



Joint Follow-up: 1-4 weeks

Boy Girl
 Date of the visit: _____ Age: _____ Accompanied by: _____
 Date of the visit: _____ Age: _____ Accompanied by: _____

Parental Concerns

Life Context

Social support network?: _____ Father involvement?: _____
 Difficulties in feeding the family?: _____ Family's adaptation to the newborn: _____
 Maternal depression: "During the past few months, did you feel:
 Sad, depressed, desperate? Without interest or pleasure? If yes: Would you like help?" _____

Health Monitoring

Metabolic urine test (sent at 21st day in Quebec) **Maternal contraception?:** _____
 Urine stream σ : _____ Other: _____

Current Lifestyle Habits

Nutrition

Breast-feeding exclusively? Nbr of times/day: _____ Other supplements/natural products? _____
 Alcohol and breast-feeding? _____ Urination (normal ≥ 6 /day): _____
 Vitamin D: 800 IU/day if breastfed or 400 IU/day if bottle-fed Stool (normal ≥ 2 /day): _____
 Infant formula with iron (15-25 oz. or 450-750 ml/day) Regurgitations? _____
 Quantity: _____ Type: _____ Choking when drinking? _____
 Water not necessary if breast-feeding exclusively
 Other: _____

Sleep?: _____ **Ventral position while awake?:** _____

Development Surveillance (age corrected if premature)

Predictable/differentiated crying *Has good latch* *Startled by sounds*
 Looks at faces *When lying on abdomen, raises head from bed surface* *Hearing test performed?*

Physical Examination (age corrected on growth charts if premature)

Weight: _____ Perc: _____ Height: _____ Perc: _____ CP: _____ Perc: _____ W/H: _____

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General appearance: _____

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

- Abdomen, navel
- Limbs
- Hips (Ortolani Barlow)
- Femoral pulse
- External genital organs (testicles ♂)
- Sacro-iliac region (sinus)
- Anus
- Teguments (jaundice): _____
- Suspicious lesions?: _____

- 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

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Support for breast-feeding <input type="checkbox"/> <i>Safety (water-heater temperature 60°C + anti-scald valve, smoke detector, animals, bed sharing?, <u>sun protection</u>, firearms storage)</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Sleeps on back only <input type="checkbox"/> Ambient t°: about 20° C <input type="checkbox"/> Passive smoking <input type="checkbox"/> <i>Sleeps in same room at 6 months, separate beds, no bottle in bed</i> <input type="checkbox"/> Plagiocephaly prevention | <ul style="list-style-type: none"> <input type="checkbox"/> Early consultation if fever (≥ 38°C rectal) <input type="checkbox"/> Prevention of shaken-baby syndrome <input type="checkbox"/> Discuss vaccination <input type="checkbox"/> Stimulation of development (see guide) <input type="checkbox"/> Care of prepuce ♂ <input type="radio"/> Lead-free ammunition |
|---|--|--|

Impressions and Conducts

Impressions

- Physical health:

- Growth:

- Development:

- Other impression(s):

Conducts

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(*)**
- Synagis® if eligible**
- B.C.G. according to local guidelines**
- Result of hemoglobinopathy test**
- Vision test (*)*
- Hearing test if not done for all*
- Reference to specific programs (SIPPE, day care if available)**
- Tools or resources for parents:

Signature : _____ Next appointment: _____

(*) If the child is at risk, see guide.

Recommendations: **bold = A**, *italic = B*, regular = C or I, **underlined** = MSSSQ good clinical prevention practices.

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