



# 5 years follow-up (suite)

## Developmental

### Social and Emotional

- ☐ Waits his or her turn and shares when playing with other children.
- ☐ Adjusts his behavior to the context (e.g., calm during the assessment conversation, more energetic at the park).
- ☐ Expresses and explains emotions (e.g., "I'm angry because...").
- ☐ Can calm down in less than 20 minutes when upset.
- ☐ Can engage in an activity he or she likes for 15 minutes.

### 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).
- ☐ Has difficulty playing with peers or participating in group activities (even if very verbal) or has little interest in playing with other children.
- ☐ Does not look at the person when talking to them (eye contact).
- ☐ Seems not to hear well.
- ☐ Seems not 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            | Eardrums: _____                                   | <input type="checkbox"/> External genital organs |
| <input type="checkbox"/> Cover-uncover test        | <input type="checkbox"/> Teeth (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                    | Unexplained 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"/> <b>Recommend tooth brushing 2 times a day with fluoride toothpaste (the size of a small pea)</b> | <input type="checkbox"/> Avoid screen time at mealtimes and before bedtime | <input type="checkbox"/> Ensuring the child's safety: <i>motorized vehicles, ATV, drowning, learning address and phone number, sun protection and seasonal protection, dog bites.</i> |
| <input type="radio"/> Promote a traditional and varied diet   | <input type="checkbox"/> Avoiding violent programmes                       | <input type="checkbox"/> Encouraging a smoke-free environment   |
| <input type="radio"/> Promote outdoors activities in the land   | <input type="checkbox"/> Small responsibilities, autonomy                  | <input type="radio"/> Parenting skills: refer to Inunnguiniq Child Dev't Pamphlets 5 years  |
| <input type="checkbox"/> <b>Limited screen time shared with caregiver (maximum 1 hour/d)</b>                              | <input type="radio"/> Tips for prevention of sexual abuse                  |   |
|   | <input type="radio"/> Firearms storage                                     |   |

## Impressions and Plan

### Impressions

- ☐ Physical Health: \_\_\_\_\_
- ☐ Growth: \_\_\_\_\_
- ☐ Development: \_\_\_\_\_
- ☐ Other impression(s): \_\_\_\_\_

### Plan

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

Refer to audiology if language delay or parental concerns about hearing

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 dentis (in priority of cavities)**
- ☐ Optometrist request a consultation between 3 and 5 yo
  - ☐ Lipid profile, if not done? (\*)
  - ☐ Reference if overweight or obesity
  - ☐ Blood lead test? (\*)

Signature : \_\_\_\_\_ Prochain RDV : \_\_\_\_\_

(\*) 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.

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

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