# NUNAVUT WELL-BABY RECORD

## EVIDENCE-BASED INFANT/CHILD HEALTH

### MAINTENANCE GUIDE:

## 4 MONTHS OLD

### PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

- [ ] TB Exposure

### PARENT / CAREGIVER CONCERNS:

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do You <strong>Currently</strong> Breastfeed? (<em>only check one</em>)</td>
<td>□ Never Breastfed</td>
<td>□ Good Latch</td>
<td>□ Nutritive Suck</td>
</tr>
<tr>
<td>□ No, Discontinued at: ____ wks</td>
<td>□ Yes, Breast milk only</td>
<td>□ Yes, Breast milk <strong>and other feeds</strong> (including water)</td>
<td>□ Ways: ____</td>
</tr>
<tr>
<td>— Since: □ birth □ 7 days ago □ other: ____</td>
<td>— In the past 7 days, how many feeds of other liquids/food per day? □ 1-2 □ ≥3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>N</th>
<th>A</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fontanells</td>
<td>□</td>
<td>□</td>
<td>Hearing inquiry/screening</td>
</tr>
<tr>
<td>Eyes (red reflex)</td>
<td>□</td>
<td>□</td>
<td>Muscle Tone</td>
</tr>
<tr>
<td>Corneal light reflex</td>
<td>□</td>
<td>□</td>
<td>Heart</td>
</tr>
<tr>
<td>Cover-uncover test and inquiry</td>
<td>□</td>
<td>□</td>
<td>Hips</td>
</tr>
</tbody>
</table>

### DEVELOPMENT

**Development Assessment Tool Used:**

NOTE: BUT NOT TO BE ASSESSED BY PARENT/GUARDIAN.

### ASSESSMENT

Include notes on abnormal findings.

### VACCINES UP-TO-DATE:

- [ ] No
- [ ] Yes
- [ ] Unknown

(see Nunavut Immunization Guide)

### EDUCATION AND ADVICE

(similar topics for 2mth, 4mth & 6mth visits)

- [ ] if discussed and no concerns
- [ ] Circle if concerns

#### Nutrition:

- [ ] Breastfeeding (exclusive)
- [ ] Formula Feeding—iron-fortified [750-1080mL (25-36 oz)/day]
- [ ] Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol)

#### Issues:

- [ ] Second-hand smoke / Amauti
- [ ] Fever advice / Thermometers
- [ ] Pacifier use
- [ ] Encourage reading

#### Injury Prevention:

- [ ] Car seat (infant) / Amauti
- [ ] Choking / safe toys
- [ ] Carbon monoxide/Smoke detectors
- [ ] Shaken baby syndrome

#### Safe Sleep Environment:

- [ ] Sleep position
- [ ] Bed sharing / Room sharing
- [ ] Crib safety

#### Childproofing, including:

- [ ] Temperature control / Overdressing
- [ ] Sun exposure / Sunscreens / Insect repellent
- [ ] Pesticide exposure
- [ ] Electric plugs/cords
- [ ] Falls (stairs, no walkers, change table)

#### Behaviour and Family Issues:

- [ ] Sleeping / Crying / Night waking
- [ ] Parenting / Bonding
- [ ] Soothability / Responsiveness
- [ ] Family conflict/stress
- [ ] Child care / Return to work

#### High risk infants / Assess home visit need

- [ ] Parental fatigue / Postpartum depression
- [ ] Refer to local community programs i.e. Wellness programs, CPNP

### SIGNATURE:

### DATE:

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*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).*

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

*See Nunavut Well-Baby Guidelines/Resources*