

Joint Follow-up: 4 months

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

Parental Concerns

Life Context

- Return to work?: _____
 Change in the family?: _____
 Maternal depression: "During the past few months, did you feel:
 Sad, depressed, desperate? Without interest or pleasure? If yes: Would you like help?" _____
 Social support network?: _____
 Difficulties in feeding the family?: _____

Health Monitoring

- Maternal contraception?: _____

Current Lifestyle Habits

Nutrition

- Breast-feeding exclusively?** _____ **Nbr 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 (30-40 oz. or 900-1200 ml/day)
 Quantity: _____ Type: _____
 Other intake: _____
 Other: _____

- Other supplements/natural products? _____
 Stool (normal ≥ 2 /day): _____
 Regurgitations? _____

Guidance

- Introduction to solid foods: wait for signs of maturity
 Discuss schedule for introducing solid foods at 6 months
 Traditional food guide/lead-free ammunition

Sleep: _____ **Is exposed to screens?** Yes No **Physical activity on the ground?:** _____

Development Surveillance (age corrected if premature)

- Calms when hears voice
 When lying on abdomen, supports self on forearms (90°)
 Brings hands to mouth
 Grasps objects within reach
 Holds head well
 Turns toward voices
 Follows well with eyes
 Laughs out loud
 Gurgles
 Anticipates routines

Physical Examination (age corrected on growth charts if premature)

Weight: _____ Perc: _____ Height: _____ Perc: _____ CP: _____ Perc: _____ W/H: _____

General appearance: _____

- Fontanelles, sutures
- Head shape
- Red reflex*
- Corneal reflex test
- Eye pursuit
- ENT
- Neck (torticollis?)

- Heart
- Lungs
- Abdomen
- Limbs
- Hips (Ortolani Barlow)
- External genital organs (testicles)
- Teguments (jaundice): _____
- Suspicious lesions?: _____

DORSAL POSITION

- Fluid, symmetrical limb movements

VENTRAL POSITION

- Raises head 90° with support on forearms

PULL-TO-SIT

- Perfect control of head

Observations

Promotion of Healthy Lifestyles and Preventive Advices

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Support for breast-feeding <input type="checkbox"/> Avoid screens (TV, tablet, telephone) <input type="checkbox"/> Ventral position 30 min/day while awake <input type="checkbox"/> Good sleep hygiene: 12-15 h/24 h | <ul style="list-style-type: none"> <input type="checkbox"/> Safety (<i>walker, falls, choking, burns, sun protection</i>) <input type="checkbox"/> Sleep on back only (establish routine) <input type="checkbox"/> Passive smoking | <ul style="list-style-type: none"> <input type="checkbox"/> Plagiocephaly prevention <input type="checkbox"/> Stimulation of development (see guide) <input type="checkbox"/> Tooth eruption <input type="checkbox"/> What to do in case of choking |
|--|---|---|

Impressions and Conduct

Impressions

- Physical health:

- Growth:

- Development:

- Other impression(s):

Conducts

General conduct

Immunization:

- Refused Postponed
- DTaP-HB-Polio-Hib**
 - Rotavirus vaccine**
 - Conjugated pneumococcal vaccine**
 - Synagis® if eligible**
 - Meningococcal A, C, Y, W vaccine₁₃₅ (*)*
 - Meningococcal B vaccine (*)*

- 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.

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