

4 weeks follow-up (suite)

Physical Exam (use corrected age if born preterm)

Weight*: _____ Perc: _____ Length: _____ Perc: _____ HC: _____ Perc: _____ W/L: _____

* Minimum 20-30 per day

General appearance: _____

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

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

Sentinel lesions (bruise, intra-oral injury, subconjunctival hemorrhage or other?): _____

- ☐ Symmetrical 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

- ☐ **Support for breastfeeding**
- ☐ Safety (smoke detector, sun protection, *firearms safety*)
- ☐ Tips for preventing SIDS:
 - Sleeps on back only
 - Share room with parents until 6 months, separate beds
 - Ambient To: about 20°C
 - Avoid passive smoking
 - Up-to-date vaccinations for child and family
 - Breastfeeding has a protective effect
- ☐ No bottle in bed
- ☐ **Plagiocephaly prevention**
 - ☐ Early consultation if fever ($\geq 38^{\circ}\text{C}$ rectal)
 - ☐ Prevention of Trauma Head Injury due to Child Maltreatment (PURPLE cry)
- ☐ **Discuss vaccination**
- ☐ Foreskin care
- ☐ Lead-free ammunition

Impressions and Plan

Impressions

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

Plan

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

General conduct

- ☐ **Vaccine against hepatitis B: check HBIG and first vaccine given in neonatal period in case of a baby of a mother carrying HBsAG(*)**
- ☐ Nirsevimab (1 dose per viral season, check eligibility)
- ☐ BCG : : if SCID result is negative (check Decision_Making Algorithm -BCG vaccination)
- ☐ Vision and hearing test (*)
- ☐ Give vaccination kit for children
- ☐ Iron supplement if premature baby

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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