

4 years follow-up

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

Parental Concerns

Life Context

- ☐ Attending daycare?: _____ ☐ Current family and friends support?: _____ ☐ Food insecurity?: _____
☐ Drug or alcohol use by parents?: _____ ☐ Planned pregnancy: _____ ☐ Current family and friend support: _____
☐ Stressors (separation, grief, substance abuse or mental health conditions?): _____
☐ Other _____

Health Monitoring

Contact of the child or one of its parents with a case of active tuberculosis? _____

Current Lifestyle Habits

Nutrition

- ☐ Cow's milk 2% or 3.25% or enriched soy milk
 (max 16 oz. or 500 ml/day)? _____ ☐ Vitamin D: 400 IU/day supplement:
☐ Avoid juice: (otherwise choose pure juice and dilute) ☐ Varied plate? _____

Still wears diapers during the day? _____ Is exposed to screens? (nb min./d) _____ Various physical activities (nbr of hours/d): _____

Development Surveillance

Cognitive

- ☐ Understands concepts: small-big, inside-outside
☐ Name clothes or body parts
☐ Says his age
☐ Names the people he lives with
☐ Counts at least four objects.
☐ Plays pretend: Create scenario. Pretends to do what adults do around him or pretends to be a character from his favorite TV shows.

Physical and Motor

- ☐ Stands on one foot for at least 4 seconds without support.
☐ Catches a ball that is thrown to him/her with arms extended.
☐ Seems more agitated than other children of the same age?
☐ Eats meals unaided and without making a mess.
☐ Undresses and dresses unaided, except for buttons, some zippers or tight clothing (e.g., can put on his or her coat alone).

Language

- ☐ Understands longer, more complex instructions (e.g., "Give me your hat, boots and mitts").
☐ Asks and answers different types of questions (e.g., "Why?", "When?").
☐ Use pronouns as: uvanga (I), uvannik (me), uvaguk (us), uvatti (the rest of us)
☐ Expresses himself in sentences or long words
☐ Sing little songs he knows
☐ Speaks clearly enough to be understood most of the time, without repeating sounds or words.

4 years follow-up (suite)

Development Surveillance (continued)

Social and Emotional

- ☐ Plays with other children
- ☐ Agrees to end an activity when asked to do so by an adult.
- ☐ Can wait his or her turn.
- ☐ Tries to comfort another child by reproducing the adult's behavior in the same context (e.g., brings a toy, uses soft words).
- ☐ Expresses pride in being autonomous, capable
- ☐ Participates in household tasks and activities
- ☐ Expresses emotions using words (e.g. I'm angry)

Red Flags

- ☐ Moves one side of his body little or not at all in relation to the other (asymmetrical use: avoids using one hand, keeps one hand more closed than the other).
- ☐ Has difficulty on stairs or walking (frequent falls, loss of balance, clumsiness, always walks on tiptoes).
- ☐ Does not look at the person when talking to them (eye contact).
- ☐ Seems not to hear well.
- ☐ Seems not to be able to see well.
- ☐ Loses a skill he or she has already learned (regression).

Physical Examination

Weight: _____ Perc: _____ Height: _____ Perc: _____ BMI: _____ Perc: _____ BP: _____

General appearance: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Red reflex | <input type="checkbox"/> ENT | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Corneal reflex | <input type="checkbox"/> Eardrums: _____ | <input type="checkbox"/> External genital organs |
| <input type="checkbox"/> Modified cover test | <input type="checkbox"/> Dentition (cavities?): _____ | <input type="checkbox"/> Limbs |
| <input type="checkbox"/> Visual acuity (3-5 years) | <input type="checkbox"/> Heart | <input type="checkbox"/> Teguments: _____ |
| | <input type="checkbox"/> Lungs | Suspicious lesions?: _____ |
| | | <input type="checkbox"/> Gait: _____ |

*** Remember to look for active tuberculosis if there is a delay in eight and weight

Observations: _____

Promotion of Healthy Lifestyles and Preventive Advices

- | | | |
|---|--|--|
| <input type="checkbox"/> Avoid juice, offer water instead | <input type="checkbox"/> Encouraging a smoke-free environment | <input type="radio"/> Firearms storage |
| <input type="checkbox"/> Offer a variety of foods from the 3 food groups: vegetables and fruits, whole grain products and protein foods | <input type="checkbox"/> Limited screen time (maximum 1 hour) shared with caregiver | <input type="radio"/> Tips for prevention of sexual abuse |
| <input type="checkbox"/> Promote healthy eating behaviours: involve children in preparing meals and snacks, encourage family meals avoid rewarding with food, respect the child's hunger and satiety cues | <input type="checkbox"/> Encourage a quality daycare attendances especially if underprivileged environment | <input type="checkbox"/> Small responsibilities, autonomy |
| <input type="checkbox"/> Oral hygiene: dental floss and tooth brushing 2 times a day with pea-sized amount of fluoride toothpaste | <input type="checkbox"/> Avoiding violent programmes | <input type="checkbox"/> Promote vaccination: support for reluctant parents. |
| | <input type="checkbox"/> Safety (motor vehicles, drowning, dog bites, ATV) | <input type="radio"/> Parenting skills: refer to Inunnguiniq Child Dev't Pamphlets 5 years |
| | | <input type="radio"/> Promote a traditional and varied diet |
| | | <input type="radio"/> Promote outdoors activities in the land |

Impressions and Conducts

Impressions

- ☐ Physical health: _____
- ☐ Growth: _____
- ☐ Development: _____
- ☐ Other impression(s): _____

Conducts

Refer to Tasiurtigiit program if any of the developmental items have not been met or if developmental difficulties or delays are suspected

Refer to physiotherapy if suspected plagiocephalia (through Tasiurtigiit program)

Suggest parents to participate in SIPPE (Ilagiilluta) activities if available in the village

General conduct

Immunization:

Vaccination according to the Nunavik vaccination schedule

- ☐ Vaccination up to date
- ☐ Fill in the form AS-624
- ☐ Fill SIPMI

☐ Regular visits to the dentist (in priority if cavities)

- ☐ Request a consultation between 3 and 5 yo with optometrist
- ☐ Lipid profile, if not done? (*)
- ☐ Blood lead test? (*)

Signature : _____ Next appointment: _____

(*) If the child is at risk, see Recommendations: <https://enseignement.chusj.org/fr/Formation-continue/ABCdaire/recommandations>.

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

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