

6 months follow-up

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

Accompanied by: _____

Parental Concerns

Life Context

- ☐ Attending day-care?: _____ ☐ Food insecurity?: _____
☐ Change in the family?: _____
☐ Parental depression: During the past months, how did you feel? _____

Health Monitoring

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

Current Lifestyle Habits

Nutrition

- ☐ **Breastfeeding exclusively?** ☐ **Mixed feeding?** _____
Nbr of times/day: _____
☐ **Vitamin D: 800 IU/day if breastfed or 400 IU/day if bottled-fed**
☐ **Infant formula with iron (28-33 oz. or 850-1000 ml/day)**
Quantity: _____ Type: _____
☐ Water offered during meals in open cup: _____
☐ **Avoid juice:** _____
☐ Other supplements/natural products? _____
☐ Iron supplement if premature? _____

Guidance

- ☐ **Encouraging traditional food/lead-free ammunition**
☐ Introduction to solid foods: *begin with foods rich in iron (iron-enriched baby cereals, meats and substitutes) 2 times per day*
☐ Do not delay introduction of allergenic foods: peanuts and eggs starting at 6 months for all
☐ Textures: begin with mashed, minced and grated foods before 9 months
☐ Stimulate exploration with fingers
☐ No honey before 1 year old
☐ **Respect signs of hunger and satiety of the child**

Sleep (sleeps all night long)? _____ **Is exposed to screens?** Yes ☐ No ☐ **Supervised tummy time while awake:** _____

Development (use corrected age if born preterm)

- ☐ Follow trajectory of falling objects
☐ Remains seated with legs spread (unstable)
☐ Crawls backwards
☐ Grasps objects voluntarily
☐ Transfers objects from one hand to the other
☐ Turns toward voices, when name is called (hearing)
☐ Babbles, first syllables (PA, KA)

6 months follow-up (suite)

Physical Exam (use corrected age if born preterm)

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

General appearance: _____

- ☐ Fontanelles, sutures
- ☐ Head shape
- ☐ Red reflex
- ☐ Corneal light test
- ☐ Ocular tracking
- ☐ Cover-uncover test
- ☐ ENT _____

Eardrums: _____

- ☐ Teeth? _____
- ☐ Neck (torticollis?) _____
- ☐ Heart
- ☐ Lungs
- ☐ Abdomen

- ☐ Hips: symmetrical abduction
- ☐ Limbs
- ☐ External genital organs: _____
Testes palpable? (♂)
- ☐ Anus
- ☐ Skin: _____
Sentinel lesions (bruise, intra-oral injury, subconjunctival hemorrhage or other)?

DORSAL POSITION

- ☐ Grasps objects within reach

VENTRAL POSITION

- ☐ Pivots when lying on abdomen _____

PULL-TO-SIT

- ☐ Head and back straight

SEATED POSITION

- ☐ Unstable

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
- ☐ Inability to sit without support
- ☐ Stiffness-tension in legs (can't bring toes to mouth)
- ☐ Persistent difficulty controlling the head
- ☐ Vigilance and follow-up: persistence of Moro reflex

Observations

Promotion of Healthy Lifestyles and Preventive Advices

- ☐ Encourage breastfeeding
- ☐ Avoid exposure to screens
- ☐ Ventral position 30 min/day while awake
- ☐ No cow milk before 12 months
- ☐ No bottle in bed
- ☐ Brushing when first tooth appears, with rice grain of fluoride toothpaste twice a day
- ☐ Safety (falls, burns, bath, electrical outlets, choking, sun protection and seasonal protection)

○ Call clinic 9090 if household or toxic product ingested

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)
- ☐ DTaP-Polio-Hib (only child at risk) (*)
- ☐ 3rd hepatitis B vaccine (baby and mother who is chronic carrier) (*)

○ FSC, ferritin if premature or birth weight < 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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