

4 months follow-up

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

Accompanied by: _____

Parental Concerns

Life Context

- ☐ Current family and friend support? _____
- ☐ Stressors (separation, grief, substance use or mental health condition)? _____
- ☐ Parental depression (during the last few months, how did you feel?) _____
- ☐ Food insecurity? _____

Health Monitoring

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

Lifestyle Habits

Nutrition

- ☐ Mixed feeding? _____
- ☐ **Breastfeeding exclusively?** _____ **Nbr of times/day:** _____
- ☒ **Alcohol and breastfeeding?** _____
- ☒ **Vitamin D: 800 IU/day if breastfed or 400 IU/day if bottle-fed**
- ☐ *Infant formula with iron (28-33 oz. or 850-1000 ml/day)*
Quantity: _____ Type: _____
- ☐ Iron supplement if premature? _____
- ☐ Supervised tummy time while awake? _____
- ☐ Other: _____

- ☐ Other intake: _____
- ☐ Other supplements/natural products? _____
- ☐ Stool: _____
- ☐ Regurgitations? _____

Guidance

- ☐ Introduction to solid foods: wait for signs of maturity
- ☐ Discuss schedule for introducing solid foods at 6 months **(including allergens and iron-rich food)**

Supervised tummy time while awake?:

Development (use corrected age if born preterm)

- | | | |
|---|--|--|
| <input type="checkbox"/> Calms when hears voice | <input type="checkbox"/> Grasps objects within reach | <input type="checkbox"/> Follow a moving toy or person with eyes |
| <input type="checkbox"/> When lying on abdomen, supports self on forearms (90°) | <input type="checkbox"/> Holds head well | <input type="checkbox"/> Laughs out loud |
| <input type="checkbox"/> Brings hands to mouth | <input type="checkbox"/> Turns toward voices | <input type="checkbox"/> Vocalises ex.: ba |

4 months follow-up (suite)

Physical Exam (use corrected age if born preterm)

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

General appearance: _____

- ☐ Fontanelles, sutures
- ☐ Head Shape
- ☐ Red reflex
- ☐ ENT
- ☐ Corneal light test
- ☐ Ocular tracking
- ☐ Neck (torticollis?)
- ☐ Heart
- ☐ Lungs

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

POSITION DORSALE

- ☐ Fluid, symmetrical limb movements

SEATED POSITION

- ☐ Raises head 90° with support on forearms

PUL-TO-SIT

- ☐ no head lag

WARNING SIGNS OF CEREBRAL PALSY: WHAT TO LOOK FOR

- ☐ Systematic preference for a specific hand
- ☐ 1 or 2 fists systematically tightened
- ☐ Persistent asymmetry of posture and movement
- ☐ Persistent difficulty controlling the head

Observations

Promotion of Healthy Lifestyles and Preventive Advices

- ☐ **Breastfeeding support**
- ☐ **Ventral position 30 min/day while awake**
- ☐ Safety (falls, choking, burns, sun protection)
- ☐ Sleep on back only (establish routine)
- ☐ Passive smoking
- ☐ Plagiocephaly prevention
- ☐ Tooth eruption
- ☐ What to do in case of choking
- ☐ No solid in the bottle

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

General conduct

Immunization:

Refused ☐ Postponed ☐

Vaccination according to the Nunavik vaccination schedule

☐ Fill in the form AS-624

☐ SIPMI

☐ Nirsevimab (1 dose per viral season, check eligibility)

☐ Meningococcal A, C, Y, W vaccine₁₃₅ (*)

☐ Meningococcal B vaccine (*)

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.

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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