NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE:

2 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
Home Community/Health Centre		

Birth Mother Name (required)	Birth Mother HCP# (required)	Birth Father Name (optional)
Birth Place	Baby Surname at Birth	Birth Weight (g)

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

☐ TB Exposure

Age at Visit ______wks ____ dys

Current Family: ☐ Birth family ☐ Adopted ☐ Foster care
☐ Guardian care changed since birth
Foster/Adopted Parents:______________________________

PARENT / GUARDIAN CONCERNS:

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

NUTRITION (SINCE BIRTH)

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

Comments:

Other Liquids Introduced: ☐ No ☐ Yes → at ______ wks
Infant formula ☐ No ☐ Yes → Iron-fortified ☐ No ☐ Yes ☐ Unknown
Cow's milk ☐ No ☐ Yes
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 → Amt given: _____IU

Since your baby was born:
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

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 about your baby's safety? ☐ No ☐ Yes
Nurse suspects abuse: ☐ No ☐ Yes ☐ Unsure
Social services involved: ☐ No ☐ Yes ☐ Unknown

Sleep Practices:
What position do you put baby to sleep in?
☐ back (supine)
☐ stomach (prone)
☐ side ☐ other: _________

Where does baby sleep?
☐ crib ☐ child bed
☐ foam mattress ☐ adult bed
☐ mattress on floor ☐ sofa
☐ other: _______________

Does baby sleep alone/in own bed? ☐ No ☐ Yes ☐ Sometimes
→ Baby shares with: ______________________

PHYSICAL EXAMINATION / MEDICAL HISTORY

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

	N	A
Fontanelles	☐	☐
Eyes (red reflex)	☐	☐
Corneal light reflex	☐	☐
Hearing inquiry/screening	☐	☐
Heart	☐	☐
Hips	☐	☐
Muscle tone	☐	☐
Reflexes	☐	☐

Developmental Assessment: Parental concern about delay: ☐ No ☐ Yes
Tool used: ________________________ *(note concerns below in 'Assessment')*

SINCE BIRTH: ☐ *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:
☐ Health centre
☐ Regional hospital
☐ Tertiary centre
☐ ICU ☐ Unknown

Type(s):
☐ Pneumonia
☐ Bronchiolitis
☐ TB
☐ Other

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

WHITE: INFANT'S CHART YELLOW: NUTAQQAVUT HEALTH INFORMATION SYSTEM

EDUCATION AND ADVICE **(similar topics for 2mth, 4mth & 6mth visits)** ✓ if discussed and no concerns Circle if concerns Leave blank if not assessed	<u>Nutrition</u>: ☐ **Breastfeeding (exclusive)** ☐ *Formula Feeding–iron-fortified* [600-900mL (20-30 oz) /day] ☐ Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol) ☐ Iron Deficiency Anemia prevention <u>Issues</u>: ☐ **Second-hand smoke** / Amauti ☐ Fever advice / Thermometers ☐ *Pacifier use* ☐ *Encourage reading* ☐ *Temperature control / Overdressing* Environmental Health, including: ☐ Sun exposure/ Suncreens/ Insect repellent ☐ *Pesticide exposure* ☐ Teething / **Dental cleaning / Fluoride** ☐ **No OTC cough/cold medn** ☐ *OTC/complementary/alternative medicine* <u>Injury Prevention</u>: ☐ **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: ☐ *Electric plugs/cords* ☐ *Falls (stairs, no walkers, change table)* ☐ **Poisons; PCC#** ☐ **Firearm safety/removal** ☐ *Hot water <49°C* ☐ *Bath safety* <u>Behaviour and Family Issues</u>: ☐ Sleeping / Crying / **Night waking** ☐ Parenting / Bonding ☐ Soothability / Responsiveness ☐ Family conflict/stress ☐ **High risk infants / Assess home visit need** ☐ Siblings ☐ Refer to local community programs i.e. Wellness programs, CPNP ☐ Parental fatigue / Postpartum depression ☐ *Child care* / Return to work

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