage chart:

- Milligram (mg)
- Milliliter (mL)
- Pounds (lbs.)
- Not applicable: This form of medication should not be given to a child of this weight.