





PEGIE RÉGIONALE DE LA NUNAVIK REGIONALE DE LA NUNAVIK REGIONALE DE LA NUNAVIK REGIONALE SONTÉET DES SERVICES BOARD OF HEALTH SOCIAUX DU NUNAVIK AND SOCIAL SERVICES

•	Chronological Age: Corrected age if born preterm:						
Parental Concerns							
	Life Context						
Current family and friend support?:	Stressor (separation, grief, substance use or mental health condition)?: Food insecurity? d you feel?)						
	Health Monitoring						
· ·	History of sentinel lesion?e of active tuberculosis?						
Q	Current Lifestyle Habits						
Breastfeeding: nbr of times/day: Vitamin D: 800 IU/day if breastfed or 400 IU/day if IV/day if	Meats and substitutes, including whole eggs, beans, tofu, nut butter and fish rich in omega-3 Yogurt, cheese Guidance Encouraging traditonal food/lead-free ammunition						
exposed to screens? Yes D No D Physical activ	rities on the ground?:						
Development S	urveillance (age corrected if premature)						
Holds out arms to be picked up Touches parent's face ☐ Stable seat ☐ Turns from ☐ Grasps with	abdomen to back and back to abdomen						

9 months follow-up (suite)

Physical Exam (age corrected on growth charts if premature)							
Weight: Perc:	_ Lenght:	Perc:	HC:	Perc:	Perc W/L:		
General appearance:							
☐ Fontanelles, sutures ☐ Head shape ☐ Red reflex ☐ Corneal light reflex ☐ Ocular tracking ☐ Cover-uncover test ☐ ENT ☐ Eardrums: ☐ Teeth? ☐ Heart ☐ Lungs ☐ Abdomen ☐ Limbs	☐ External genita Testes palpable ☐ Anus ☐ Skin: Sentinel lesion: subconjunctiva ☐ TONUS ☐ Stable seated p ☐ Able to stand w REFLEXES	☐ Hips: symmetrical abduction ☐ External genital organs: ☐ Testes palpable? (♂) ☐ Anus ☐ Skin: ☐ Sentinel lesions (bruise, intra-oral injury, subconjunctival hemorrhage or other)? TONUS ☐ Stable seated position (protection) ☐ Able to stand with support			WARNING SIGNS OF CEREBRAL PALSY: WHAT TO LOOK FOR Systematic preference for a specific hand 1 or 2 fists systematically tightened Persistent difficulty controlling the head Persistent asymmetry of posture and movement Inability to sit without support Stiffness-tension in legs (can't bring toes to mouth) Vigilance and follow-up: persistence of Moro reflex?		
Observations							
Promotion Encourage breastfeeding Avoid exposure to screens (TV, tablet, cell phone) Ventral position 30 min/day while awake	☐ Tooth brushing w fluoride toothpas ☐ No bottle in bed ☐ Safety (stairs, burn sun protection an	fluoride toothpaste No bottle in bed Safety (stairs, burns, bath, electrical outlets,			✓ Advices Nocturnal awakenings and separation anxiety Stimulation in day-care Avoid poor seated or lying positions Discuss next vaccination		
	Impress	sions and Plan					
Impressions Physical health:	lopmental items mental difficulties	giit program if any of the have not been met or if dev es or delays are suspected	deve- /elop-	☐ Results of HBsAg and anti-HBs dosage (baby of mother who is chronic carrier) (*)			
Growth:	lia (through Tasi	Refer to physiotherapy if suspected plagiocephalia (through Tasiurtigiit program) Suggest parents to participate in SIPPE (Ilagiilluta) activities if available in the village			FSC, ferritin (*)		
☐ Development:							
Other impression(s):							
Signatura :		NI 1	ennointment				

(*) If the child is at risk, see Recommandations: https://enseignement.chusj.org/fr/Formation-continue/ABC daire/recommandations.