



Longwood
PEDIATRICS, LLP

SIXTEEN YEAR

Name _____ Date _____

Weight _____ Height _____ Body Mass Index _____

Office Hours: We are available 24 hours a day, 365 days a year!

- Monday-Friday: 8:30am-5:30 pm (later as needed to accommodate urgent visits)
- Saturdays and Holidays: 9am-12pm (later as needed to accommodate urgent visits) – Urgent visits only
- Sundays: Mornings (office times vary) – Urgent visits only

Telephone Coverage: Longwood Pediatrics has 24-hour telephone coverage.



Please ALWAYS call us before going to any emergency room.

- Monday-Friday: 8:30am-5:30pm – to schedule appointments or leave a message for the nursing staff. This is the best option for general medical questions and to make appointments.
- Saturdays, Sundays, and Holidays: 9am – 12pm to schedule an urgent appointment – please call early in the day.
- After regular business hours: After hour calls are answered by well-trained pediatric nurses who follow protocols approved by Longwood Pediatrics. Please restrict calls to urgent medical issues only.

Appointment Scheduling:

- Well Visit/Checkups: Our schedules are open one year in advance for routine well visit appointments. **Schedule next year's well visit, today!**
- Sick Visits: It is best to call the office early in the day to schedule an appointment. If you are not sure that your child needs to be seen, you may leave a message for our nursing staff and a nurse will call you back the same day.

Communication:

We encourage all families to use MyChart, our patient portal. With MyChart you are able to communicate with your child's provider through messaging, book appointments, see your child's medical history and more. Sign up at the front desk today!

Like us on Facebook 

Next Visit:

At the 16-year visit the meningococcal vaccine for strains ACYW (also known as MCV-4 or Menactra) is given.

We also offer the meningococcal vaccine for strain B (also known as MenB) as patients near high school graduation.

Parent packet; updated 01/26/21



ADOLESCENT CONFIDENTIALITY

As our patients enter adolescence, it is important that they start to learn to be independent and take responsibility for their own health. Although parents will still be involved in their child's healthcare, teenagers may have health concerns that they do not want to discuss with their friends or family.

Studies have shown that teenagers do not frequently seek out health advice from providers because they fear their discussion will not remain private. In order to support healthy mental, emotional, and developmental growth of our adolescent patients, the providers at Longwood Pediatrics have a policy to maintain patient confidentiality during adolescent visits, starting around age 13.

To do this, the structure of adolescent visits is different from that of younger patients:

- Each adolescent visit will begin with the parent and teenager in the room together—this gives the parent a chance to ask questions and share important information about their child's health.
- Starting around age 13, after meeting together, the parent will then be asked to leave the room. The time alone with the doctor, or nurse practitioner, gives the teenager a chance to ask questions and discuss issues that are considered private.
- The information discussed by the teenager and doctor, or nurse practitioner, is considered confidential and will not be shared with anyone.
 - If important medical issues arise, we will encourage the teenager to discuss them together with his/her doctor, or nurse practitioner, and parents; however, information will not be discussed without the patient's permission.
 - Providers will only discuss a confidential issue with a parent if it is determined that the teenager poses a threat to him/herself, or others.
- We routinely perform confidential testing on all of our adolescent patients, as recommended by the American Academy of Pediatrics and Centers for Disease Control and Prevention. Parents may see this testing on insurance bills; however, due to adolescent confidentiality laws in Massachusetts, we cannot share the results.
- The teenager may then choose to have a parent, nurse, or just the doctor present during the physical exam.

We greatly value and respect our adolescent patients and their families. In order to provide comprehensive, quality care, we also take questions from our teenagers by phone; to facilitate this, we file the cell phone numbers of our adolescent patients. Please let us know if you have any questions.

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BRIGHT FUTURES HANDOUT ► PARENT

15 THROUGH 17 YEAR VISITS

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

✓ HOW YOUR FAMILY IS DOING

- Set aside time to be with your teen and really listen to her hopes and concerns.
- Support your teen in finding activities that interest him. Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Support your teen as she figures out ways to deal with stress, solve problems, and make decisions.
- Help your teen deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

✓ YOUR GROWING AND CHANGING TEEN

- Make sure your teen visits the dentist at least twice a year.
- Give your teen a fluoride supplement if the dentist recommends it.
- Support your teen's healthy body weight and help him be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your teen get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage at least 1 hour of physical activity a day.
- Praise your teen when she does something well, not just when she looks good.

✓ YOUR TEEN'S FEELINGS

- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- If you have questions about your teen's sexual development, you can always talk with us.

✓ HEALTHY BEHAVIOR CHOICES

- Know your teen's friends and their parents. Be aware of where your teen is and what he is doing at all times.
- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.
- Be a role model.
- Know your teen's friends and their activities together.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Be there for your teen when she needs support or help in making healthy decisions about her behavior.

15 THROUGH 17 YEAR VISITS—PARENT

✓ SAFETY

- Encourage safe and responsible driving habits.
 - Lap and shoulder seat belts should be used by everyone.
 - Limit the number of friends in the car and ask your teen to avoid driving at night.
 - Discuss with your teen how to avoid risky situations, who to call if your teen feels unsafe, and what you expect of your teen as a driver.
 - Do not tolerate drinking and driving.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

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.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

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Massachusetts Laws: Cell Phone Use while Driving

- Ban on all cell phone use (handheld and hands-free) for bus drivers
- Ban on all cell phone use (handheld and hands-free) for novice drivers (under the age of 18 with a learner's permit or provisional license)
- Ban on texting for drivers of all ages



WWW.CDC.GOV/PARENTSARETHEKEY

EIGHT DANGER ZONES FOR TEENS BEHIND THE WHEEL

Six teens a day are killed in car crashes. Make sure your young driver is aware of the leading causes of teen crashes, and put rules in place to help your teen stay safe.

NO. 1: DRIVER INEXPERIENCE. Most crashes happen during the first year a teen has a license. Provide at least 30 to 50 hours of supervised driving practice over at least six months. Make sure to practice on a variety of roads, at different times of day, and in varied weather and traffic conditions. This will help your teen gain the skills he or she needs to be safe.

NO. 2: DRIVING WITH TEEN PASSENGERS. Crash risk goes up when teens drive with other teens in the car. Follow your state's teen driving law for passenger restrictions. If your state doesn't have such a rule, limit the number of teen passengers your teen can have to zero or one. Keep this rule for at least the first six months.

NO. 3: NIGHTTIME DRIVING. For all ages, fatal crashes are more likely to occur at night; but the risk is higher for teens. Make sure your teen is off the road by 9 or 10 p.m. for at least the first six months of licensed driving.

NO. 4: NOT USING SEAT BELTS. The simplest way to prevent car crash deaths is to buckle up. Require your teen to wear a seat belt on every trip. This simple step can reduce your teen's risk of dying or being badly injured in a crash by about half.

NO. 5: DISTRACTED DRIVING. Distractions increase your teen's risk of being in a crash. Don't allow activities that may take your teen's attention away from driving, such as talking on a cell phone, texting, eating, or playing with the radio.

NO. 6: DROWSY DRIVING. Young drivers are at high risk for drowsy driving, which causes thousands of crashes every year. Teens are most tired and at risk when driving in the early morning or late at night. Be sure your teen is well rested before he or she gets behind the wheel.

NO. 7: RECKLESS DRIVING. Research shows that teens lack the experience, judgment, and maturity to assess risky situations. Help your teen avoid the following unsafe behaviors.

- **Speeding:** Make sure your teen knows to follow the speed limit and adjust speed to road conditions.
- **Tailgating:** Remind your teen to maintain enough space behind the vehicle ahead to avoid a crash in case of a sudden stop.

NO. 8: IMPAIRED DRIVING. Even one drink will impair your teen's driving ability and increase their risk of a crash. Be a good role model: never drink and drive, and reinforce this message with your teen.

Take the next step and download the Parent-Teen Driving Agreement at www.cdc.gov/parentsarethekey.





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E-Cigarettes

What are E-Cigarettes?

E-Cigarettes, JUULS, vapes, vape pens, dab pens, mods or tanks are electronic devices that use a battery to aerosolize a liquid which is then inhaled. This liquid usually contains nicotine, chemicals, flavors and other additives. These electronic devices can also be used to deliver marijuana and other substances. The use of these devices has increased rapidly and they are now more common than traditional cigarettes among middle and high school students.

Why are they harmful?

Nicotine: Many people may not know that the liquid used in these electronic devices usually contains nicotine. A single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes! Nicotine in any form is not safe for youth as it is highly addictive, can harm the developing brain and affect memory and concentration. Nicotine use may also increase risk for certain mood disorders and negatively affect impulse control. E-cigarette use is strongly associated with other tobacco products like regular cigarettes.

Other chemicals: The liquid used in these electronic devices may contain chemicals including flavorants like Diacetyl (a chemical linked to serious lung disease), volatile organic compounds, and heavy metals like tin and lead. Heavy metals can cause respiratory distress and disease. Other chemicals in the e-liquids and in the aerosol from e-cigarettes are known to cause cancer in humans.

Some e-cigarettes have also exploded and hurt or burned people.

Impact on others:

The cloud created by e-cigarettes can be harmful to others. The e-liquid and e-cigarettes can also be extremely harmful to infants and young children if swallowed or handled incorrectly.

Further resources:

E-cigarettes.SurgeonGeneral.Gov

<https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Facts-For-Parents-About-E-Cigarettes-Electronic-Nicotine-Delivery-Systems.aspx>

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Meningococcal ACWY Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2 Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a type of drug called a complement inhibitor, such as eculizumab (also called Soliris®) or ravulizumab (also called Ultomiris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls
- U.S. military recruits

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination to a future visit.

Not much is known about the risks of this vaccine for a pregnant woman or breastfeeding mother. However, pregnancy or breastfeeding are not reasons to avoid meningococcal ACWY vaccination. A pregnant or breastfeeding woman should be vaccinated if otherwise indicated.



People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccine.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle or joint pains.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
**Meningococcal ACWY
Vaccines**



Office use only

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