NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE:

12 MONTHS 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

Birth Mother HCP#	Home Community/Health Centre

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

Age at Visit _____ mths _____wks

☐ TB Exposure

Current Family: ☐ Birth family ☐ Adopted ☐ Foster care
☐ Guardian care changed since 6 months old
Foster/Adopted Parents:_____

PARENT / GUARDIAN CONCERNS:

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

NUTRITION (SINCE 6 MONTHS OLD)

Do You Currently Breastfeed? *(only check one)*
☐ Never Breastfed
☐ No, Discontinued at: _____ mths
☐ 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

Complementary/Solid Foods
Introduced: ☐ No ☐ Yes → at _____ mths

Iron Rich Foods:			Age started:
Infant cereal	☐ No	☐ Yes	_____ mths
Traditional meat	☐ No	☐ Yes	_____ mths
Other meat	☐ No	☐ Yes	_____ mths

Other Liquids Introduced: ☐ No ☐ Yes → at _____ mths

Infant formula	☐ No	☐ Yes	→ Iron-fortified ☐ No	☐ Yes
Cow's milk	☐ No	☐ Yes	☐ Unknown	
Other (tea, pop, etc)	☐ No	☐ Yes (specify) _____		

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

Since your baby was 6 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
Have you been to CPNP? ☐ No ☐ Yes ☐ CPNP not available
Has your baby attended an early childhood care program? ☐ No ☐ Yes (specify): _____

DENTAL

Is baby drinking from a cup? ☐ No ☐ Yes
From a bottle? ☐ No ☐ Yes
How often is a bottle taken to bed, excluding water?
☐ Never ☐ < Daily ☐ Daily ☐ > Daily

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 baby'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
Fontanelles	☐	☐
Eyes (red reflex)	☐	☐
Corneal light reflex	☐	☐
Cover-uncover test & inquiry	☐	☐
Hearing inquiry/screening	☐	☐
Tonsil size / Teeth	☐	☐
Heart	☐	☐
Hips	☐	☐

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: Chronic draining ears: ☐ No ☐ Yes
times Antibiotics taken for ear infections: _____

SINCE 6 MONTHS OLD: ☐ *Birth Defect Reporting Form completed*
Birth Defects detected: _____
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 6 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

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

CONTINUED ON REVERSE

EDUCATION AND ADVICE

(similar topics for 9mth, 12mth & 15mth visits)

✓ if discussed and no concerns

Circle if concerns

Leave blank if not assessed

Nutrition:

- ☐ **Breastfeeding**
- ☐ 1st introduction cow's milk products
- ☐ Homogenized milk [500-750mL (16-24 oz) /day]
- ☐ Avoid sweet liquids
- ☐ Encourage standard cup / discontinue bottle
- ☐ Only water at bedtime
- ☐ Nunavut's Food Guide
- ☐ Encourage country food
- ☐ Choking / safe food
- ☐ Vit. D supplementation & deficiency prevention (review NU protocol)
- ☐ Iron deficiency anemia prevention

Issues:

- ☐ **Second-hand smoke** / Amauti
- ☐ Fever advice / Thermometers
- ☐ *Pacifier use*
- ☐ *Encourage reading*

Environmental Health, including:

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

Injury Prevention:

- ☐ **Car seat (infant)** / Amauti
- ☐ Carbon monoxide/*Smoke detectors*
- ☐ Choking / safe toys

Childproofing, including:

- ☐ *Electric plugs/cords*
- ☐ *Falls (stairs, no walkers, change table)*
- ☐ **Poisons; PCC#**
- ☐ **Firearm safety/removal**
- ☐ *Hot water <49°C*
- ☐ *Bath safety*

Behaviour and Family Issues:

- ☐ Sleeping / Crying / **Night waking**
- ☐ Parenting / Bonding
- ☐ Soothability / Responsiveness
- ☐ Family conflict/stress
- ☐ **High risk infants / Assess home visit need**
- ☐ Siblings
- ☐ Parental fatigue / Postpartum depression
- ☐ *Child care* / Return to work
- ☐ Refer to local community programs i.e. Wellness programs, CPNP

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