

## 18 months follow-up

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

Accompanied by: \_\_\_\_\_

## Parental Concerns

## Life Context

☐ Attending daycare?: \_\_\_\_\_ ☐ Stressors (separation, grief, substance use or mental health condition)? : \_\_\_\_\_

☐ Current family and friend support?: \_\_\_\_\_ ☐ Food insecurity? \_\_\_\_\_

☐ Parental mental health? \_\_\_\_\_ ☐ Other? \_\_\_\_\_

## Health Monitoring

○ Number of ear infections in past few months?: \_\_\_\_\_

○ Contact of the child or one of its parents with a case of active tuberculosis?: \_\_\_\_\_

○ Bronchospasms in the last months?: \_\_\_\_\_

## Current Lifestyle Habits

## Nutrition

☐ **Breastfeeding: nbr of times/day:** \_\_\_\_\_

☐ 3.25% milk (max 20 oz. or 600 ml/day) - Quantity: \_\_\_\_\_

☐ Other types of milk? (avoid up to 2 years): \_\_\_\_\_

☐ Still drinking from the bottle? ☐ Drinks from glass

☐ **Drink juice? (avoid)** ☐ Water offered during meal

☒ **Vitamin D: 400 IU/day**

☐ Other supplements/natural products? \_\_\_\_\_

☐ **Offer at least 2 meals per day rich in iron** \_\_\_\_\_

☐ Difficulty with some textures?: \_\_\_\_\_

## Guidance

- ☐ Variations in appetite (small portions, quality)
- ☐ Use of utensils

**Is exposed to screens?** Yes ☐ No ☐ **Various physical activities (nbr of hours/d):** \_\_\_\_\_

**Development** (use corrected age if born preterm)

## Cognitive

- ☐ Scribbles with a pencil on paper (can go beyond the limits of the paper).
- ☐ Imitates what adults do, using real objects (e.g., talking on the phone, sweeping the broom, etc.).
- ☐ Begins to play pretend: plays out simple actions that are part of his daily routine (e.g., holds an empty spoon to his mouth as if he was eating).

## Physical and Motor

- ☐ Walks unaided.
- ☐ Crouches down to pick up a toy without support and gets up without falling.
- ☐ Uses a spoon to eat, but can make messes and needs help to finish a meal.

## Language

- ☐ Responds to simple verbal instructions and routine actions without the support of adult gestures (e.g., "Come," "Give," "Sit down").
- ☐ Uses at least 10 words to communicate.
- ☐ Uses the words "dad," "mom," or equivalent to refer to or to address the right parent.
- ☐ Imitate words (pronunciation may be imprecise).

## Development (use corrected age if born preterm)

### Social and Emotional

- ☐ Plays next to other children (each with his or her own toy).
- ☐ Demonstrates affection for significant adults or other children.
- ☐ Seeks the adult's help with a task or activity that is difficult for the child (e.g., handing the toy to the adult).
- ☐ Can tolerate something new or frustrating with the support of an adult or a transitional object.

### Red Flags

- ☐ Say less than 10 words
- ☐ Moves one side of his body little or not at all in relation to the other (asymmetrical use: avoids using one hand, keeps one hand more closed than the other).
- ☐ Does not point with a finger to ask or show.
- ☐ Does not look at the other person when talking to them (lack of eye contact).
- ☐ Does not turn around when his or her first name or nickname is called.
- ☐ Does not show any interest in the adults or children around him/her.
- ☐ Seems not to hear well. ☐ Seems not to see well.
- ☐ Loses a skill he or she had already acquired (regression).

## Physical Exam (use corrected age if born preterm)

Weight: \_\_\_\_\_ Perc: \_\_\_\_\_ Height: \_\_\_\_\_ Perc: \_\_\_\_\_ HC: \_\_\_\_\_ Perc: \_\_\_\_\_ Perc W/H: \_\_\_\_\_

General appearance: \_\_\_\_\_

\*\*\* Remember to look for active tuberculosis if there is a delay in eight and weight

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anterior fontanelles closed | <input type="checkbox"/> <b>Teeth (cavities?):</b> _____ | <input type="checkbox"/> External genital organs |
| <input type="checkbox"/> Red reflex                  | <input type="checkbox"/> Heart                           | <input type="checkbox"/> Sacral Region: _____    |
| <input type="checkbox"/> Corneal light reflex        | <input type="checkbox"/> Lungs                           | <input type="checkbox"/> Skin: _____             |
| <input type="checkbox"/> Cover/uncovered test        | <input type="checkbox"/> Abdomen                         | Unexplained lesions?: _____                      |
| <input type="checkbox"/> Ocular Tracking             | <input type="checkbox"/> Summary neuro-examination:      | <input type="checkbox"/> Gait: _____             |
| <input type="checkbox"/> ENT                         | Tonus: _____ Deep tendon reflex: _____                   |  |
- Eardrums: \_\_\_\_\_

### Observations

- ☐ Communication gestures: \_\_\_\_\_ ☐ Interactions: \_\_\_\_\_
- ☐ Understand the instructions: \_\_\_\_\_ ☐ Behaviors: \_\_\_\_\_

## Promotion of Healthy Lifestyles and Preventive Advices

- ☐ **Avoid juice, offer water instead**
- ☐ **Offer a variety of foods from the 3 food groups: vegetables and fruits, whole grain products and protein foods including >= 2 rich-iron foods**
- ☐ **Promote healthy eating behaviours: provide nutritious meals and snacks at regular times, eat at the table and not in front of the screen, avoid rewarding with food, respect the child's hunger and satiety cues**
- ☐ **Tooth brushing 2 times a day with fluoride toothpaste (the size of a grain of rice)**
- ☐ Prevention of fetal alcohol spectrum disorder (avoid alcohol during future pregnancy)
- ☐ **No screen until 2 years (TV, tablet, cell phone)**
- ☐ Encouraging a smoke-free environment
- ☐ Safety (burns, **sun protection** and seasonal protection, choking, poisoning, drowning, constant supervision, **firearms storage**).
- ☐ Encouraging pacifier and bottle weaning
- ☐ Encouraging a good playing posture on the ground
- ☐ Parenting skills: refer to Inunnguiniq Child Dev't Pamphlets 18-24 months

## 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 ☐

☐ **Regular visits to the dentist (in priority if cavities)**

☐ Blood lead test? (\*)

☐ Hearing test if retarded language skills or questionable sensitivity

☐ CBC, ferritin if at risk (\*)

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

Vaccination according to the Nunavik vaccination schedule

☐ Fill in the form AS-624

☐ Fill SIPMI

Signature : \_\_\_\_\_ Next appointment: \_\_\_\_\_