NUNAVUT WELL-BABY RECORD
EVIDENCE-BASED INFANT/CHILD HEALTH
MAINTENANCE GUIDE:

4 – 5 YEARS OLD

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

Current Family: □ Birth family □ Adopted □ Foster care
□ Guardian care changed since previous visit (2-3 years old)
Foster/Adopted Parents:

Parent/Guardian Concerns:

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

Nutrition (since 2-3 years old):

How often does your child eat or drink:
Country Food (trad. meat, berries, etc.):
□ Never □ < Once/week □ ≥ Once/week □ Daily or more
Sweetened drinks (crystals, pop, etc.):
□ Never □ < Once/week □ ≥ Once/week □ Daily or more

Since your child was 2-3 years 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

Has your baby attended an early childhood care program?
□ No □ Yes (specify): __________________________

Dental

Teeth brushing frequency: □ < Daily □ Daily □ > Daily
Tooth extractions: □ 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: ______

Physical Examination / Medical History (since 2-3 years old)

Blood pressure □ NA
Eyes (red reflex/visual acuity) □ NA
Corneal light reflex □ NA
Cover-unwrap test & inquiry □ NA
Hearing inquiry □ NA
Tonsil size / Teeth □ NA
Heart □ NA

Physical Examination / Medical History (since 2-3 years old)

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 2-3 years old:

HAD injury serious enough to seek medical attention: □ No □ Yes
If yes: Head injuries: □ No □ Yes → Injury severity: □ Mild □ Severe
Fractures: □ No □ Yes
Dental: □ No □ Yes Burns: □ No □ Yes

Since 2-3 years old:

Birth Defects detected: __________________________

Ear tube insertion: □ No □ Yes
Chronic draining ears: □ No □ Yes

Antibiotics taken for ear infections: __________________________

Reactive airway / Asthma: □ No □ Yes → If Yes: Age at onset: __________________________

Seizures: □ No □ Yes → If Yes: Meds required □ No □ Yes
w/ Fever: □ No □ Yes Unknown
w/ Low blood sugar: □ No □ Yes Unknown

Anemia Screening

Hgb (fingerprick): __________________________
If needed, do venipunct
Hgb (venipunct): □ Done □ Not done

Lab Results: (if venipunct - fill in later)
Hgb _________
MCV ______ Ferritin ______ CRP ______

Assessment

Include notes on abnormal findings

Vaccines

Up-to-date: □ No □ Yes □ Unknown (follow Nunavut Immunization Guide)

Signature: __________________________

Date: DD MM YYYY

Version 2.0 (Sep 2011) Adapted, modified, reproduced and used by the Government of Nunavut from the Rourke Baby Record (© Leslie Rourke, James Rourke and Denis Leduc, 2009) with the permission of the authors.

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

WHITE: CHILD’S CHART  YELLOW: NUTAQQAVUT HEALTH INFORMATION SYSTEM (IQALUIT)
### EDUCATION AND ADVICE

(similar topics for 18mth, 2-3yr & 4-Syr visits)

<table>
<thead>
<tr>
<th>Nutrition:</th>
<th>Encourage country food</th>
<th>Nunavut’s Food Guide</th>
<th>Vit. D deficiency prevention (review NU protocol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% to 2% milk [~500mL (16oz)/day]</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Limit 100% pure juice to ~120-200mL (4-6 oz)/day</td>
<td></td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Avoid sweet liquids</td>
<td></td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issues:</th>
<th>Socializing / peer play opportunities</th>
<th>Environmental Health including:</th>
<th>Dental cleaning / Fluoride / Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second-hand smoke / Amauti</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>No pacifiers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage reading</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess child care / School readiness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury Prevention:</th>
<th>Carbon monoxide/Smoke detectors</th>
<th>Matches</th>
<th>Firearm safety/removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car seat (child/booster)/ Amauti</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Bike helmets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choking / safe toys</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviour and Family Issues:</th>
<th>High risk children</th>
<th>Siblings</th>
<th>Parental fatigue/stress/depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline / Parenting skills programs</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Parent/child interaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family conflict/stress</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Leave blank if not assessed | Refer to local community programs, i.e. Wellness programs |

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