

## 2 months follow-up

♂ Boy ☐ ♀ Girl ☐ Date of the visit: \_\_\_\_\_ Chronological Age: \_\_\_\_\_ Corrected age if born preterm: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

### Parental Concerns

\_\_\_\_\_  
 \_\_\_\_\_

### Life Context

- |   |  |
|---|--|
| <input type="checkbox"/> Current family and friend support?                                       | <input type="checkbox"/> Parental depression (during the last few months, how did you feel?) |
| <input type="checkbox"/> Stressors (separation, grief, substance use or mental health condition)? | <input type="checkbox"/> Food insecurity?  |

### Health Monitoring

- ☐ Maternal contraception?: \_\_\_\_\_
- ☐ History of sentinel lesion? \_\_\_\_\_
- ☐ Contact of the child or one of its parents with a case of active tuberculosis? \_\_\_\_\_

### Current Lifestyle Habits

#### Nutrition

- ☐ **Breastfeeding 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 (15-25 oz. or 450-750 ml/day)  
 Quantity: \_\_\_\_\_ Type: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

- ☐ Water not necessary if breast-feeding exclusively
- ☐ Other supplements/natural products? \_\_\_\_\_
- ☐ Urination (number/day): \_\_\_\_\_
- ☐ Stool (number/day): \_\_\_\_\_
- ☐ Regurgitations? \_\_\_\_\_
- ☐ Choking when drinking? \_\_\_\_\_

#### Guidance

- ☐ Introduction to solid foods: wait

- ☐ Supervised tummy time while awake? \_\_\_\_\_

### Development (use corrected age if born preterm)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cries ≤ 3 hours/day, especially evenings | <input type="checkbox"/> Smiles in response to smiles or voices | <input type="checkbox"/> Follows objects with eyes at a distance of 30 cm |
| <input type="checkbox"/> When lying on abdomen, raises head 45°   | <input type="checkbox"/> Newborn hearing screening done?        | <input type="checkbox"/> Makes sounds (other than crying)                 |
|   | <input type="checkbox"/> React to sounds                        |   |

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 2 months follow-up (suite)

### Physical Examination (use corrected age if born preterm)

Weight: \_\_\_\_\_ Perc: \_\_\_\_\_ Length: \_\_\_\_\_ Perc: \_\_\_\_\_ HC: \_\_\_\_\_ Perc: \_\_\_\_\_ W/L: \_\_\_\_\_

General appearance: \_\_\_\_\_

- ☐ Fontanelles, sutures
- ☐ Head shape
- ☐ *Red reflex*
- ☐ *Corneal light test*
- ☐ *Ocular tracking*
- ☐ ENT
- ☐ Neck (torticollis?)

- ☐ Heart
- ☐ Lungs
- ☐ Abdomen
- ☐ Limbs
- ☐ Hips (Ortolani Barlow)
- ☐ External genital organs (testicles♂)
- ☐ Skin: \_\_\_\_\_
- ☐ Sentinel lesion (bruise, intra-oral injury, subconjunctival hemorrhage or other)?

#### DORSAL POSITION

- ☐ Turns head to both sides
- ☐ Fluid, symmetrical limb movements

#### VENTRAL POSITION

- ☐ Raises head 45° with support on forearms

#### PULL-TO-SIT

- ☐ Better control of head

### Observations

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### Promotion of Healthy Lifestyles and Preventive Advices

- ☐ **Breastfeeding support**
- ☐ **Ventral position 30 min/day while awake**
- ☐ **No other solids or liquid necessary**
- ☐ Safety (*falls, choking, flame resistant pyjamas, sun protection*)
- ☐ Sleeps on back only
- ☐ Passive smoking
- ☐ No bottle in bed
- ☐ Avoid alcohol during a future pregnancy
- ☐ Prevention of Trauma Head Injury due to Child Maltreatment (PURPLE cry)
- ☐ Plagiocephaly prevention
- ☐ Nasal hygiene
- ☐ What to do in case of fever

### 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 physiotherapy if suspected plagiocephalia (through Tasiurtigiit program)

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

Vaccination according to the Nunavik vaccination schedule

- ☐ Fill in the form AS-624
- ☐ Fill SIPMI

#### General conduct

##### Immunization:

- Refused ☐ Postponed ☐
- ☐ **Pneumococcal vaccine**
  - ☐ **Nirsevimab (1 dose per viral season, check eligibility)**
  - ☐ *Meningococcal A, C, Y, W<sub>135</sub> vaccine (\*)*
  - ☐ *Meningococcal B vaccine (\*)*
  - ☐ BCG received?
  - ☐ Syphilis screening of the mother 6 to 8 weeks post partum
  - ☐ CBC, ferritin if premature or birth weight below 2500 g.

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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