



Joint Follow-up: under 1 week

♂ Boy ♀ Girl Date of the visit: _____ Age: _____ Accompanied by: _____

Parental Concerns

Life Context

- Social support network?: _____
- Postpartum blues?: _____
- Difficulties in feeding the family?: _____
- Other: _____
- Father's involvement?: _____
- Family's adaptation to the newborn?: _____

Health Monitoring

- Urine stream ♂: _____
 - Maternal contraception planned?: _____
- _____

Current Lifestyle Habits

Nutrition

- Breast-feeding exclusively? Number of times/day: _____
- Alcohol and breast-feeding? _____
- Vitamin D: 800 IU/day if breastfed or 400 IU/day if bottle-fed
- Infant formula with iron (15-25 oz. or 450-750 ml/day)
Quantity: _____ Type: _____
- Water not necessary if breast-feeding exclusively
- Other supplements/natural products? _____
- Urination (normal ≥ 6/day): _____
- Stool (normal ≥ 2/day): _____
- Regurgitations? _____
- Choking when drinking? _____
- Other: _____

Sleep?: _____ Ventral position while awake?: _____

Development Surveillance (age corrected if premature) • Continued

- Has good latch
- Hearing test performed?
- Excessive crying? (> 3 h/day)

Physical Examination (age corrected on growth charts if premature)

Date: _____ Age: _____ Weight: _____ (____ perc) Height: _____ (____ perc) CP: _____ (____ perc) W/H: _____ (____ perc)

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General appearance: _____

- Fontanelle, sutures
- Head shape
- Red reflex*
- ENT
- Neck (torticollis?)
- Clavicles
- Heart
- Lungs

- Abdomen, navel
- Limbs
- Hips (Ortolani Barlow)
- Femoral Pulse
- External genital organs (testicles ♂)
- Sacro-iliac region (sinus)
- Anus
- Teguments (jaundice): _____

- Moro reflex
- DORSAL POSITION**
- Flexion of 4 limbs
- Fluid, symmetrical limb movements
- PULL-TO-SIT**
- Head lag

Observations

Promotion of Healthy Lifestyles and Preventive Advices

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Support for breast-feeding <input type="checkbox"/> <i>Safety (water-heater temperature 60°C + anti-scald valve, smoke detector, animals, bed sharing, sun protection, <i>firearms storage</i>)</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Sleeps on back only <input type="checkbox"/> Ambient t° : about 20° C <input type="checkbox"/> Passive smoking <input type="checkbox"/> <i>Sleeps in same room at 6 months, separate beds, no bottle in bed</i> <input type="checkbox"/> Plagiocephaly prevention | <ul style="list-style-type: none"> <input type="checkbox"/> Early consultation if fever (≥ 38°C rectal) <input type="checkbox"/> Never shake the child <input type="checkbox"/> Discuss vaccination <input type="checkbox"/> Stimulation of development (see guide) <input type="checkbox"/> Care of prepuce ♂ <input type="radio"/> <i>Lead-free ammunition</i> |
|---|---|---|

Impressions and Conducts

Impressions

- Physical health:

- Growth:

- Development:

- Other impression(s):

Conducts

General Conduct

- Neonatal blood and urine test**
 Yes Refused
- Vaccine against hepatitis B: check HBIG and first vaccine given in neonatal period in case of a baby of a mother carrying HBsAG (*)**
- Synagis® if eligible**
- B.C.G. according to local directives**
- Vision test (*)*
- Hearing test if not done for all*
- Reference to specific programs (SIPPE, day care if available)**
- Tools or resources for parents:

Signature: _____ Next appointment: _____

(*) If the child is at risk, see guide.

Recommendations: **bold = A**, *italic = B*, regular = C or I, **underlined** = MSSSQ good clinical prevention practices.

By Gilles Brunet, MD, Gilles Cossette, IPSPL, Dominique Cousineau, MD, FRCPC, and Danièle Lemieux, MD, Lise Bélanger, MD, FRCPC, Alena Valderrama, MD, FRCPC.

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