NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH

MAINTENANCE GUIDE:

2 – 3 YEARS OLD

Surname	Given Name

Date of Birth DD MM YYYY	☐ M ☐ F	Child HCP#:

Information Source (and relation)

Contact Name (if different)	Contact Phone Number:

Birth Mother HCP#	Home Community/Health Centre

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

Age at Visit _____ yrs _____mths

☐ TB Exposure

Current Family: ☐ Birth family ☐ Adopted ☐ Foster care
☐ Guardian care changed since 12 months old
Foster/Adopted Parents:_____

PARENT / GUARDIAN CONCERNS:

Height (cm)	Weight (g)	HC (cm)
%	%	%

NUTRITION (SINCE 12 MONTHS OLD)

Do You Currently Breastfeed? *(only check one)*
☐ Never breastfed
☐ No, discontinued at: _____ mths
☐ Breast milk in the past 7 days

Vitamin D Supplementation:
Do you have Vit. D drops at home? ☐ No ☐ Yes
If Yes: Are they given to baby? ☐ Never ☐ Sometimes ☐ Daily
Rickets Diagnosis: ☐ No ☐ Yes ☐ Unknown → Amt given: _____IU

How often does your child eat or drink:
Country Food (trad. meat, berries, etc.): ☐ Never ☐ < Once/week ☐ ≥ Once/week ☐ Daily or more
Sweetened drinks (crystals, pop, etc.): ☐ Never ☐ < Once/week ☐ ≥ Once/week ☐ Daily or more

Since your child was 12 months old:
Were there times when the food for you and your family just did not last and there was no money to buy enough food?
☐ Never ☐ Sometimes ☐ Often ☐ Don't know/Refused
Has your baby attended an early childhood care program? ☐ No ☐ Yes (specify): _____

DENTAL

Teeth brushing frequency: ☐ < Daily ☐ Daily ☐ > Daily
Tooth extractions: ☐ No ☐ Yes
Oral assessment: ☐ Healthy ☐ Unhealthy
Tooth decay (including white spots): ☐ No ☐ Yes

ENVIRONMENT

Maternal Smoking: ☐ No ☐ Yes → Amount (cig/day): _____
Location of smoking: ☐ Inside ☐ Outside
People smoking inside the house: _____
People in house: _____ # Bedrooms in house: _____

Substance use in household: ☐ No ☐ Yes ☐ Don't Know/Refused
Do you have any concerns regarding your child's safety? ☐No ☐ Yes
Nurse suspects abuse: ☐ No ☐ Yes ☐ Unsure
Social services involved: ☐ No ☐ Yes ☐ Unknown

PHYSICAL EXAMINATION / MEDICAL HISTORY

N = **N**ormal
A = **A**bnormal

	N	A
Blood pressure	☐	☐
Eyes (red reflex)/Visual acuity	☐	☐
Corneal light reflex	☐	☐
Cover-uncover test & inquiry	☐	☐
Hearing inquiry	☐	☐
Tonsil size / Teeth	☐	☐
Heart	☐	☐

Developmental Assessment: Parental concern about delay: ☐ No ☐ Yes
Tool used: _____
General development delay 'Impression' ☐ None ☐ Mild ☐ Moderate ☐ Severe
Speech/language delay 'Impression' ☐ None ☐ Mild ☐ Moderate ☐ Severe
Referred for support: ☐ P.T. ☐ O.T. ☐ Speech ☐ Other
Diagnosed developmental condition: _____

SINCE BIRTH: Had injury serious enough to seek medical attention: ☐ No ☐ Yes
If yes: Head injuries: ☐ No ☐ Yes → Injury severity: ☐ Mild ☐ Severe
Fractures: ☐ No ☐ Yes
Dental: ☐ No ☐ Yes Burns: ☐ No ☐ Yes

SINCE 12 MONTHS OLD: ☐ *Birth Defect Reporting Form completed*
Birth Defects detected: _____
Ear tube insertion: ☐ No ☐ Yes Chronic draining ears: ☐ No ☐ Yes
times Antibiotics taken for ear infections: _____
Reactive airway / Asthma: ☐ No ☐ Yes → If Yes: Age at onset: _____
Seizures: ☐ No ☐ Yes → If Yes: Meds required ☐ No ☐ Yes
w/ Fever ☐ No ☐ Yes ☐ Unknown
w/ Low blood sugar ☐ No ☐ Yes ☐ Unknown

Lung Infections: # Admissions: _____
Admission to: Type(s):
☐ Health centre ☐ Pneumonia
☐ Regional hospital ☐ Bronchiolitis
☐ Tertiary centre ☐ TB
☐ ICU ☐ Unknown ☐ Other

ANEMIA SCREENING

Hgb (fingerprick): _____
If needed, do venipunc
Hgb (venipunc): ☐ Done ☐ Not done

Lab Results: *(if venipunc - fill in later)*
Hgb _____
MCV _____ Ferritin _____ CRP _____

SINCE 12 MONTHS OLD:
Iron prescribed: ☐ No ☐ Yes
Iron taken: ☐ No ☐ Yes ☐ Sometimes

ASSESSMENT

Include notes on abnormal findings

☐ Well infant ☐ Needs follow-up ☐ Needs referral

VACCINES UP-TO-DATE: ☐ No ☐ Yes ☐ Unknown *(follow Nunavut Immunization Guide)*

SIGNATURE:

DATE: DD MM YYYY

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Blue Writing: Indicates Questions NOT to be answered by the parent/guardian

CONTINUED ON REVERSE

EDUCATION AND ADVICE

(similar topics for 18mth, 2-3yr & 4-5yr visits)

✓ if discussed and no concerns

Circle if concerns

Leave blank if not assessed

Nutrition:

- ☐ 1% to 2% milk [~500mL (16oz)/day]
- ☐ Limit 100% pure juice to ~120-200mL (4-6 oz) /day
- ☐ Avoid sweet liquids
- ☐ Encourage country food
- ☐ Nunavut's Food Guide
- ☐ Vit. D deficiency prevention (review NU protocol)

Issues:

- ☐ **Second-hand smoke** / Amauti
- ☐ *No pacifiers*
- ☐ *Encourage reading*
- ☐ Toilet learning
- ☐ **Assess child care** / School readiness
- ☐ Socializing opportunities

Environmental Health including:

- ☐ Sun exposure/ Suncreens/ Insect repellent
- ☐ *Pesticide exposure*
- ☐ *Serum lead if at risk*
- ☐ **Dental cleaning / Fluoride / Dentist**
- ☐ **No OTC cough/cold medn**
- ☐ *Complementary/ alternative medicine*
- ☐ Active healthy living / Screen time

Injury Prevention:

- ☐ **Car seat (child/booster)** / Amauti
- ☐ **Bike helmets**
- ☐ Choking / safe toys
- ☐ Carbon monoxide/*Smoke detectors*
- ☐ Matches
- ☐ **Firearm safety/removal**
- ☐ *Water Safety*
- ☐ *Bath Safety*

Behaviour and Family Issues:

- ☐ *Discipline / Parenting skills programs*
- ☐ Parent/child interaction
- ☐ Family conflict/stress
- ☐ **High risk children**
- ☐ Siblings
- ☐ Refer to local community programs, i.e. Wellness programs
- ☐ Parental fatigue/stress/depression

Physical Examination and Education & Advice: strength of recommendation based on literature review using Canadian Task Force on Preventative Health Care classification: **Good (bold type);** *Fair (italic type);* Consensus (plain type).

See Nunavut Well-Baby Guidelines/Resources