



# NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH

MAINTENANCE GUIDE:

## 4 MONTHS OLD

Surname		Given Name	
Date of Birth <i>DD MM YYYY</i>	<input type="checkbox"/> M <input type="checkbox"/> F	Infant 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:

TB Exposure

PARENT / CAREGIVER CONCERNS:

Length (cm)	Weight (g)	HC (cm)
%	%	%

**NUTRITION**

**Do You Currently Breastfeed?** (*only check one*)

Never Breastfed

No, Discontinued at: \_\_\_\_\_ wks

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

Good Latch

Nutritive Suck

**Comments:**

PHYSICAL EXAMINATION	N A		N A	
	Fontanelles	<input type="checkbox"/> <input type="checkbox"/>	Hearing inquiry/screening	<input type="checkbox"/> <input type="checkbox"/>
N = Normal A = Abnormal	Eyes (red reflex)	<input type="checkbox"/> <input type="checkbox"/>	Muscle Tone	<input type="checkbox"/> <input type="checkbox"/>
	Corneal light reflex	<input type="checkbox"/> <input type="checkbox"/>	Heart	<input type="checkbox"/> <input type="checkbox"/>
	Cover-uncover test and inquiry	<input type="checkbox"/> <input type="checkbox"/>	Hips	<input type="checkbox"/> <input type="checkbox"/>

**DEVELOPMENT** Development Assessment Tool Used: \_\_\_\_\_ (*note concerns below in 'Assessment'*)

**ASSESSMENT**

Include notes on abnormal findings

Well infant  Needs follow-up  Needs referral

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

**EDUCATION AND ADVICE**

**Nutrition:**

**Breastfeeding (exclusive)**  Vit. D supplementation & deficiency prevention (400-800 IU day; review NU protocol)

*Formula Feeding*—iron-fortified [750-1080mL (25-36 oz)/day]

**Issues:**

<input type="checkbox"/> <b>Second-hand smoke</b> / Amauti	<input type="checkbox"/> <i>Temperature control / Overdressing</i>	<input type="checkbox"/> <b>Teething / Dental cleaning / Fluoride</b>
<input type="checkbox"/> Fever advice / Thermometers	Environmental Health, including:	<input type="checkbox"/> <b>No OTC cough/cold medn</b>
<input type="checkbox"/> <i>Pacifier use</i>	<input type="checkbox"/> Sun exposure/ Sunscreens/ Insect repellent	<input type="checkbox"/> <i>OTC/complementary/alternative medicine</i>
<input type="checkbox"/> <i>Encourage reading</i>	<input type="checkbox"/> <i>Pesticide exposure</i>	

**Injury Prevention:**

<input type="checkbox"/> <b>Car seat (infant)</b> / Amauti	<b>Safe Sleep Environment:</b>	Childproofing, including:	<input type="checkbox"/> <b>Poisons; PCC#</b>
<input type="checkbox"/> Choking / safe toys	<input type="checkbox"/> <b>Sleep position</b>	<input type="checkbox"/> <i>Electric plugs/cords</i>	<input type="checkbox"/> <b>Firearm safety/removal</b>
<input type="checkbox"/> Carbon monoxide/ <i>Smoke detectors</i>	<input type="checkbox"/> <b>Bed sharing / Room sharing</b>	<input type="checkbox"/> <i>Falls (stairs, no walkers, change table)</i>	<input type="checkbox"/> <i>Hot water &lt;49°C / Bath safety</i>
<input type="checkbox"/> Shaken baby syndrome	<input type="checkbox"/> <b>Crib safety</b>		

**Behaviour and Family Issues:**

<input type="checkbox"/> Sleeping / Crying / <b>Night waking</b>	<input type="checkbox"/> <b>High risk infants / Assess home visit need</b>	<input type="checkbox"/> Parental fatigue / Postpartum depression
<input type="checkbox"/> Parenting / Bonding	<input type="checkbox"/> Siblings	<input type="checkbox"/> <i>Child care / Return to work</i>
<input type="checkbox"/> Soothability / Responsiveness	<input type="checkbox"/> Refer to local community programs i.e. Wellness programs, CPNP	
<input type="checkbox"/> Family conflict/stress		

**SIGNATURE:** \_\_\_\_\_ **DATE:** *DD MM YYYY*

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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