NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE:

1 WEEK to 1 MONTH OLD

Surname	Given Name	
Date of Birth *DD MM YYYY*	☐ M ☐ F	Infant HCP#
Information Source (and relation)		
Contact Name (if different)	Contact Phone Number	
Home Community/Health Centre		

Birth Mother	Birth Mother HCP#
Birth Place	Baby Surname at Birth

PREGNANCY / BIRTH REMARKS:	Discharge Wt (g)	Birth Length (cm):	Birth Wt (g):	Birth HC (cm) (avg 35 cm):
	Apgars:	1:	5:	10:

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

☐ TB Exposure

Current Family: ☐ Birth family ☐ Adopted ☐ Foster care
☐ Guardian care changed from previous visit
Foster/Adopted Parents:____________________

DATE OF VISIT	**1 WEEK:** *DD MM YYYY*	**2 WEEKS:** (optional) *DD MM YYYY*	**1 MONTH:** *DD MM YYYY*
GROWTH	Length (cm) % / Weight (g) % / Head Cir (cm) %	Length (cm) % / Weight (g) % / Head Cir (cm) %	Length (cm) % / Weight (g) % / Head Cir (cm) %
PARENT/ GUARDIAN CONCERNS			

NUTRITION

(Same for 1 WEEK, 2 WEEKS and 1 MONTH)

Do You Currently Breastfeed? *(only check one)* ☐ Good Latch ☐ Nutritive Suck
☐ Never Breastfed
☐ No, Discontinued at: _____ days
☐ Yes, Breast milk **only**
→ Since: ☐ birth ☐ 7 days ago ☐ other: ____
☐ Yes, Breast milk **and other feeds** (including water)
→ In the past 7 days, how many feeds of other liquids/food per day? ☐ 1-2 ☐ ≥3

PHYSICAL EXAMINATION

N = **N**ormal
A = **A**bnormal
(please specify abnormal results in Assessment below)

1 WEEK

	N	A
Skin (jaundice, dry)	☐	☐
Birthmarks	☐	☐
Fontanelles	☐	☐
Eyes (red reflex)	☐	☐
Ears (TMs) Hearing inquiry/screening	☐	☐
Heart	☐	☐
Lungs	☐	☐
Umbilicus	☐	☐
Femoral pulses	☐	☐
Hips	☐	☐
Muscle tone	☐	☐
Reflexes	☐	☐
Genitalia (Testis R ____ L ____)	☐	☐
Male urinary stream/foreskin care	☐	☐

2 WEEKS

	N	A
Skin (jaundice, dry)	☐	☐
Fontanelles	☐	☐
Eyes (red reflex)	☐	☐
Ears (TMs) Hearing inquiry/screening	☐	☐
Heart	☐	☐
Lungs	☐	☐
Umbilicus	☐	☐
Femoral pulses	☐	☐
Hips	☐	☐
Muscle tone	☐	☐
Reflexes	☐	☐
Genitalia (Testis R ____ L ____)	☐	☐
Male urinary stream/foreskin care	☐	☐

1 MONTH

	N	A
Skin (jaundice, dry)	☐	☐
Fontanelles	☐	☐
Eyes (red reflex)	☐	☐
Corneal light reflex	☐	☐
Hearing inquiry/screening	☐	☐
Heart	☐	☐
Hips	☐	☐
Muscle tone	☐	☐
Reflexes	☐	☐
Genitalia (Testis R ____ L ____)	☐	☐

DEVELOPMENT

These are milestone red flags, set after the time of normal milestone acquisition for this age group. **Does NOT replace the Denver screening tool**

1 WEEK: (blank)

2 WEEKS: **Developmental Tool Used:** ________________

Milestones:	N	A
Vigorous suck reflex/sucks well on nipple	☐	☐
No parent/caregiver concerns	☐	☐

1 MONTH: **Developmental Tool Used:** ________________

Milestones:	N	A
Focuses gaze	☐	☐
Startles to loud noise	☐	☐
Calms when comforted	☐	☐
Sucks well on nipple	☐	☐
No parent/guardian concerns	☐	☐

	1 WEEK	2 WEEKS	1 MONTH
ASSESSMENT Include notes on abnormal findings	☐ Well infant ☐ Needs follow-up ☐ Needs referral	☐ Well infant ☐ Needs follow-up ☐ Needs referral	☐ Well infant ☐ Needs follow-up ☐ Needs referral
VACCINES UP-TO-DATE	☐ No ☐ Yes ☐ Unknown *(follow Nunavut Immunization Guide)*	☐ No ☐ Yes ☐ Unknown *(follow Nunavut Immunization Guide)*	☐ No ☐ Yes ☐ Unknown *(follow Nunavut Immunization Guide)*
SCREENING	☐ Newborn screening (PKU, Thyroid, if done)	☐ **Hemogloginopathy screen (if at risk)**	
	SIGNATURE:	**SIGNATURE:**	**SIGNATURE:**

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

CONTINUED ON REVERSE

DATE OF VISIT	1 WEEK	2 WEEKS	1 MONTH
EDUCATION AND ADVICE **(same topics for 1wk to 1mth visits)** ✓ if discussed and no concerns Circle if concerns Leave blank if not assessed	Nutrition: □ **Breastfeeding (exclusive)** □ *Formula Feeding* (iron-fortified) [150mL (5 oz) /kg /day] □ Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol) □ Stool pattern and urine output	Nutrition: □ **Breastfeeding (exclusive)** □ *Formula Feeding* (iron-fortified) [150mL (5 oz) /kg /day] □ Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol) □ Stool pattern and urine output	Nutrition: □ **Breastfeeding (exclusive)** □ *Formula Feeding* (iron-fortified) [450-750ml (15-25 oz) /kg /day] □ Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol) □ Stool pattern and urine output
	Issues: □ **Second-hand smoke** / Amauti □ Fever advice / Thermometers □ *Counsel on pacifier use*	□ **No OTC cough/cold medn** □ *Temperature control / Overdressing* □ Sun exposure/ Sunscreens/ Insect repellent	□ *Inquiry on complementary/alternative medicine*
	Injury Prevention: □ **Car seat (infant)** / Amauti □ Carbon monoxide/S*moke detectors* □ Choking/safe toys □ Shaken baby syndrome	**Safe Sleep Environment:** □ **Sleep position** □ **Bed sharing / Room sharing** □ **Crib safety**	□ **Firearm safety/removal** □ *Hot water <49°C* □ *Bath safety*
	Behaviour and Family Issues: □ Sleeping / Crying □ Parenting / Bonding □ Soothability / Responsiveness	□ **High risk infants/ Assess home visit need** □ Family conflict/stress □ Refer to local community programs i.e. Wellness programs, CPNP	□ Parental fatigue/Postpartum depression □ Siblings

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