

# **REGIONAL INFANT HEALTH PROGRAM (ZERO TO FIVE YEARS)**

Revised by

**Tulattavik Multidisciplinary Team**

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We hope this document will help clinicians intervene efficiently and coherently among their clientele aged zero to five years.

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**Head of Community Health Programs**

## INFANT HEALTH PROGRAM: GOALS AND OBJECTIVES

- Goals:**
1. Identify and support protective factors in view of promoting family and infant health.
  2. Ensure early screening for children's health problems.
  3. Encourage optimal health among the child population.
- Objectives:**
1. Reduce iron-deficiency anemia by 50% among children under two years.
  2. Encourage children's overall growth and development.
  3. Favour parent-child bonds.
  4. Support and consolidate development of parental skills.
  5. Reduce child abuse, violence and neglect (zero to five years).
  6. Maintain a primary vaccinal coverage rate of 95% among children under five years.
  7. Reduce incidence of unintentional injury (e.g. falls, burns).
  8. Reduce incidence of dental caries among children aged two to four years.

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## GATHERING BASIC DATA

The first meeting involves gathering information on family history, the pregnancy, the delivery and the neonatal period.

These notions are **essential** in establishing risk factors specific to each child, especially for the following elements:

- Fetal Alcohol Syndrome
- hearing problems
- anemia
- tuberculosis
- hypercholesterolemia
- motor-cerebral impairment
- genetic diseases
- toxoplasmosis
- diabetes
- respiratory problems
- parental skills
- support network

### A) Parents:

- age
- profession
- tobacco
- alcohol
- drugs
- brothers and sisters
- type of family: traditional  
recomposed  
single parent  
adoption

**B) Family History:**

- high blood pressure
- asthma
- allergies
- epilepsy
- obesity
- congenital malformation (details)
- tuberculosis
- anemia
- hyperlipidemia
- diabetes
- coagulation problems
- deafness (reason)
- mental health problems

**C) Prenatal History:**

- pregnancy: no. of weeks (premature)
- G: P: A:
- medication
- maternal infection (indicate serologic results):
  - toxoplasmosis:
  - rubella:
  - TB:
  - cytomegalovirus:
  - herpes:
  - hepatitis:
  - syphilis:
  - HIV:
- tobacco
- alcohol
- drugs
- other complications
- delivery: -vaginal tract  
-Caesarian
- complications: intubation  
low birth weight  
total parenteral nutrition (TPN)  
transfer to south (reason)

## D) Neonatal Period:

### Risk Factors for the Baby at Birth:

- resuscitation
- respiratory problems
- neonatal infection
- prolonged oxygen (>5 days)
- Apgar (at one minute) (at five minutes)
- significant jaundice
- anemia (HT < 40%)
- weight percentile
- height percentile
- cranial perimeter percentile
- waking
- convulsions
- hypertonia hypotonia
- vitamin K
- colour
- tonus
- umbilicus
- bottle-feeding frequency
- urination
- stools
- sleep
- attachment
- crying
- blood type
- BCG-vaccine (include lot no. and injection site)
- breast-feeding
- transfer to the south

## HOME EXAMINATION AT 10 DAYS

(Visit made by Nurse or Midwife)

### 1) Nutrition:

- type
- frequency
- quantity

### 2) System Review:

- skin condition
- tonus
- umbilicus
- diuresis (urine stream among boys)
- stools
- regurgitation
- sleeping and waking
- excessive crying (> three hours per day) NB: Research indicates that babies have crying spells which increase up to the age of six weeks then diminish afterwards. (Labbé, Pediatric bulletins, p.2, 1996)
- PKU screening (sent at 21 days)

### 3) Development:

- raises head while lying on stomach
- turns head 90° while lying on back
- looks at faces

### 4) Physical Examination:

- skin colour
- fontanelles
- eyes
- ENT
- heart
- lungs
- limbs
- teguments

5) **Preventive Aspects:**

- safety (falls, constant surveillance)
- family situation (adaptation and support)
- stimulation activities
- introduction of the pacifier
- passive smoking
- reaction to BCG

## EXAMINATION AT ONE MONTH

### 1) Nutrition:

- breast-feeding (see Annex 4)
- frequency
- quantity
- position
- milk: For term baby a) if breast-fed: continue breast-feeding until six months, give iron-enriched cereal until 12 months  
b) infant formula: use iron-enriched formula until 12 months

For premature baby (before 37th week) requires iron starting at eight weeks of age

- a) breast-fed baby should receive seven mg of iron once a day (Fer-in-sol 0.5 mg until 12 months)
  - b) bottle-fed baby should receive iron-enriched infant formula until 12 months
- supplements: -breast-fed baby: 400 I.U. vitamin D once per day (Trivisol with fluoride 1 ml starting at one month)
    - babies fed with infant formula: check if vitamin D is included; if not, give supplement of Trivisol with fluoride 1 ml once per day
    - premature baby: 400 I.U. vitamin D if birth weight > 2500 g  
800 I.U. vitamin D if birth weight < 2500 g  
25 I.U. vitamin E up to six to eight weeks
  - exposure of skin to sun is the best source of vitamin D; 30 minutes per day suffice

## 2) System Review:

- diuresis (six diapers per day or more)
- urine stream among males (identify potential problem with urethral valves)
- stools
- regurgitation, vomiting
- sleeping, waking: newborns sleep in six-hour periods within a 24-hour cycle, interrupted by brief periods of waking  
baby position: avoid having baby sleep on its stomach
- excessive crying (> three consecutive hours per day, generally starts around third or fourth week and spontaneously stops around 12 weeks)

First intervention:

- 1) insufficient feeding
- 2) anal fissures
- 3) constipation
- 4) urinary infections
- 5) lactose intolerance
- 6) allergy to cow's milk
- 7) strangulated hernia

Second intervention:

- 1) colic (violent, spasmodic pain that occurs in waves)  
treatment

- 1) place hot-water bottle or warm cloth on baby's stomach
- 2) place baby on your knee and rub his back

- metabolic screening (phenylketonuria) at 21 days
- other parental concerns (umbilicus, teguments, etc.)

### 3) Development:

- review of skills not mastered at previous visit

#### a) Mental:

- looks at other people's faces, responds differently with body movements
- reacts differently to adult voices
- starts at noises
- follows objects
- reacts when a face disappears
- looks at ring for three seconds
- eyes follow ring: vertically
- eyes follow ring: in circular movement
- eyes follow ring: throughout an arc
- eyes follow moving persons

#### b) Motor:

- raises head vertically for three seconds
- keeps head straight when transferred from one place to another
- raises head while lying on stomach
- turns to one side on his back
- holds on to ring
- able to keep head upright when placed in a seated position

#### 4) Safety:

- burns: temperature of hot water heater < 50° C, parents' hot drinks, etc.
- smoke detector in the house

#### 5) Family Situation:

- adjustment in the home, reaction of siblings
- father's support, single-parent family
- natural network (friends, family)
- baby's temperament
- mother-child bond
- other particularities:

#### 6) Physical Examination:

- weight:            -indicate percentile (see Growth Curve, Annex 1)  
                          -a few days after birth, the baby loses approximately 10% of his weight  
                          -a mature baby regains his weight within 8 to 15 days (may take up to three weeks if baby is breast-fed)  
                          -doubles weight at around four or five months  
                          -triples birth weight at around 12 months
- skin colour
- height:            -indicate percentile  
                          -see growth curve (Annex 1)
- cranial perimeter        -percentile  
                                  -see growth curve (Annex 1)

- torso and spinal column
- appearance of fontanelles, sutures: craniostenosis (premature closure of one or more cranial fissures)
- hearing: clap test should produce Moro embrace reflex or startle reflex
- eyes: red retinal reflection (eliminate cataracts, corneal opacity, retinoblastoma)
- dentition
  - 20 milkteeth partly or completely calcified beneath the gums
  - the need to suck is natural; a pacifier or baby bottle filled with water should be given to a child who regularly cries after eating
  - do not let child fall asleep with a bottle full of milk, juice or any liquid other than water; bottles should not always be available as the sugar in drinks, including milk, breaks down into acids and causes dental caries
  - encourage proper hygiene of baby bottles
- ENT:
  - observe for posterior cleft palate
- teguments:
  - usual cutaneous lesions (salmon-pink spots, mongoloid spots, hemangioma, pigmented naevus)
- heart:
  - screen for murmur
- lungs
  - examine for symmetrical entry of air
  - respiratory rhythm (N: 40 to 50 resp/minute)
- umbilicus:
  - hygiene; umbilical cord (umbilical granuloma) dries rapidly and falls off between 7 and 20 days after birth
- abdomen
  - mass
  - visceromegaly (kidneys, liver, spleen)
- hips:
  - Ortolani and Barlow tests (eliminate luxation of hips)
- external genital organs
  - check for cryptorchidism (retention of the testicles within the abdomen among 1% of babies born within term and 10% of premature babies)

-monitor up to six months, then refer to pediatrician (if detected later, refer to physician immediately)  
-check for hernia (protrusion of an organ or part of an organ in a weak area of muscle or other tissue)

- intensity of urine stream in male babies
- extremities: -potential deformity to be excluded

#### 7) Neurologica Exam (performed by physician):

- archaic reflexes: -Moro, sucking, prehensile grip (hands and feet), stepping
- tonus: dorsal position: -flexing of 4 limbs  
-hips in adduction  
ventral position: -rotation of head from one side to the other  
-flexing of 4 limbs  
pull to sit: -flexing of head towards the end
- vision: -eye colour can be blue, grey, or brown; permanent eye colour appears during the first year

#### 8) Stimulation Activities:

- speak and sing to baby
- place mobile above baby's bed
- place baby in different parts of the house
- change baby's position frequently
- speak frequently to baby
- caress baby regularly during bath and diaper changes
- language: -speak softly and frequently to baby  
-make different sounds

## 9) Prevention:

- care of buttocks: -use mild soap and/or zinc paste  
-expose buttocks to air  
-saltwater compress may be applied to lesions for five minutes, four times per day
- foreskin: - do not forcibly retract  
-retraction is progressive (complete at five years)  
-starting at two years, teach child to retract his own foreskin in the bath
- nutrition: -no solids; milk with iron for term newborn  
-review breast-feeding techniques
- excessive crying: -comfort baby with gentle movements, walking and use of a baby carrier
- sleep: -night: 4 to 10-hour intervals  
-stable schedule and environment; place baby on side or back  
-sudden infant death syndrome: occurs before six months in 75% of cases and more frequently among males (prevention: place baby on side or back, do not smoke during pregnancy or in the house, dress baby to avoid excessive heat)
- passive smoking: -avoid smoking in the house, as risk of otitis and respiratory infections increases for the baby  
-risk of baby's discomfort with cough
- avoid all close contact with individuals having a URTI (upper respiratory tract infection) in order to minimize the risk of infection
- hearing and vision tests if risk factors are present (see Annexes 6 and 7)
- parent-child relationships: (observation of parent-baby contact is of primary importance)  
-lack of visual, tactile or verbal contact with baby  
-holding baby at a distance or like a package  
-parents incapable of consoling their baby  
-care given in a mechanical fashion

## EXAMINATION AT TWO MONTHS

### 1) Nutrition:

- breast-feeding
- infant formula with iron (term and premature babies)
- drinks five to six times per day
- be flexible in feeding schedule
- supplements (vitamin D if breast-fed: 100 ug or 400 I.U. per day = 1 ml Trivisol with fluoride drops)

### 2) System Review:

- eliminatory functions (stools, urine)
- regurgitation and vomiting
- excessive crying
- waking and sleep: review of preventing sudden infant death syndrome

### 3) Development:

- review skills not mastered at last visit

#### a) Mental:

- smiles
- increasing waking periods
- listens to voices and cooing
- looks back and forth between ring and bell
- plays with rattle
- turns head toward source of sounds

- manipulates ring
- stares at an object for three seconds

b) Motor:

- raises head at 45° when lying on stomach
- maintains head upright for 15 seconds
- maintains head upright when transferred
- balances head
- sits up with support

4) Physical Examination:

- weight, height and cranial perimeter (indicate percentile)
- fontanelles: anterior closes at 18 months, verify if sutures are knitting together
- eyes: follows movement with eyes, central pupillary corneal reflection; with both eyes looking at a light source, reflection should appear at centre of each cornea, in same position, if eyes are straight
- heart: (murmur?)
- abdomen: visceromegaly
- hips: evaluate abduction (asymmetric or diminishing) to eliminate hip luxation or dysplasia
- genital organs: examine

5) Neurological Exam (performed by physician):

- archaic reflexes:
  - Moro and sucking positive
  - prehensile grip positive
  - disappearance of stepping

-appearance of tonic reflex in the neck: turn child's head from the side while he lies on his back; his arms are extended towards the side where he is looking and bent in the other direction

- tonus: dorsal position: -turns head to both sides; movements are symmetrical
- ventral position: -moves arm out in front  
-lifts head 45 degrees
- pull to sit: -better mastery of head

#### 6) Stimulation Activities:

- react when baby makes sounds
- sing with baby
- play with musical toys near baby
- play with baby

#### 7) Family Situation:

- support from father and extended family
- adaptation of siblings
- other particularities

#### 8) Prevention:

- safety: -soft toys without detachable parts  
-falls: sofa, table  
-burns: temperature of hot water heater < 50°, hot drinks, pyjamas;  
do not leave baby unattended  
-choking: jewellery, pillow  
-do not hold baby while smoking or drinking alcohol  
-no pointed toys
- discipline: -need to respect a schedule for meals, naps and games and interaction with others  
-schedule ensures feeling of predictability and security

- feeding and schedule (no solid food, infant formula with iron)
- giving bottle to baby when he is lying down is not recommended
- recommend giving pacifier between meals instead of a bottle of juice or sweetened liquid
- sleep:
  - 25% of babies sleep all night
  - review of preventing sudden infant death syndrome (see Examination at One Month)
- immunization:
  - first dose of Pentacel (indicate lot no., injection site and expiry date)
  - reaction to vaccines (risks, discuss free and informed choice)
  - verify if BCG was administered at birth
- in case of fever:
  - use rectal thermometer
  - remove baby's covers
  - bathe in lukewarm water
  - give plenty of liquids
  - call a physician
- intervention with families presenting adjustment problems: reinforce parent-child interactions
- passive smoking

## EXAMINATION AT FOUR MONTHS

### 1) Nutrition:

- complete or alternated breast-feeding
- infant formula with iron (25 to 30 ounces/day or 750 to 1050 ml/day)
- introduction of solid food (see Annex 9)
- breastfed babies: introduction of solids can begin at 5-6 months because their iron reserves are sufficient to meet their needs until that time
- bottle-fed babies may eat solid food at the age of 4-5 months
- introduce solid food in intervals of four to five days to identify possible allergies
- baby's weight will be double that at birth, but growth rate will now begin to decrease
- recognizes bottle by sight
- movement of hands toward mouth

### 2) System Review:

- stools
- regurgitation or vomiting
- evolution of crying: noticeable reduction
- sleep: maturity acquired among most babies
- reactions to first injection (Pentacel)
- other preoccupations

### 3) Development:

- review skills not mastered at last examination
- number of bouts of otitis of bronchiolitis since last checkup

#### a) Mental

- stares at an object's point of disappearance for two seconds
- attempts to reach ring suspended from above
- puts ring to mouth
- plays with string
- approaches mirror
- hand-eye coordination to reach objects
- able to distinguish voices in immediate entourage
- laughs out loud when stimulated
- turns head in direction of sounds: bell, door
- vocalizes in response to persons
- crying changes depending on stimulus: pain, hunger, anger
- able to follow objects within 180°

#### b) Motor

- turns over from stomach to back
- sits up by himself without support for 30 seconds
- lifts cup by handle
- uses hands to grab bar above him



sitting: -holds head and back straight

## 7) Prevention:

- stimulation activities:
  - holds toys in hands: ball, bell, doll
  - give unbreakable mirror
  - speak to baby as often as possible and maintain visual contact
  - play regularly with baby
- safety:
  - falls: use high chair instead of regular chair at dining table
  - burns: inflammable pyjamas, hot drinks
  - choking: small objects, jewellery
  - teach parents emergency manoeuvres in case of choking
  - use high chair with solid base for stability
  - safety barriers prevent infant from getting close to dangerous areas (e.g. stairs)
  - verify that small objects (e.g. pills) are not within children's reach
  - poisoning
- family situation:
  - agreement within the couple: what support does the father provide?
  - adaptation of siblings
  - return to work
  - outings and day-care
  - identify support from extended family
- nutrition:
  - introduction to solid foods in stages
- sleep:
  - try to stop evening feedings by offering water instead of milk
- immunization:
  - second dose of Pentacel (indicate lot no., injection site, expiry date)
  - administration of one acetaminophen dose at time of vaccination and four hours later
- passive smoking
- advice for parents on prevention of acute otitis media (Annex 12)
- advice for parents on care of upper respiratory tract infections (URTI) (Annex 11)
- advice for parents on treatment of gastro-enteritis (Annex 10)
- exposure to sun: skin protection

## EXAMINATION AT SIX MONTHS

### 1) Nutrition:

- complete or alternated breast-feeding
- infant formula with iron (maximum 30 ounces or 900 ml/day)
- supplements:-vitamin D (1 ml Trivisol with fluoride, 400 I.U.) if completely breast-fed  
-iron (0.5 ml/day Fer-in-sol for infants) if 3.25% or Grand Pré milk was introduced early
- solid foods: -cereals with iron (1/2 cup/day, or 20 teaspoons)  
-fruits and vegetables (7-8 teaspoons per meal, twice a day)  
-introduction of meat and egg yolk to begin now
- quantity of solid foods should be adjusted according to baby's appetite

### 2) System Review:

- stools, regurgitation
- reaction to previous vaccines
- strabismus: any signs, even intermittent, should be evaluated by a specialist
- medication (reason?)

### 3. Development:

- review of skills not mastered at last examination
- number of bouts of otitis of bronchiolitis since last checkup

a) Mental

- picks up block adequately
- holds on to block for three seconds
- plays with and rings bell
- looks around for a dropped spoon
- looks at pictures in children's books
- looks inside boxes
- turns toward individual voices
- babbles, pronounces first syllables

b) Motor

- sits up alone for 30 consecutive seconds
- sits up by himself when playing with a toy
- moves around by crawling short distances
- remains in seated position using hands for support
- able to keep legs raised, plays with feet
- turns from stomach to back, back to stomach
- sits up straight with minimal support
- takes objects voluntarily
- transfers an object from one hand to the other

4) **Physical Examination:**

- height, weight (indicate percentile) (six to 12 months; gain of 250 g per month); rapidity of growth starts to decrease
- appearance of first teeth (front incisors first, then one tooth per month)

- complete examination with particular attention to the following:
- eyes:
  - central pupillary corneal reflection
  - screen test
  - quick vision test
- hearing:
  - ask parents if baby hears well when spoken to
  - location test with bells
  - if baby does not pass this test, refer to audiologist
  - it is important to identify hearing problems before six months to avoid compromising development
  - baby should be able to locate sounds

### **Hearing Test:**

Place baby in a quiet location, seated. If baby is seated on mother's knee, tell mother not to react to sounds made by examiner. Hold bell at baby's ear level at a distance of three feet, outside his field of vision. Ring bell and see if baby's head turns in direction of sound. The baby passes the test if he turns his head toward the sound in both directions.

- hips:
  - evaluate abduction symmetry once more
- care of foreskin:
  - retract gently until resistance is felt; do not provoke pain

### **5) Neuromuscular Exam (performed by physician):**

- archaic reflexes:
  - disappearance of tonic reflex of the neck
  - disappearing of prehensile gripping with palm
- tonus:
  - dorsal position:
    - rolls over in both directions
    - holds bottle
  - ventral position:
    - lifts trunk, arms extended, and propels himself backwards
  - seated:
    - holds head and back straight

### **6) Prevention:**

- nutrition:
  - encourage infant formula with iron until 12 months (at least 6 months)
  - introduce new solid foods
  - start using cup
  - permit exploration

- sleep: -sleep ritual
- behaviour: -separation anxiety  
-fear of strangers (use a baby-sitter known to the baby)
- stimulation activities:
  - clear large space in a room
  - provide toys baby can take, squeeze, move, etc.
  - speak frequently to baby, naming various common objects
- family situation:
  - verify support for mother and family
- dental care: -relieve pain (teething toy, towel wrapped around ice cube, carrots to gnaw on, acetaminophen at night)  
-clean teeth with moist towel or toothbrush as soon as teeth appear  
-avoid giving bottle at bedtime  
-prevention: fluoride supplement is recommended for babies and infants aged six months

Daily dose of fluoride recommended by the Canadian Pediatric Association:

- |                              |         |
|------------------------------|---------|
| a. six months to three years | 0.25 mg |
| b. three to six years        | 0.5 mg  |
| c. six to 16 years           | 1.0 mg  |

-control consumption of products containing sugar (avoid dipping the pacifier in sugar and avoid giving bottle with sweetened drinks)

-caries due to bottle-feeding occur among infants who use the bottle after the age of one year and those allowed to keep their bottle at naptime or bedtime.

- immunization: -administer third dose of Pentacel (indicate lot no., injection site, expiry date)
  
- safety:
  - falls: place barrier in front of stairs, close doors, avoid walkers
  - burns: use covers on electrical outlets, avoid long tablecloths
  - drowning: supervise baths constantly
  - choking:
    - avoid small, hard pieces of food and small objects
    - never give nuts, carrots, fruit with pits, raisins, marshmallows, popcorn or hot dogs to children under four years
  - poisoning:
    - keep household and corrosive products and medication out of reach
    - prescription for ipecac syrup
  
- passive smoking: effects on children's respiratory tract
  
- prevention of otitis media and URTI

## EXAMINATION AT NINE MONTHS

### 1) Nutrition:

- breast-feeding
- milk (maximum 30 ounces/day or 900 ml/day)
- skimmed milk and partially skimmed milk are not recommended before the age of two years, as they lack important fatty acids
- supplements:-vitamin D (Trivisol with fluoride 400 I.U. or 1 ml per day) if completely breast-fed  
-iron supplement according to hemoglobin count
- cereal: -1/2 cup (20 teaspoons or 120 ml)
- fruit and vegetables: -7-8 teaspoons/meal twice a day, or 120 ml
- meat: -8 to 10 teaspoons/day, or 50 ml
- egg yolk: - 2-3 times per week
- intolerance
- solid foods introduced progressively (puréed, then ground)
- use of cup

### 2) System Review:

- review of skills not mastered at last examination
- number of bouts of otitis of bronchiolitis since last checkup
- recent illness
- separation anxiety
- sleep: 12- to 14-hour nights

- one to two naps of 1-4 hours
- may refuse naps in the morning
- vision: trust parent's opinion
- teething:
  - appearance of front and lateral incisors
  - eruption of teeth may cause pain, refusal to eat, fever
  - baby needs to chew (provide teething toy)
  - may give acetaminophen for pain
- elimination:
  - begins to keep a more regular schedule of urinary and bowel elimination
  - rarely dry (diapers) for more than 1-2 hour intervals
- frequently rubs eyes
- reaction to most recent vaccine
- other concerns

### 3) Development:

- review of skills not mastered at last examination
- a) Mental
  - baby is very curious about the surrounding environment
  - rings bell with interest
  - holds two or three blocks for 30 seconds
  - places one or two blocks in cup
  - removes cover from box
  - pushes small objects, e.g. toy car
  - places fingers through holes in perforated basket

- able to turn pages in a book
- baby talk (papapa, mamama...)
- sees small objects
- understands emotional tonality of words

b) Motor:

- rotates at abdomen when seated
- moves from a crawling to a seated position
- can pull up to a standing position
- tries to walk using furniture as support
- walks with help
- stable seated position
- can hold onto something in order to stand
- crawls about on all fours
- grasps with index and thumb, can take small objects
- holds bottle, drinks from cup or glass with help

4) Physical Examination:

- weight, height, cranial perimeter (indicate percentile)
- anterior fontanelle
- eyes: screen test, refer to physician if strabismus is persistent



- crib:
  - adjust mattress to lowest position
  - avoid placing objects in crib so baby does not use them to climb out
- prevention of bad positions (seated and lying)
- stimulation activities:
  - speak frequently to baby
  - point out pictures in children's books
  - name parts of the body
  - have baby identify household objects
  - construction blocks
  - balls
  - panels with various objects
  - telephone
  - stuffed animals
  - floating toys in bath
  - support baby by arm for walking
  - vocalize sounds during bath, meals, games
  - repeat directions frequently while engaging baby in action (e.g. raise legs)
- safety:
  - falls, accidents: barrier in front of stairs, adjust mattress in crib, be careful with electric fans
  - burns from pan handles, electrical cables, electrical outlets
  - choking from small, hard pieces of food, small objects
  - poisoning from plants, medication, toxic products
- vision: trust parents' opinion
- hearing:
  - ensure baby turns in right direction when noise is made behind him
  - if baby doesn't babble much or does not imitate sounds made by parents, medical assessment is indicated
  - babies with frequent and chronic otitis should be referred to hearing/otitis team
- laboratory: -screen for iron-deficiency anemia (Hb = 110 g/L and VGM < 70)
- passive smoking
- prevention of URTI and otitis media (see annexes 11 and 12)

## EXAMINATION AT 12 MONTHS

### 1) Nutrition:

- give liquids between meals (milk: maximum 20 oz./day or 600 ml/day)
- importance of iron-enriched cereal for infants
- table foods: meat, fruit, vegetables, cheese, whole eggs
- intolerance
- use of fingers, spoon
- much interest in feeding himself: 50% of infants drink from a glass, most use a spoon
- appetite has diminished considerably: offer smaller and more frequent portions
- avoid adding salt and sugar to baby's food

### 2) System Review:

- number of bouts of otitis of bronchiolitis since last checkup
- recent or chronic medication
- sleep and independence
- family interaction: -adjustment to child's new-found independence
- other concerns

### 3) Development:

- review of skills not mastered at last examination
- weight: -gain will not exceed 1.8 to 2.3 kg (four to five lbs.) over the next year  
-child's weight should be triple that at birth

- language: -uses two or three specific words, imitates sounds, words
- hearing: -understands simple directions
- vision
- behaviour: -child may have tantrums when unhappy (cries, throws self to floor, holds breath); leave him alone and try not to pay attention to tantrums

a) Mental

- attempts to play with three blocks at the same time
- piles blocks two high
- finds toy hidden under cup
- scribbles momentarily on paper
- removes ball from container

b) Motor

- climbs stairs with help
- able to remain standing
- turns pages of book or magazine
- walks alone or with help
- raises glass and drinks properly

4) Physical Examination:

- weight, height, cranial perimeter (indicate percentile)
- anterior fontanelle
- eyes: -screen test

- hearing        -eardrums  
                  -reaction to bell; child turns in direction of sound  
                  -does he turn his head when you whisper?  
                  -does he respond to his name?  
                  -does he understand simple sentences?
- extremities: -deformaties
- hips:           -eliminate hip luxation or dysplasia (symmetric abduction)
- external genital organs

5) **Neurological Exam (performed by physician):**

- gross motor skills:  
                  -can lift herself up
- can walk with or without help with heels touching the ground
- positive parachute reflex
- disappearance of other archaic reflexes

6) **Prevention:**

- nutrition: normal drop in appetite at this age
- stimulation activities:  
                  -bottle weaning, able to feed himself  
                  -give child opportunities to feed himself  
                  -play ball with child  
                  -imitate sounds made by different animals  
                  -use different types of puzzles  
                  -listen when child produces sounds  
                  -toilet training: respect child's pace of progress
- dental care: -caries due to bottle-feeding: fluoride supplement (0.25 mg/ day)  
                  -tooth brushing (toothbrush or damp cloth)  
                  -avoid sweetened foods
- sleep:            -establish stable routine

- discipline: -recommend parental consistency in applying a few simple rules
- safety:
  - child requires constant supervision, as he will explore a lot and does not recognize dangers
  - child places found objects in mouth
  - ensure child does not walk with objects, especially sticks, in his mouth, as his palate may be injured
  - falls:
    - prevent luxation of elbow, do not twist child's arm abruptly
    - use barrier in front of stairs
    - place non-slip surface in bathtub
  - burns: -pay attention to pan handles, electrical wires and outlets, matches, lighters, cigarettes
  - drowning: -watch closely when in or near tub, near bodies of water
  - choking: -small, hard foods (nuts, raisins, candy)
  - poisoning: -store dangerous products safely
- immunization:
  - first MMR (measles, mumps, rubella), indicate lot no., injection site, expiry date
  - skin eruptions and fever appear between fifth and 12th day
- passive smoking: discuss effects on child's health

## EXAMINATION AT 18 MONTHS

### 1) Nutrition:

- dairy products (maximum 16 to 24 ounces or 600 ml of milk/day)
- liquid intake from 480 to 720 ml/day
- ensure wide variety of foods, offer snacks (fruit) regularly
- bottle weaning
- encourage use of utensils

### 2) System Review:

- number of bouts of otitis of bronchiolitis since last checkup
- recent illness
- medication
- reaction to previous vaccines
- autonomy (utensils, glass or cup)
- appetite fluctuations
- discipline: -agreement between parents
- other concerns

### 3) Development:

- review skills not mastered at last examination
- child is able to perform simple tasks

a) Mental

- makes towers three blocks high
- points to between two to five pictures
- uses stick to reach object
- shows shoe and other object
- prefers certain toys
- imitates parents' activities
- points out three body parts on a doll
- identifies objects in a picture
- distinguishes between a book, block and key
- puts pictures together

b) Motor

- throws and picks up objects
- starting to run
- crouches without falling over
- holds pencil
- uses hand to keep paper in place
- able to place 10 balls in boxes in 60 seconds
- able to get up to standing position by himself
- jumps on floor with both feet
- climbs stairs by himself, placing both feet on each step

#### 4) Physical Examination:

- sleep: -10- to 12-hour nights  
-naps in the afternoon  
-may wake up in the night when wet
- language: -able to pronounce several words in childish language, e.g. apaapa, annana, attata, ikkii, atai, puva  
-begins to use two-word phrases, indicates body parts by pointing  
-indicates what he wants with gestures  
-looks at family members when they are called by name
- hearing: -does the child come when called from another room?  
-does the child respond when called by name?
- vision: -strabismus?
- dressing: -cooperates by extending arms, legs  
-removes mittens, hat, shoes by himself  
-tries to put shoes on by himself
- toilet training:  
-depends on various factors (age, sex)  
-girls become independent more quickly  
-50% of children are independent at two years
- weight, height, cranial perimeter (indicate percentile)
- closure of anterior fontanelle
- eyes: -screen test
- ENT: -eardrums
- extremities: -gait and potential deformities
- EGO: -cryptorchidism (retention of the testicles within the abdomen)

## 5) Prevention:

- nutrition: -quality is more important than quantity  
-autonomy at the table with utensils
- dental care: -encourage tooth brushing  
-use no more than pea-sized bead of toothpaste  
-encourage child to drink from a glass (regular or with spout)  
-visit dental hygienist (as needed)
- behaviour: -toilet training  
-importance of transitional object (stuffed animal, preferred blanket)  
-start of negativism: -deal with this by substituting or offering a choice  
-aggressive behaviour: -convey clear message that this is unacceptable  
-fear of animals, water, vacuum cleaner, etc.
- stimulation activities:
  - encourage spoken rather than gestured language
  - assign small tasks
  - teach regular washing of hands
  - supervise child while he dresses
  - listen to music with child
  - tell stories
  - speak about objects and persons familiar to him
  - encourage child to use words rather than gestures to express himself
  - provide large toys that can be taken apart easily
  - provide toys he can sit or stand on, push and pull
  - provide wooden puzzles with large pieces, old clothes for him to dress up in
  - practice walking with child
  - provide blocks, cups, etc.
  - name objects used during meals and daily activities
  - encourage child to verbalize what he wants
  - encourage child to remove his own socks, unbutton his coat

- physical activities:
  - ensure frequent games to burn up energy
  - afternoon naps may be necessary up to age of four or five years
  - put child to bed when he shows signs of tiredness; follow same routine at bedtime, avoid overstimulating child before naptime
- immunization:
  - fourth dose of Pentacel (indicate lot no., injection site, expiry date)
  - second dose of MMR (indicate lot no., injection site, expiry date)
- passive smoking: discuss effects on children's health

## EXAMINATION AT THREE YEARS

### 1) Nutrition:

- milk (max. 20 ounces or 600 ml/day) and juice (max. one small glass/day)
- variety of foods
- vitamin supplements only if a food group is completely excluded

### 2) System Review:

- first trip to the dentist
- number of bouts of otitis of bronchiolitis since last checkup
- recent medication
- recent illness
- bladder and bowel control
- appetite
- social integration (peers and adults)
- other concerns

### 3) Development:

- review skills not mastered at last examination

#### a) Mental

- repeats three numbers correctly
- identifies sex
- understands concept of “more than one”

- remembers sequence of events
- copies circle and X
- draws person in three parts
- names some colours
- uses "I," "me"
- states his age and name
- language:
  - intelligible to strangers
  - able to follow verbal commands for two different actions
  - understands concept of big and little
  - gives his first and last names
  - able to repeat some nursery rhymes
  - able to describe actions in pictures (e.g. cat eats)

b) Motor

- imitates different postures
- able to walk on tiptoes for four seconds
- alternates feet when climbing or going down stairs
- able to jump over a rope
- able to jump a distance of 24 inches
- able to stand on one leg
- adequately uses a pitcher

- able to serve himself at table without spilling
- brushes teeth
- washes hands alone
- dressing: -shows more interest
- toilet training:
  - knows when he needs to use the bathroom, able to hold back for short periods
  - occasional accidents
  - needs help wiping

#### 4) Safety:

- pay attention to tools, matches, firearms

#### 5) Physical Examination:

- weight, height, blood pressure (indicate percentile), see Annexes 1 and 2
- vision: -acuity (N 20/50)
  - test for early problems with amblyopia and other factors affecting vision, which rapid intervention can correct; examine for strabismus (screen test, Hirschberg's test)
  - Screen test: Place light three feet from child; ask him to stare at light. One eye is covered while movements of other eye are observed; both eyes are tested separately; movements indicate strabismus or ocular deviation
  - Hirschberg's test: Child's attention is drawn to a light on the examiner's forehead; while child's eyes are fixed on light, reflection on each cornea is noted (child's head is maintained in median position, then turned left and right while his eyes remain on the light, to determine potential changes in the reflection in each cornea, which should be symmetric)

- examination for amblyopia (diminished vision in one otherwise normal eye)
- test for visual acuity (Snellen chart, see Annex 5; difference in acuity--two rows of letters--indicates amblyopia)
- hearing:        -eardrums  
                      -hearing acuity (audiometry; see Annex 6)
- teething
- extremities
- gait

#### 6) Prevention:

- development: -let child dress by himself
- encourage crafts and play (scissors, painting, toys)
- dental care: -regular visits to the dentist or dental hygienist  
                  -brushing with minimum amount of toothpaste  
                  -fluoride supplement (0.50 mg/day)
- discipline: -child learns to accept reality and limits  
                  -positive reinforcement  
                  -consistency in orders  
                  -need for companions: integrate child into a peer group

- stimulation activities:
  - encourage child to set table
  - reinforce appropriate conduct at table
  - provide construction blocks
  - provide modelling clay
  - activities to include: painting, chalk and blackboard
  - encourage autonomy at the table
  - establish regular routine for dressing
- physical, sexual, emotional abuse (see Annex 15)
- laboratory: **-(prescribed by physician)** screening for hypercholesterolemia (total cholesterol, HDL, TG)

Indications:

1. If one parent has elevated total cholesterol count (= 6.3 mmol/L)
2. If there is family history of early atherosclerosis (= 55 years) in parents or grandparents (history of infarction, angina, coronary by-pass, angioplasty, sudden death, cerebrovascular disease or peripheral vascular disease)

Procedure:

1. Two lipid counts are recommended before classifying the subject as hypercholesterolemic
2. It is suggested that dosage be redone every five years (due to late manifestation of certain cases of hereditary dyslipidemia) if indicated.

## EXAMINATION AT FIVE YEARS

### 1) Nutrition:

- fluoride supplement (0.50 mg/day)
- promote healthy foods as snacks
- limit children's access to sugary snacks

### 2) System Review:

- number of bouts of otitis of bronchiolitis since last visit
- recent medication
- social integration amongst peers and adults

### 3) Psychomotor Development:

#### a) Mental

- ask if child knows his first and last names
- uses the plural
- tells stories
- responds adequately to simple questions (e.g., "What do you do when you're hungry?")
- repeats short sentences

b) Motor

- walks with heels touching the ground
- dresses alone without supervision
- plays with friends
- able to catch a bouncing ball
- dressing:     -dresses and undresses adequately  
                  -learns how to tie shoes  
                  -brushes hair with help  
                  -independent in bathroom use
- likes outings

4) Physical Development:

- general appearance
- skin condition
- note weight, height (indicate percentile)
- check blood pressure (N 98/60, below 75th percentile)
- hearing
- vision
- teething
- heart (murmur)
- lungs

- abdomen
- teguments
- external genital organs
- sleep: -nine to 13 hour nights

#### 5) Prevention:

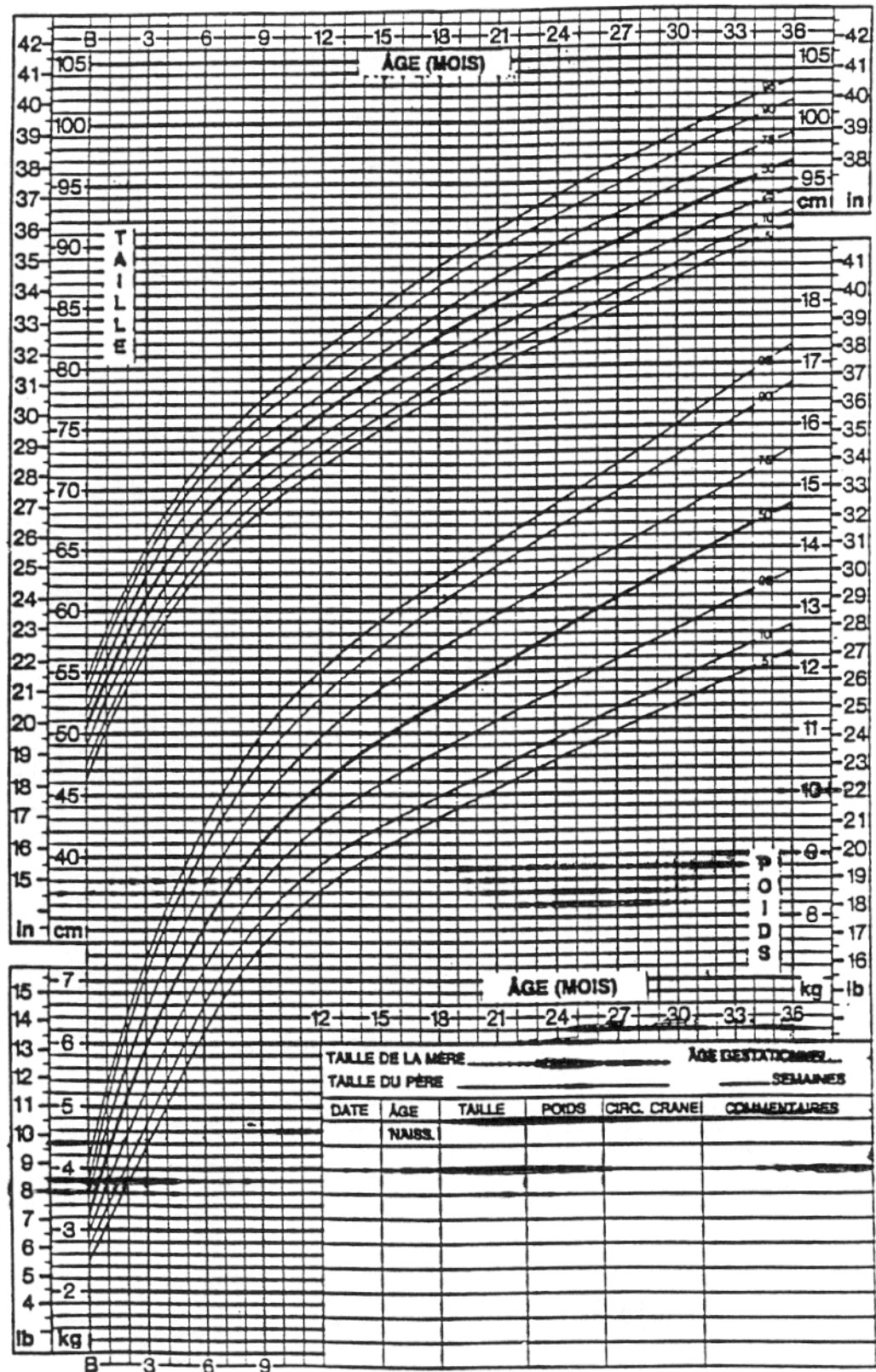
- discuss possible accidents:
  - dangerous behaviour in the street
  - tools/matches
  - guns
  - risks of poisoning
  - use of life jackets
- signs of maltreated children
- passive smoking

#### 6) Stimulation Activities:

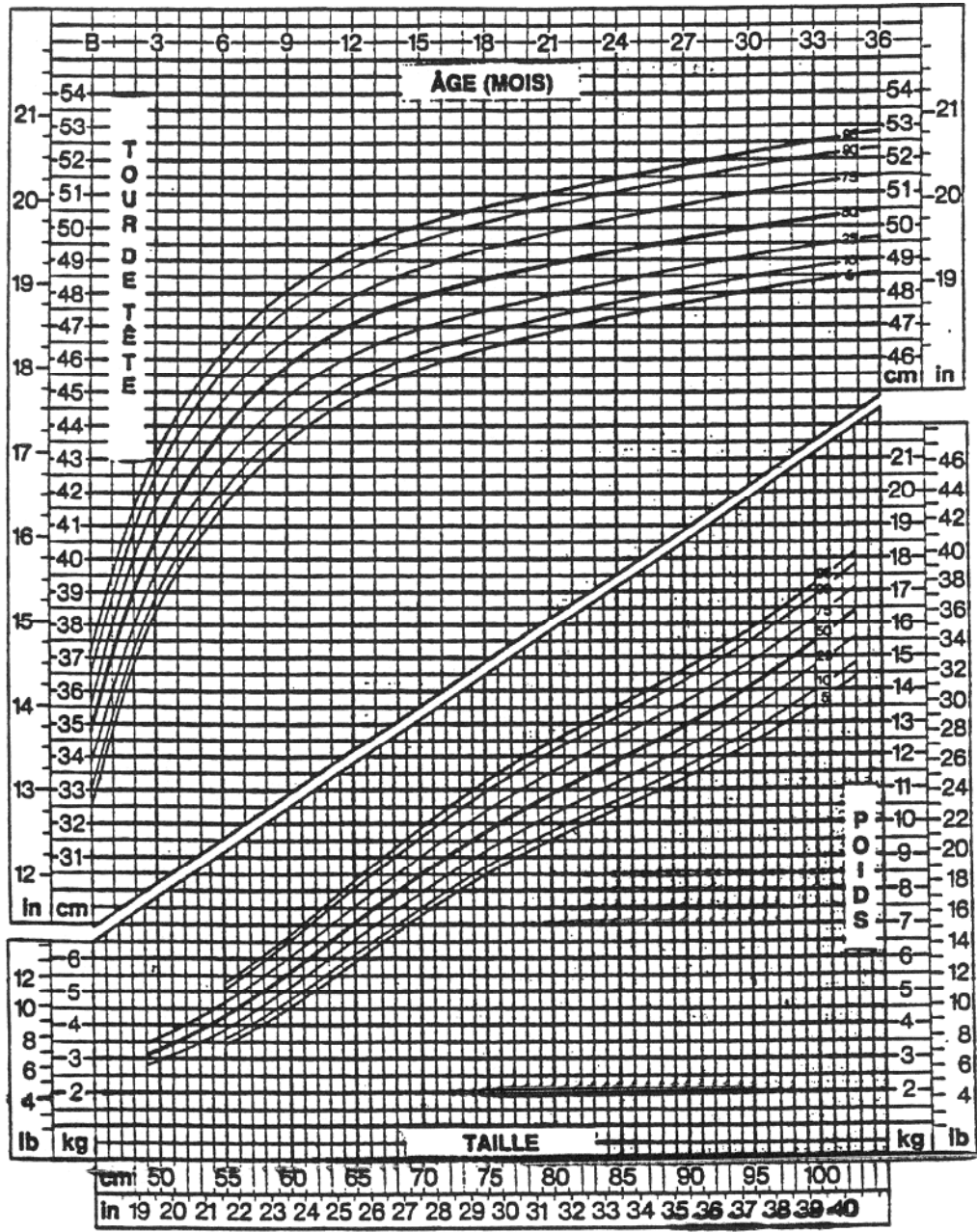
- painting, drawing, writing, playing with modelling clay
- provide materials (boxes, chairs)
- ask child to repeat story immediately after you tell one
- assign small responsibilities and give value to autonomy
- discuss subjects he finds interesting
- dressing:
  - assign task of putting away clean and soiled clothes
  - allow child to choose his clothes
- dental health: -demonstration of toothbrushing (use pea-sized amount of toothpaste)
- immunization: Quadracel (indicate lot no., injection site, expiry date)

## **ANNEX 1: GROWTH CURVE, BOYS AND GIRLS**

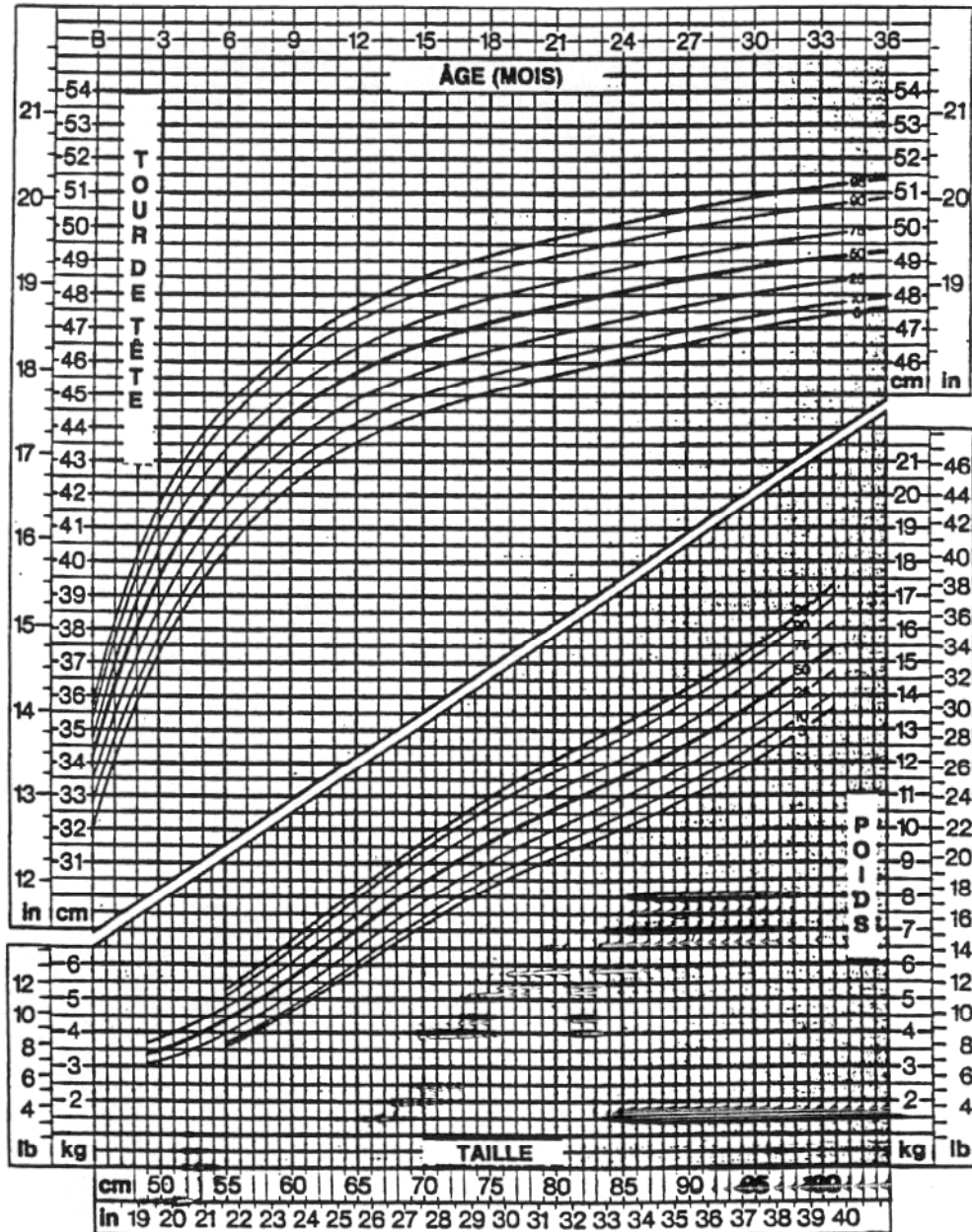
GARÇONS DE LA NAISSANCE À 36 MOIS  
 CROISSANCE PHYSIQUE  
 PERCENTILE DU CNSS



GARÇONS DE LA NAISSANCE À 36 MOIS  
 CROISSANCE PHYSIQUE  
 PERCENTILE DU CNSS

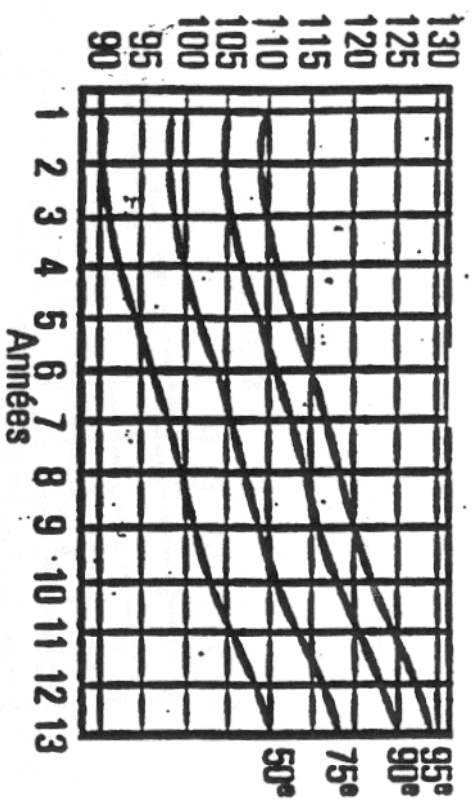


FILLES DE LA NAISSANCE À 36 MOIS  
 CROISSANCE PHYSIQUE  
 PERCENTILE DU CNSS

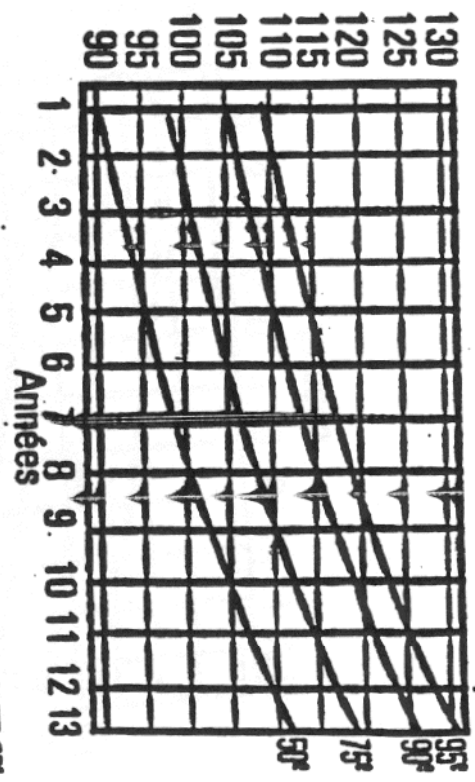




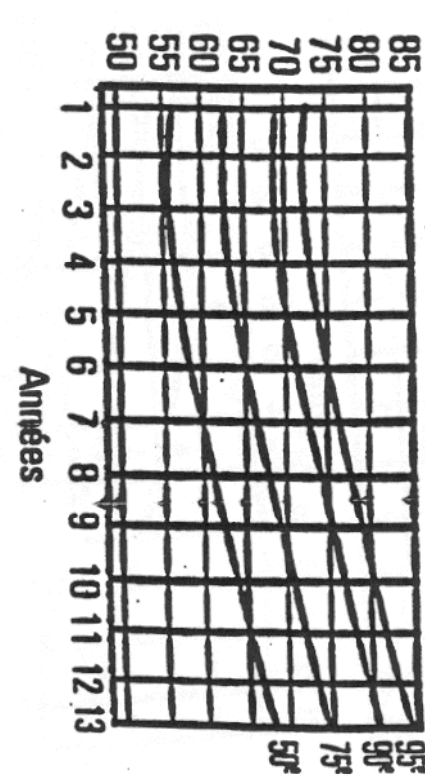
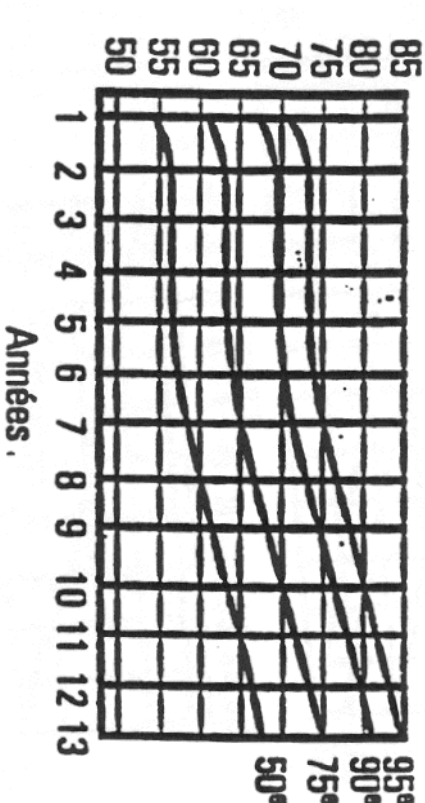
## **ANNEX 2: BLOOD PRESSURE**



systolique PA



diastolique PA (K4)



## ANNEX 3

### Advice on Breast-Feeding or Preparation of Infant Formula

The Canadian Pediatric Association recommends:

- not introducing solid food before the age of four to five months, as this may create intolerance reactions or digestive problems
- breast-feeding may continue until the age of nine months to one year or more
- breast-feeding alternative be milk preparations enriched with iron (Enfalac, Similac, SMA, Bonamil, Good Start)
- adapting to baby's drinking patterns: certain babies need to drink every two to three hours, others every three to four hours
- not using Carnation milk for babies under one year; however, it is the first choice after infant formula (avoid Grand Pré milk)

<b>Recommendations on Baby Feeding</b>		
	<b>Until Age of 12 Months</b>	<b>12 to 24 Months</b>
First Choice	breast-feeding	breast-feeding
Second Choice	Milk preparation enriched with iron  Cow's milk (3.25%) after nine months	Cow's milk 3.25%
<ul style="list-style-type: none"> <li>• cow's milk contains three times more protein and mineral salts than mother's milk</li> <li>• it contains only a small amount (seven times less than mother's milk) of linoleic acid, which plays an essential role in brain and nervous system development</li> <li>• it lacks vitamins A, B<sub>1</sub>, B<sub>6</sub>, C, D and E as well as certain minerals: manganese and iron</li> <li>• tea irritates intestinal membranes and hinders absorption of iron.</li> </ul>		

## ANNEX 3 (continued)

### Vitamin Supplements According to Choice of Milk

- 1) Vitamin D: 30 minutes of exposure to the sun everyday suffices
  - a) breast-fed baby: 10 µg or 400 I.U./day 1.0 ml Trivisol
  - b) infant formula: formula is already enriched with vitamin D; if not, give same supplement as for breast-fed baby
  
- 2) Iron:
  - a) term neonate: breast-fed until age four to six months, maintains good iron reserves; after six months, breast-fed baby should receive cereal enriched with iron until age of 12 months
  - b) term neonate: fed with formula not enriched with iron will exhaust his iron reserves within four months; baby should receive formula enriched with iron until age of 12 months
  - c) premature baby: requires iron supplement starting at 8 weeks of age
    - i) breast-fed baby: seven mg iron/day (0.3 ml Fer-in-sol) until age of 12 months
    - ii) bottle-fed baby: should receive iron-enriched formula until age of 12 months

# **BREAST-FEEDING**



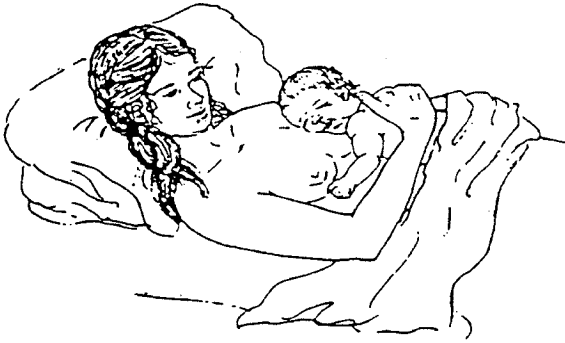
**Breast-feeding begins the cycle of life**

**Breast-fed babies are healthier babies**

**The best milk, right from the start**

**Breast-feeding builds a bond with the next generation**

## GETTING STARTED



### Get started at birth

- start breast-feeding very soon after birth
- hold the baby against you, skin to skin
- hold baby next to your breast
- latch when baby's mouth is wide open

### Getting going with breast-feeding

- get comfortable--pillows help
- sit in a chair or lie down
- unwrap baby and hold him next to your skin
- if you hold your breast, place fingers close to your chest
- touch baby's lips to help open his mouth wide
- bring baby close to you



### Lots of feedings, at least eight or more each day



- help baby learn to breast-feed
- help you make lots of milk
- make baby comfortable
- baby does not need water or formula if he is feeding well



**Modified cradle position**



**Football position**



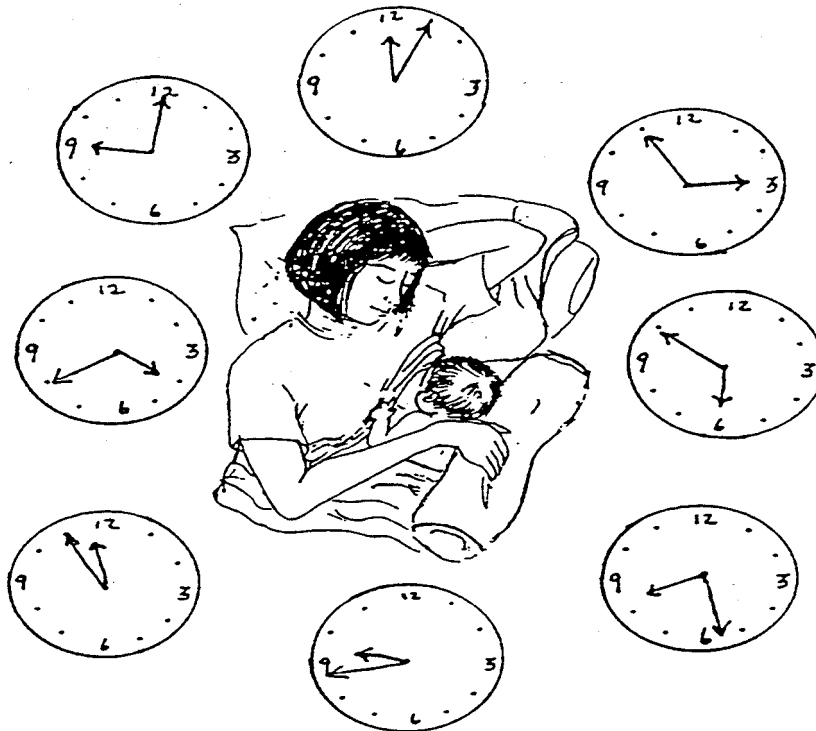
**Cradle position**



**Lying down**

## BREAST-FEEDING GOING WELL?

- Baby feeds eight times or more in 24 hours
- Breasts feel softer after feedings
- Breast-feeding does not hurt
- Baby has four to five or more heavy, wet diapers in 24 hours
- Baby has two or more bowel movements in 24 hours

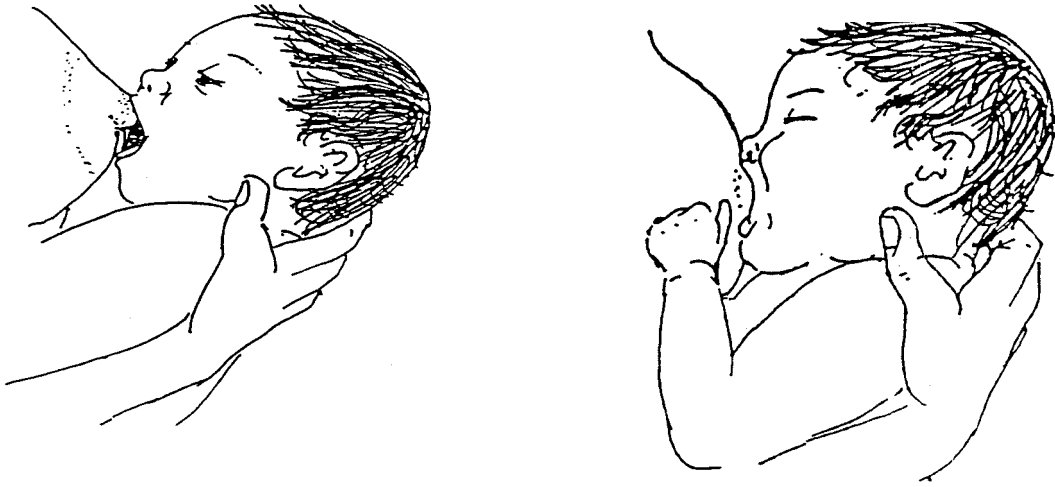


### You need help if:

- your baby is less than six weeks old and is not having lots of wet, dirty diapers
- you are still worried
- you think your baby needs a bottle
- your nipples are sore
- you are using a nipple shield
- your baby is too sleepy to wake up to feed at least eight times a day

## COMMON CONCERNS

### Is breast-feeding too hard?

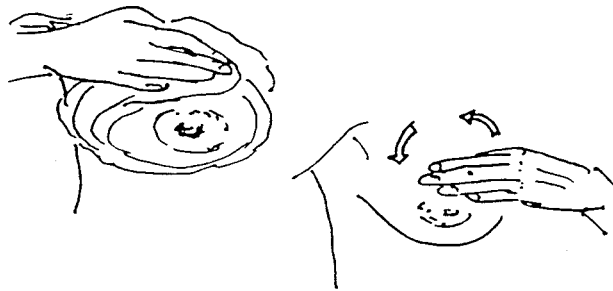


### You can help your baby latch better

- hold baby with his stomach against you
- put your hand further under breast, place fingers close to your chest
- wait until your baby opens his mouth as wide as a yawn
- bring baby close

### You can help your nipples heal

- fix latch
- squeeze some of your milk onto nipples
- air dry nipples



## Engorgement?

- apply warm wet towels before breast-feeding
- extract some milk before feeding by pressing with your fingers or using a breast pump
- apply cool compresses after feedings
- feed often, at least eight times in 24 hours
- latch baby well



## You can help your baby feed better

- feed baby in just his diaper
- breast-feed often
- keep baby close so you can see when he starts to wake up
- pump or express milk

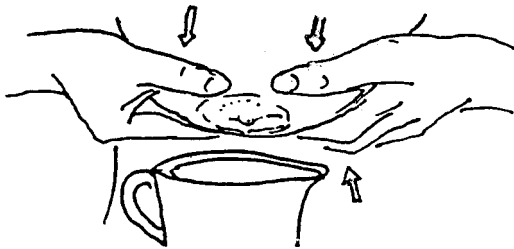
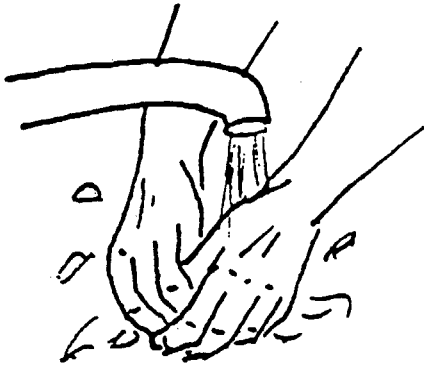


## EXPRESSING BREAST MILK

- Express one breast for about five minutes and then switch. Express for about 20 to 30 minutes altogether, switching back and forth. Express by hand or pump.

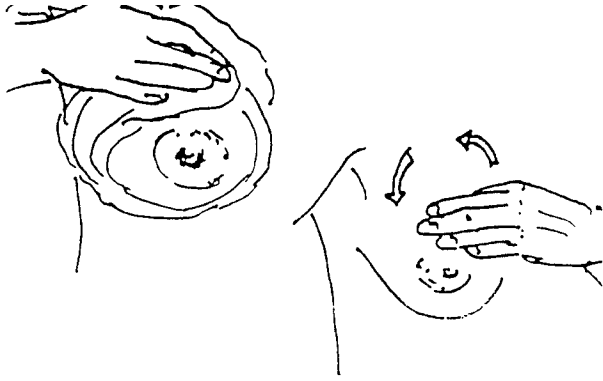
**Wash hands before starting.**

**Use a clean bowl or cup to collect milk.**



**Place hand on breast, four fingers below and thumb above,  
on the edge of the areola.**





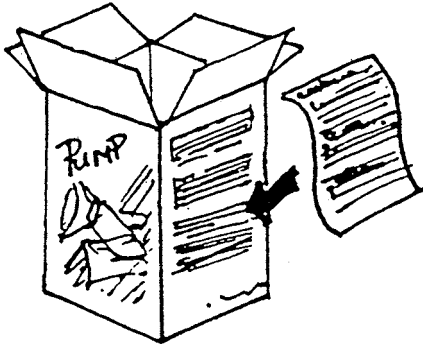
**Moist heat and massage may help.**



**Practice makes this easier.**

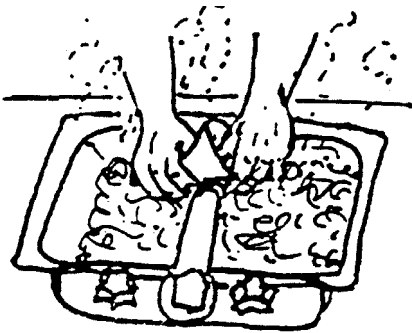
## CLEANING BREAST-FEEDING EQUIPMENT

1. Follow instructions on the label.

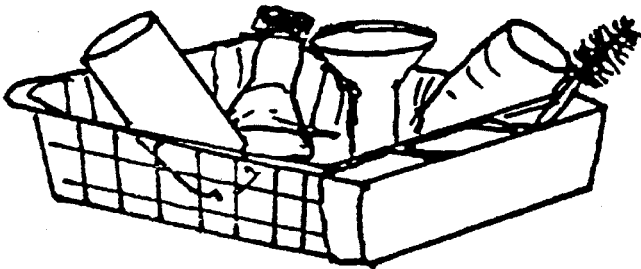


2. After each use:

- a) Wash equipment in hot, soapy water.



- b) Rinse equipment in hot water.
- c) Air dry in a clean place.

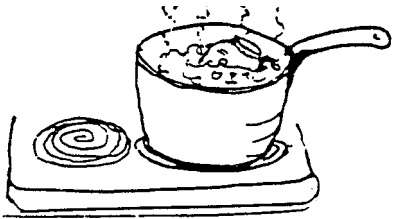


**3. Disinfect once every 24 hours.**

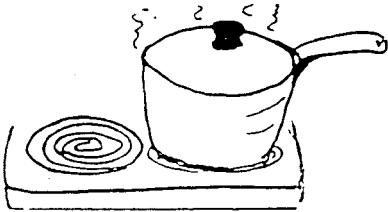
- a) Put clean equipment in a pot with water. Add enough water to cover the equipment.



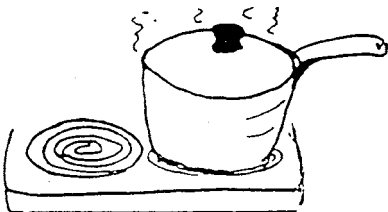
- b) Bring water to a boil.



- c) Boil for five minutes with the lid on. Set timer to prevent boiling dry.



- d) Take off heat and cool or remove with clean tongs.



## ANNEX 5

### Early Ophthalmologic Examination Criteria

- 1) **Doubts during periodic questionnaire**
- 2) **Infection or contact during pregnancy with:**
  - rubella
  - cytomegalovirus (virus that increases the size of cells it infects and leads to congenital malformations and cerebral lesions in the foetus)
  - toxoplasmosis (parasitic infection (*Toxoplasma gondii*) among mammals and birds; causes no serious symptoms except in the foetus when an unprotected pregnant woman is affected; newborn may suffer from blindness)
  - syphilis
  - HIV/AIDS
- 3) **Premature with prolonged oxygen therapy (more than five days)**
- 4) **Family history of retinoblastoma (before age of six months)**
  - Definition: Malignant tumour of the retina which affects babies and young children (pupil appears white).  
  
From the eyeball, retinoblastoma sometimes spreads to the socket and along the optic nerve up to the brain; disease is frequently hereditary.
- 5) **Parents with major refraction problems**
- 6) **Any persistent strabismus after the age of six months**
  - test: corneal reflection: observe child while he looks at a light placed approximately 1.5 metres away; reflection of light should appear in approximately the same region in each pupil; absence of red, grey or opaque white reflection should be reported to physician
- 7) **Persistent dacryostenosis (obstruction of the lacrimal canal) after the age of one year**

## ANNEX 6

### Hearing Examination Criteria

1) Indicators associated with hearing loss:

- family history of severe deafness during childhood (parents, cousins, etc.)
- maternal infection or contact with rubella, cytomegalovirus, toxoplasmosis, syphilis or genital herpes during pregnancy
- craniofacial anomalies including morphological abnormalities of the auditory canal
- birth weight less than 1 500 g (3.3 lbs.)
- hyperbilirubinemia requiring a blood transfusion
- ototoxic medications
- bacterial meningitis
- Apgar = 4 at one minute or = 0-6 at five minutes
- mechanical ventilation for five days or more
- any doubts on child's hearing
- head injury with loss of consciousness or cranial fracture
- recurring and persistent otitis media with discharge for at least three months
- chronic otitis (perforated eardrum)

2) Indicators associated with hearing loss (29 days to three years) for children requiring regular follow-up of hearing acuity: follow-up every six months.

- family history of hearing loss during childhood
- intrauterine infection such as cytomegalovirus, rubella, syphilis, herpes and toxoplasmosis

- von Recklinghausen's disease (uncommon hereditary disease characterized by numerous, soft and fibrous tumefactions and light brown spots on the torso, pelvis, crook of the elbow and knee; if the neurofibromas develop in the central nervous system, they may provoke hearing complications)
- otitis media with persistent or recurring discharge
- anatomical deformities affecting the functioning of the Eustachian tube
- cleft palate

## ANNEX 7

### Intervention with Families Presenting Adjustment Problems

**1) Goal: Break isolation**

**2) Objectives:**

- improve parents' knowledge and understanding of their children's health, safety and behaviour
- improve self-confidence and self-image
- reinforce individual's personal resources as a parent
- increase mutual help and support among parents

**3) Intervention During the First Few Years of Life:**

- Period around birth
  - establishment of bonds between parents and children
  - creation of bond between men and children as of birth is indispensable in improving relationships between fathers and children
- Period between two and four years
- Entry into primary school
- Entry into secondary school
- Integration into sexual and social roles

#### 4) **Conditions for Success:**

- Establishment and maintenance of relationship of trust
- Continuity of personnel
- Dialogue between resources; political will to have open dialogue
- No pressure for immediate results: indices of achievement of objectives often appear only after several years

#### 5) **Evaluation to learn: evaluation of objectives:**

Note: Research has concluded that the most effective intervention for gaining knowledge, support and the desire to create a healthy environment are:

- 1) home visits
- 2) availability of appropriate medical care
- 3) nutritional advice
- 4) maternal support

#### **Program Examples:**

##### 1) **Home Visit:** -(Identification of Parental Needs)

- **Information:**

- A) baby's needs:
- diet and nutrition
  - bathing
  - care for umbilical cord
  - taking temperature
  - accident prevention
  - immunization
  - recognizing and responding to illness
- B) baby's development:
- appropriate stimulation
  - baby's temperament
- C) cognitive development:
- appropriate stimulation in the home
  - need for stimulation: motor, social and intellectual development

### **Skills required to care for the baby:**

- A) Family-life management: ensure parents meet baby's needs
- B) Communication skills:
  - demonstrate receptivity
  - ensure secure emotional bonds
  - hold the baby, sing, play and interact
  - take advantage of care routine to play with the baby
- C) Interpret and negotiate baby's crises

### **Parents need to construct positive, personal perceptions**

- a. create climate that is attentive, affectionate, receptive and stimulating for the baby
- b. accept the baby's limits as an immature person
- c. consider the baby's temperament positively
- d. maintain an environment with little conflict and emotional distress

### **Parents need support in raising their children**

- a. develop an efficient support network

### **Support parents to reduce stress in their daily lives**

- a. efficient approach to adapt to various changes caused by the baby's arrival

## ANNEX 8

### Children Demonstrating Disturbing Behavioural Problems

#### A) Disturbing Behaviour may Take Three Forms:

- Behaviour problem: disrespect for others' rights
- Opposition and defiant attitude: does not comply with requests from responsible adults
- Attention deficit: impulsiveness, low attention span, hyperactivity

#### B) Identification:

- Type of problem:
  - Aggressive and destructive behaviour, defiant attitude
  - Frequent lying, stealing
  - Attention deficit, inappropriate behaviour level, impulsive
- Place:
  - Disturbing behaviour:
    - home
    - school
    - community
  - Type of supervision, disciplinary method and child's response to parents, teachers
  - Consequences of behaviour in
    - family
    - peer group
    - school
    - community
  - Nature and effects of intervention to modify behaviour (family, school, medication)

- Development of Problem:
  - Age at which particular behaviour started
  - Duration of behaviour
  - Nature of development expectations and agents of stress in child's life and their link with the behaviour problem
  
- Determine Severity of Problem:
  - Intensity (frequency and duration)
  - Scope (number of symptoms)
  - Impact
  
- Treatment:
  - Pediatric referral (developmental team, psychologist, psychiatrist)
  - Intervention with parents concerning discipline methods
  - Direct intervention with the child combined with medication, psychotherapy

Note: The most effective method remains the multidisciplinary collaboration between the family, school and the community to discuss an intervention plan for behaviour modification.

- Pediatric follow-up (three to six months): at each visit, evaluate if disturbing behaviour is being modified

## ANNEX 9

### Schedule for Introducing Solid Foods

Food	Start	Reason	Quantity and Schedule	Notes
Cereals	4 to 5 mos.	iron, vitamin B	<ul style="list-style-type: none"> <li>begin with 1 tsp. twice a day, at breakfast and supper, increase according to baby's appetite up to 20 to 24 tsp. (1/2 cup) per day around 6 to 7 months</li> </ul>	<ul style="list-style-type: none"> <li>begin with individual cereals (rice)</li> </ul>
Vegetables	5 to 5 1/2 mos.	vitamins A and C, minerals and prevention of constipation	<ul style="list-style-type: none"> <li>begin with 1 tsp. twice a day, at lunch and supper, gradually increase according to baby's appetite up to 10 to 15 tsp. per day between 6 and 12 months</li> </ul>	<ul style="list-style-type: none"> <li>home-made purée (carrots, beans, potatoes)</li> <li>no salt or butter</li> <li>give new vegetables alone rather than mixed</li> </ul>
Fruit	5 1/2 to 6 mos.	vitamins A and C, minerals and prevention of constipation	<ul style="list-style-type: none"> <li>begin with 1 tsp. twice a day, at lunch and supper, increase according to baby's appetite up to 10 to 15 tsp. (1/2 jar) per day between 6 and 12 months</li> </ul>	<ul style="list-style-type: none"> <li>home-made purée (apples , bananas)</li> <li>continue with plums, apricots</li> <li>do not add sugar</li> </ul>

Meats and substitutes	6 to 6 1/2 mos.	protein and iron	<ul style="list-style-type: none"> <li>begin with 1 tsp. once a day at lunch, gradually increase according to baby's appetite up to 9 to 18 tsp. per day between 6 and 12 months</li> </ul>	<ul style="list-style-type: none"> <li>start with white meat (chicken), then caribou, beef, liver</li> <li>fish without bones</li> <li>avoid jars of mixed meat and vegetables</li> <li>give jars of pure meat or vegetables</li> <li>do not add salt</li> </ul>
Fruit juice	18 mos., when child starts using a glass	minerals and vitamin C	<ul style="list-style-type: none"> <li>2 to 3 oz. (60 to 90 ml) maximum per day, on awakening or as a snack</li> </ul>	<ul style="list-style-type: none"> <li>start with apple juice, then orange, diluted at first with equal amount of water</li> <li>never replace milk with juice</li> </ul>
Egg yolk	6 to 6 1/2 mos.	protein and vitamins B <sub>12</sub> and A	<ul style="list-style-type: none"> <li>begin with 1/2 tsp. 2 to 3 times per week up to 5 tsp. (1 yolk) toward 1 year</li> </ul>	<ul style="list-style-type: none"> <li>mix with morning cereals</li> <li>egg yolk must be well cooked</li> </ul>
Egg white	12 mos.	protein	<ul style="list-style-type: none"> <li>give 2 to 3 times a week</li> </ul>	

**Prevention:**

1. Honey and corn syrup must be avoided until the age of one year (risk of infant botulism).
2. Whole peanuts, popcorn, nuts, raisins and raw fruits and vegetables must be avoided until the age of four years to avoid danger of choking. Avoid giving peanut butter before three years.
3. Do not add salt, butter or sugar to foods.
4. Avoid giving tea, as it hinders absorption of iron.
5. Avoid overworking kidneys; before the age of six months, do not give foods rich in protein: meat, cheese, egg yolks.
6. To avoid intolerance reactions, wait until the age of six months before giving soy and oat cereals.

## ANNEX 10

### Advice for Parents on Gastro-Enteritis

Gastro-enteritis is caused by a viral infection. Initially, the infant may vomit from 12 to 24 hours and then have diarrhea afterward. The illness may last from two to five days.

The principal risk remains dehydration: the infant urinates less than four or five times per day or his urine is very concentrated and he has less saliva and tears than usual.

***Do not stop breast-feeding.***

#### When Vomiting or Diarrhea Starts

1. If you are breast-feeding, continue according to child's appetite and give Pedialyte, Gastrolyte or Lytren (see table below).
2. If you are not breast-feeding, stop giving other liquids and foods and administer Pedialyte, Gastrolyte or Lytren (see table below).

#### For the First Six Hours

Six Months or Less	Six to 24 Months	Over Two Years
30 to 90 ml every hour	90 to 125 ml every hour	125 to 250 ml every hour
(one to three oz.)	(three to four oz.)	(four to eight oz.)

Note: If child refuses rehydration solution in cup or bottle:

- 1) use medicine dropper or
- 2) small spoon

If child vomits, continue giving rehydration solution with spoon. Give 15 ml (one teaspoon) every 10 to 15 minutes until vomiting stops.

**If vomiting continues for more than four to six hours, take child to hospital.**

### From Six to 24 Hours: Recovery Stage

- Continue giving rehydration solution orally until diarrhea is less frequent.
- When vomiting stops, offer small amounts of formula, whole milk or solid foods frequently.
- Do not give fruit juice or sweets if diarrhea has not stopped.
- Frequency of bowel movements may start increasing (one or two more times per day). Seven to 10 days may pass before stools return to normal.

### When to Consult a Nurse or Physician

1. Child is less than six months old.
2. Stools contain blood or are black in colour.
3. Child vomits and is still vomiting four to six hours later.
4. Child has fever (= 38.5° C or 101.5° F).
5. Child shows signs of dehydration:
  - less urine (less than four wet diapers in 24 hours);
  - no crying or no tears;
  - dry skin, mouth and tongue;
  - hollow eyes;
  - greyish skin;
  - sunken fontanelles.

## ANNEX 11

### Advice for Parents on URTI (Upper Respiratory Tract Infection)

#### 1) Upper Respiratory Tract Infections

- a) cold, fever, congestion, pharyngitis, cough, earache
- b) incubation: one to three days
- c) contagion: 24 hours before and up to five days after appearance of symptoms
- d) transmission: through contact with secretions from the nose and throat, being in the vicinity of sneezes and coughing, and kissing an infected person

**Complications:** otitis, sinusitis, bronchitis, pneumonia

#### What Should be Done?

- nasal congestion: wipe and clean child's nose, administer one to two drops of normal saline in nostrils, as needed
- cough: avoid cough suppressant syrups
- give plenty of fluids
- maintain humidity between 40 and 60% and temperature at 21° C
- reduce fever (take temperature every four hours)
- ventilate room
- wash hands before and after each diaper change
- do not smoke in the house

## ANNEX 12

### Advice for Parents on Otitis Media

**Otitis Media:** redness, cone of light not visible, with or without discharge; primarily affects infants aged six months to two years

#### Symptoms

- URTI
- infant constantly touches ears
- rolls head on pillow
- cries constantly
- stops eating
- may vomit or have diarrhea
- may have fever
- may have discharge

#### Prevention

- protect from cold (e.g., cover baby's head outdoors in cold weather)
- do not put baby to bed with bottle, as liquid may spill into inner ear and cause infection
- have baby drink while you hold him in your arms, keeping his head upright
- reduce exposure to second-hand smoke

#### What Should be Done?

- control temperature and pain with acetaminophen (15 mg/kg every four hours)
- give water or juice frequently
- maintain humidity between 40 and 60%
- clean baby's nose with physiological saline solution
- wipe baby's nose and remove excessive discharge with nasal bulb
- avoid smoking in the home
- wash baby's hands and stuffed toys
- consult physician or nurse if baby cries a lot or if fever persists

## ANNEX 13

### Nutrition Guide for Children 1-2 years

The following table is a guide for child nutrition. Particular attention should be paid to significant variations from one child to another.

Food Group	Portions	Foods	Serving Size
Milk and dairy	5	milk	125 ml (4 oz.)
Meat and substitutes	2	lean meats poultry eggs legumes peanut butter	30 to 35 g (1 oz.) 30 to 35 g (1 oz.) 50 ml (2 oz.) 15 ml (1 tbsp.) 30 ml (2 tbsp.)
Fruit and vegetables	5	vegetables fruit orange juice	25 to 40 ml (3 tbsp.) 25 to 75 ml (1 oz.) 75 ml (2 oz.)
Cereal and bread	2 to 3	cooked cereal ready-to-eat cereal bread pasta	50 to 75 ml (1/3 c.) 75 to 125 ml (1/2 c.) 1 slice 50 ml (1/4 c.)

## ANNEX 14

### Language Development

(Learning Inuktitut as a First Language, November 1996, Crago)

**Goal:** Using simple words, identify problems in language development

#### Language Learning

There are two ways of evaluating language learning:

1. what the child says
2. what the child understands

#### Evaluation Criteria

- number of morphemes used by child (e.g., ma-unga: here)
- pay attention to complexity of child's sentences
  - e.g. Taamimut qaiqujagaut  
Taami-mut qai-qu-jau-gaut  
Tommy-by come-want-you  
Tommy wants you to come
- language learning may vary from one child to another

Note: Even though children do not all learn things at the same age, they go through the same steps in learning.

#### One to Two Years

Children use one or two morphemes to communicate.

maani	here
una	this one
imaack	like this

At this age, their language is different from that of adults because adults add affixes to root words, which children do not do.

Note: Inuit children of up to three years use child language similar to that used by children who speak other languages.

### Child Language

maa  
apaapa  
uu-uu  
vuvu  
aa-aa

### Adult Language

kuni  
niri/niqi  
unaq  
nunakkuujuuq  
aanniq-

### English

kiss  
eat food  
be hot  
vehicle  
to hunt

At three years of age, children use nouns and verbs (roots). In English, there is no vocabulary unique to young children.

### **Two to Three Years**

- Children at this age use more than two morphemes per sentence and begin using grammatical possibilities of adult language.
- Their language starts to resemble adult language, as they add inflexions to verb roots rather than stating the verbs themselves.
- Their language remains simpler than that of adults.
- They use words including the verb's subject and object as separate units, nouns, demonstratives and inflexions.

E.g.: Panik piarait sinisijuq  
Panik piaraq-it sinik-si-juq  
Daughter, your baby is sleeping.

## ANNEX 15

### Child Abuse

**Definition:** Non-accidental injuries or negligence on the part of those responsible for care

- Types:**
1. physical abuse
  2. emotional abuse
  3. sexual abuse
  4. unintentional abuse:
    - person incapable of facing the situation
    - unrealistic expectations where the child is concerned

#### History

- accident reported by the person accompanying the child
- child's description of his injuries
- degree of correspondence between the two reports
- person who was caring for the child at the time of the accident
- probability that the accident described is possible
- history of similar incidents in the child's life or that of a brother or sister
- history of maltreatment in the extended family

#### Physical Signs

- general appearance
- degree of awareness and orientation
- bruises
- places and stages in healing
- weight, height in relation to normal growth curve
- untreated infections
- dental health
- bumps on scalp
- retinal hemorrhage
- scars
- lacerations
- multiple fractures (especially among children under two years)

- cigarette burns (soles of the feet, palms, buttocks, genitals)
- human bite marks
- dental injuries or cuts around the mouth or eyes
- genitals: examine

### **Psychosocial Signs**

- does not respond
- demonstrates shyness
- shows fear when approached or touched by an adult
- remains passive when examined
- apprehensive when he hears other children crying
- does not respond to friendly approaches
- engages in self-stimulating activities
- tries to attract attention through asocial or delinquent actions
- misses school regularly
- falls asleep in class
- expects punishment for minor accidents associated with childhood

### **Intervention**

- make report with Youth Protection (*Youth Protection Act*, Section 38: The security or development of a child may be considered to be in danger [...] every professional [...] must bring the situation to the attention of the [Youth Protection] director without delay)
- refer to community resources
- inform parents of the child's current development level

### **Risk Factors Involved in Physical Abuse**

- low socio-economic status
- first pregnancy at a young age
- several children in the family
- single-parent family
- parents physically abused in the past
- conjugal violence
- little social support
- unplanned pregnancy
- negative attitude toward pregnancy
- geographic and cultural isolation
- bachelor caring for a child

- poorly educated
- high rate of reports to Youth Protection
- children with development problems
- parents with problematic conjugal relations

### **Risk Factors for Sexual Abuse**

- bad conjugal relationship
- presence of a father-in-law
- bad relationship between parents and children
- alcohol and drug abuse

### **Intervention**

- house visits during the prenatal and postnatal periods, until two years
- reinforce development of parental skills
- education program for children, parents and teachers

### Example:

### **Education Program**

- target children three to 12 years old
- identify situations of inappropriate touching or advances by an adult

### **Intervention Types**

- presentations
- written material
- films
- videos
- colouring books

### **Results**

- significantly increase knowledge on sexual abuse
- improve safety habits
- modify child's behaviour in response to illustrations of hypothetical situations
- modify child's behaviour concerning stimulation or advances from known persons

## ANNEX 16

Table of Risk Indicators for Developmental Problems

Age	Indicator	Age	Indicator
<b>Motor Skills</b>		<b>Cognitive Skills</b>	
4.5 months	Does not take observer's hands for pull-to-sit	2-3 months	Not alert to significant person
5 months	Does not roll from stomach to back and vice versa	6-7 months	Does not look for fallen objects
7-8 months	Unable to sit down without support	8-9 months	Has no interest in playing peek-a-boo
9-10 months	Unable to remain standing without support	12 months	Does not look for hidden objects
15 months	Does not walk	2 years	Does not establish different object categories (e.g. animals vs. cars)
2 years	Does not climb or go down stairs	3 years	Does not know his complete name
2.5 years	Does not jump on two feet	4 years	Unable to distinguish between two lines of different lengths
3 years	Does not stand on one foot spontaneously	4.5 years	Unable to count sequentially
4 years	Does not jump	5 years	Knows no colours or letters
5 years	Unable to walk forward or backward in a straight line; unable to balance on one foot for 5 to 10 seconds	5.5 years	Does not know his own birthday or address

<b>Fine Motor Skills</b>		<b>Psychosocial Skills</b>	
3.5 months	Persistence of prehensile reflex	3 months	Does not smile
4-5 months	Cannot hold rattle	6-8 months	Does not laugh during play
7 months	Unable to hold an object in each hand	1 year	Difficult to console; tense when approached
10-11 months	Unable to use index and thumb for pinching movement	2 years	Kicks, bites, cries easily without provocation
15 months	Unable to place an object into or remove it from a container	3-5 years	Moves constantly; resists discipline; does not play with other children

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# Infant Health Program

## Basic Data

Name:		Date of visit:
Date of birth:	Place:	
Age:	File #:	
<b>Basic Data</b>		
Mother	Father	# brothers:          # sisters:
Age		Type of family:
Profession		<input type="checkbox"/> Traditional
Tobacco		<input type="checkbox"/> Recomposed
Alcohol		<input type="checkbox"/> Single parent
Drugs		<input type="checkbox"/> Traditional adoption
<b>Family History</b>		Problems identified:
<input type="checkbox"/> Allergy, eczema <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> High blood pressure <input type="checkbox"/> Hyperlipemia <input type="checkbox"/> Parental skills <input type="checkbox"/> Coronary diseases (< 50 years) <input type="checkbox"/> Genetic diseases <input type="checkbox"/> Obesity <input type="checkbox"/> Retinoblastoma <input type="checkbox"/> Mental health <input type="checkbox"/> Strabismus and/or refractory problem <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Hearing problems (deafness) <input type="checkbox"/> Coagulation problems <input type="checkbox"/> Respiratory problems		
<b>Prenatal History</b>		
Gravida:	Para:	Aborta:



## INFANT HEALTH PROGRAM

### Home Examination at 10 Days (by Nurse or Midwife)

Name: File no.: Birth date: Place: Date of visit:	Weight: <span style="float: right;">Percentile:</span>  Height: <span style="float: right;">Percentile:</span>  Cranial perimeter: <span style="float: right;">Percentile:</span>
<b>Nutrition</b>	
Milk: <input type="checkbox"/> Breast-feeding <input type="checkbox"/> Infant formula <input type="checkbox"/> Infant formula with iron <input type="checkbox"/> Infant formula with soya	<input type="checkbox"/> Carnation <input type="checkbox"/> Grand Pré <input type="checkbox"/> Frequency: <input type="checkbox"/> Quantity:
<b>System Review</b>	Problems identified:
N A	
Skin Condition <input type="checkbox"/> <input type="checkbox"/>	
Tonus <input type="checkbox"/> <input type="checkbox"/>	
Stool <input type="checkbox"/> <input type="checkbox"/>	
Urine <input type="checkbox"/> <input type="checkbox"/>	
Crying (> 3 hours/day) <input type="checkbox"/> <input type="checkbox"/>	
Umbilicus <input type="checkbox"/> <input type="checkbox"/>	
Regurgitation <input type="checkbox"/> <input type="checkbox"/>	
PKU screening (21 days) <input type="checkbox"/> <input type="checkbox"/>	
Sleeping/waking <input type="checkbox"/> <input type="checkbox"/>	
<b>Development</b>	
N A	
Raises head while on stomach <input type="checkbox"/> <input type="checkbox"/>	
Turns head 90° while on back <input type="checkbox"/> <input type="checkbox"/>	
Looks at faces <input type="checkbox"/> <input type="checkbox"/>	

<b>Physical Examination</b>		Evaluation:
	N A	
Skin colour	<input type="checkbox"/> <input type="checkbox"/>	
Fontanelles	<input type="checkbox"/> <input type="checkbox"/>	
Eyes	<input type="checkbox"/> <input type="checkbox"/>	
ENT	<input type="checkbox"/> <input type="checkbox"/>	
Heart	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Limbs	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		Plan:
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> Introduction of pacifier		
<input type="checkbox"/> Safety (falls)		
<input type="checkbox"/> Family situation (adaptation, support)		
<input type="checkbox"/> Passive smoking		
<input type="checkbox"/> BCG reactions		
		Nurse's signature:



Physical Examination			Evaluation
		N A	
Skin colour		<input type="checkbox"/> <input type="checkbox"/>	
Fontanelles		<input type="checkbox"/> <input type="checkbox"/>	
Eyes:	follows with eyes	<input type="checkbox"/> <input type="checkbox"/>	
	corneal reflection	<input type="checkbox"/> <input type="checkbox"/>	
ENT		<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)		<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly?)		<input type="checkbox"/> <input type="checkbox"/>	
Lungs		<input type="checkbox"/> <input type="checkbox"/>	
Limbs		<input type="checkbox"/> <input type="checkbox"/>	
Hips (abduction)		<input type="checkbox"/> <input type="checkbox"/>	
Genitals		<input type="checkbox"/> <input type="checkbox"/>	
Hearing (clap test)		<input type="checkbox"/> <input type="checkbox"/>	
Umbilicus		<input type="checkbox"/> <input type="checkbox"/>	
Teguments		<input type="checkbox"/> <input type="checkbox"/>	
Neurological Examination			Plan
		N A	
Reflexes	Moro+ ↓	<input type="checkbox"/> <input type="checkbox"/>	
	prehensile+	<input type="checkbox"/> <input type="checkbox"/>	
	automatic stepping	<input type="checkbox"/> <input type="checkbox"/>	
	sucking+	<input type="checkbox"/> <input type="checkbox"/>	
	<u>Tonus: on back</u>		
	Turn head to both sides	<input type="checkbox"/> <input type="checkbox"/>	
	Symmetrical movements	<input type="checkbox"/> <input type="checkbox"/>	
	<u>Tonus: on stomach</u>		
	Bring arms to front	<input type="checkbox"/> <input type="checkbox"/>	
	Raises head 45°	<input type="checkbox"/> <input type="checkbox"/>	
	<u>Tonus: pull-to-sit</u>		
	Better control of head	<input type="checkbox"/> <input type="checkbox"/>	

<b>Preventive Aspects</b>	
<input type="checkbox"/> Stimulation activities	
<input type="checkbox"/> BCG (if not administered at birth)	
<input type="checkbox"/> What to do if baby chokes	
<input type="checkbox"/> Advice for parents on fevers	
<input type="checkbox"/> Advice for parents on gastro-enteritis	
<input type="checkbox"/> Dentition: prevent baby bottle caries	
<input type="checkbox"/> Information on s	
<input type="checkbox"/> Nutrition: no solids, formula with iron	
<input type="checkbox"/> Safety (toys, falls, choking)	
<input type="checkbox"/> Family situation (adaptation)	
<input type="checkbox"/> Sleep: his bed, his room	
<input type="checkbox"/> Reinforce use of pacifier between feedings	
<input type="checkbox"/> Passive smoking	Nurse's signature:
<input type="checkbox"/> Transporting baby: snowmobile, ATV	

# Infant Health Program

Examination at Two Months

Name: File no.: Birth date: Place: Date of visit:	Weight:                      Percentile:  Height:                        Percentile:  Cranial perimeter:            Percentile:		
<b>Nutrition</b>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           Milk:   <input type="checkbox"/> Breast-feeding                     <input type="checkbox"/> Infant formula                     <input type="checkbox"/> Infant formula with iron                     <input type="checkbox"/> Infant formula with soya         </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Carnation  <input type="checkbox"/> Grand Pré  <input type="checkbox"/> Frequency:  <input type="checkbox"/> Quantity:         </td> </tr> </table> <p style="margin-top: 10px;">Supplement:   <input type="checkbox"/> Vit. D 400 U.I./day 1 ml Trivisol with fluoride if breastfed</p>		Milk: <input type="checkbox"/> Breast-feeding <input type="checkbox"/> Infant formula <input type="checkbox"/> Infant formula with iron <input type="checkbox"/> Infant formula with soya	<input type="checkbox"/> Carnation <input type="checkbox"/> Grand Pré <input type="checkbox"/> Frequency: <input type="checkbox"/> Quantity:
Milk: <input type="checkbox"/> Breast-feeding <input type="checkbox"/> Infant formula <input type="checkbox"/> Infant formula with iron <input type="checkbox"/> Infant formula with soya	<input type="checkbox"/> Carnation <input type="checkbox"/> Grand Pré <input type="checkbox"/> Frequency: <input type="checkbox"/> Quantity:		
<b>System Review</b>	<b>Problems identified</b>		
Stool			
Regurgitation			
Excessive crying (3 hours)			
Sleeping/waking			
<b>Development</b>			
Review of unmastered skills			
Raises head at 45° when on stomach			
Turns head towards sound			
Social smile (longer waking periods)			
Jumps at noises			
Listens to voices and cooing			
<b>Physical Examination</b>	<b>Evaluation</b>		
Skin condition			
Fontanelles			
Eyes:      follows with eyes			
corneal reflection			
ENT			
Heart (murmur?)			

<b>Physical Examination (cont'd)</b>		
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly)	<input type="checkbox"/> <input type="checkbox"/>	
Limbs	<input type="checkbox"/> <input type="checkbox"/>	
Hips (abduction)	<input type="checkbox"/> <input type="checkbox"/>	
Genitals	<input type="checkbox"/> <input type="checkbox"/>	
Hearing (clap test)	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
<b>Neurological Examination (done by m.d.)</b>		Plan
	N A	
Reflexes Moro+ ↓	<input type="checkbox"/> <input type="checkbox"/>	
prehensile+	<input type="checkbox"/> <input type="checkbox"/>	
automatic stepping	<input type="checkbox"/> <input type="checkbox"/>	
sucking+	<input type="checkbox"/> <input type="checkbox"/>	
tonic neck+	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: on back</u>		
Turn head to both sides	<input type="checkbox"/> <input type="checkbox"/>	
Symmetrical movements	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: on stomach</u>		
Bring arms to front	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: pull-to-sit</u>		
Better control of head	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> What to do if baby chokes		
<input type="checkbox"/> Advice for parents on fevers		
<input type="checkbox"/> Advice for parents on gastro-enteritis		
<input type="checkbox"/> Dentition (prevent baby bottle caries)		
<input type="checkbox"/> Information on vaccine		
<input type="checkbox"/> Nutrition (no solids, formula with iron)		
<input type="checkbox"/> Pentacel lot no.		
expiry date		
injection site		
<input type="checkbox"/> Safety (burns, falls, choking)		
<input type="checkbox"/> Family situation (adaptation)		
<input type="checkbox"/> Sleep (his bed, his room)		
<input type="checkbox"/> Passive smoking		
<input type="checkbox"/> Check if BCG was administered at birth		
		Nurse's signature:

# Infant Health Program

Examination at Four Months

Name: File no.: Birth date: Place: Date of visit:	Weight: <span style="float: right;">Percentile:</span>  Height: <span style="float: right;">Percentile:</span>  Cranial perimeter: <span style="float: right;">Percentile:</span>
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<b>Nutrition</b>	
Milk: <input type="checkbox"/> Breast-feeding <input type="checkbox"/> Infant formula <input type="checkbox"/> Infant formula with iron <input type="checkbox"/> Infant formula with soya <input type="checkbox"/> Introduction of solid food	<input type="checkbox"/> Carnation <input type="checkbox"/> Grand Pré <input type="checkbox"/> Frequency: <input type="checkbox"/> Quantity:
Supplement: <input type="checkbox"/> Vit. D 400 U.I./day 1 ml Trivisol with fluoride if breastfed	

<b>System Review</b>	<b>Problems identified</b>																																									
<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">N</td> <td style="text-align: center;">A</td> </tr> <tr> <td>Stool</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Diuresis (no. of diapers)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Regurgitation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Less crying</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sleep</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Reactions to vaccines</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Medication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No. of otitis bouts since last visit: _____</td> <td></td> <td></td> </tr> <tr> <td>No. of bronchiolitis bouts since last visit: _____</td> <td></td> <td></td> </tr> </table>		N	A	Stool	<input type="checkbox"/>	<input type="checkbox"/>	Diuresis (no. of diapers)	<input type="checkbox"/>	<input type="checkbox"/>	Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	Less crying	<input type="checkbox"/>	<input type="checkbox"/>	Sleep	<input type="checkbox"/>	<input type="checkbox"/>	Reactions to vaccines	<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>	No. of otitis bouts since last visit: _____			No. of bronchiolitis bouts since last visit: _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>											
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Distinguishes voices in entourage	<input type="checkbox"/>	<input type="checkbox"/>																																					

<b>Physical Examination</b>		
	N A	
Skin colour	<input type="checkbox"/> <input type="checkbox"/>	
Posterior fontanelle closed	<input type="checkbox"/> <input type="checkbox"/>	
Eyes (corneal reflection)	<input type="checkbox"/> <input type="checkbox"/>	
ENT	<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)	<input type="checkbox"/> <input type="checkbox"/>	
Hips (symmetrical abduction)	<input type="checkbox"/> <input type="checkbox"/>	
Genitals	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly?)	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
Hearing (clap test)	<input type="checkbox"/> <input type="checkbox"/>	
Limbs	<input type="checkbox"/> <input type="checkbox"/>	
<b>Neurological Examination (done by m.d.)</b>		Evaluation
	N A	
Reflexes Moro-	<input type="checkbox"/> <input type="checkbox"/>	
Prehensile+	<input type="checkbox"/> <input type="checkbox"/>	
Sucking-	<input type="checkbox"/> <input type="checkbox"/>	
Tonic neck+	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: on back</u>		
Pass object hand to mouth	<input type="checkbox"/> <input type="checkbox"/>	
Holds object in both hands	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: on stomach</u>		
Supports self on forearms	<input type="checkbox"/> <input type="checkbox"/>	
Raises head at 90°	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: pull-to-sit</u>		
Keeps head and back erect	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		Plan
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> Schedule for introducing solid foods		
<input type="checkbox"/> Advice for parents on otitis		
<input type="checkbox"/> Advice for parents on gastro-enteritis		
<input type="checkbox"/> Advice for parents on URTI's		
<input type="checkbox"/> Exposure to sun: protect skin		
<input type="checkbox"/> Parental skills		
<input type="checkbox"/> Nutrition: start solid foods, formula with iron		
<input type="checkbox"/> Pentacel: lot #:		
expiry date:		
injection site:		
<input type="checkbox"/> Family situation		
<input type="checkbox"/> Safety (falls, burns, poisoning)		
<input type="checkbox"/> Sleep (ceases nighttime feedings)		
<input type="checkbox"/> Passive smoking		
		Nurse's signature:



<b>Physical Examination</b>		N A		Evaluation
Skin condition		<input type="checkbox"/>	<input type="checkbox"/>	
Eyes: corneal reflection		<input type="checkbox"/>	<input type="checkbox"/>	
strabismus		<input type="checkbox"/>	<input type="checkbox"/>	
Dentition		<input type="checkbox"/>	<input type="checkbox"/>	
ENT		<input type="checkbox"/>	<input type="checkbox"/>	
Heart (murmur?)		<input type="checkbox"/>	<input type="checkbox"/>	
Lungs		<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen (visceromegaly)		<input type="checkbox"/>	<input type="checkbox"/>	
Limbs		<input type="checkbox"/>	<input type="checkbox"/>	
Hips (abduction)		<input type="checkbox"/>	<input type="checkbox"/>	
Genitals		<input type="checkbox"/>	<input type="checkbox"/>	
Hearing (location test)		<input type="checkbox"/>	<input type="checkbox"/>	
Teguments		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurological Examination (done by m.d.)</b>		N A		Plan
Reflex Moro-		<input type="checkbox"/>	<input type="checkbox"/>	
Prehensile-		<input type="checkbox"/>	<input type="checkbox"/>	
Sucking-		<input type="checkbox"/>	<input type="checkbox"/>	
Tonic neck-		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Tonus: on back</u>				
Rolls in both directions		<input type="checkbox"/>	<input type="checkbox"/>	
Holds bottle		<input type="checkbox"/>	<input type="checkbox"/>	
Holds object in both hands		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Tonus: on stomach</u>				
Moves backward		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Tonus: pull-to-sit</u>				
Keeps head and back erect		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Preventive Aspects</b>				
<input type="checkbox"/> Stimulation activities				
<input type="checkbox"/> Dentition: brushing as soon as first teeth appear				
<input type="checkbox"/> Advice for parents on otitis				
<input type="checkbox"/> Advice for parents on gastro-enteritis				
<input type="checkbox"/> Advice for parents on URTI's				
<input type="checkbox"/> Schedule for introducing solid foods				
<input type="checkbox"/> Parental skills				
<input type="checkbox"/> Exposure to sun (protection)				
<input type="checkbox"/> Pentacel: lot #:				
expiry date:				
injection site:				
<input type="checkbox"/> Safety (falls, burns, poisoning)				
<input type="checkbox"/> Family situation				
<input type="checkbox"/> Passive smoking				
<input type="checkbox"/> Sleep schedule				
				Nurse's signature:



Physical Examination		Evaluation
	N A	
Skin condition	<input type="checkbox"/> <input type="checkbox"/>	
Check anterior fontanelle	<input type="checkbox"/> <input type="checkbox"/>	
Eyes (screen test)	<input type="checkbox"/> <input type="checkbox"/>	
ENT	<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly)	<input type="checkbox"/> <input type="checkbox"/>	
Limbs	<input type="checkbox"/> <input type="checkbox"/>	
Hips (abduction)	<input type="checkbox"/> <input type="checkbox"/>	
Genitals	<input type="checkbox"/> <input type="checkbox"/>	
Hearing (eardrums)	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
Dentition (first central, lateral incisors)	<input type="checkbox"/> <input type="checkbox"/>	
Neurological Examination (done by m.d.)		Plan
	N A	
Reflex: Parachute+	<input type="checkbox"/> <input type="checkbox"/>	
Others-	<input type="checkbox"/> <input type="checkbox"/>	
<u>Tonus: stable seated</u> (protective)		
Crawls	<input type="checkbox"/> <input type="checkbox"/>	
Stands with help, heels on floor	<input type="checkbox"/> <input type="checkbox"/>	
Preventive Aspects		
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> Hearing		
<input type="checkbox"/> Discipline (positive reinforcement)		
<input type="checkbox"/> Avoid small, hard foods		
<input type="checkbox"/> Hb + Vgm: Screening		
<input type="checkbox"/> Nutrition (autonomous, small pieces, formula with iron, use of cup)		
<input type="checkbox"/> Safety (falls, burns)		
<input type="checkbox"/> Family situation (adaptation)		
<input type="checkbox"/> Iron supplement if $\leq 105$ g/l or Vgm $< 70$		
<input type="checkbox"/> Passive smoking		
		Nurse's signature:



<b>Physical Examination</b>		Plan
	N A	
Skin condition	<input type="checkbox"/> <input type="checkbox"/>	
Anterior fontanelle	<input type="checkbox"/> <input type="checkbox"/>	
Eyes (screen test)	<input type="checkbox"/> <input type="checkbox"/>	
ENT (eardrums)	<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly)	<input type="checkbox"/> <input type="checkbox"/>	
Limbs	<input type="checkbox"/> <input type="checkbox"/>	
Hips (abduction)	<input type="checkbox"/> <input type="checkbox"/>	
Genitals	<input type="checkbox"/> <input type="checkbox"/>	
Hearing (reaction to bell)	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
<b>Neurological Examination (done by m.d.)</b>		
	N A	
Reflex: Parachute+	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> Tooth brushing, use moist towel, bottle caries		
<input type="checkbox"/> Parental skills		
<input type="checkbox"/> Language development		
<input type="checkbox"/> Discipline (consistent limits)		
<input type="checkbox"/> Nutrition (weaning from bottle, appetite variation, avoid small, hard foods)		
<input type="checkbox"/> MMR: first dose:		
lot #:		
expiry date:		
injection site:		
<input type="checkbox"/> Passive smoking		
<input type="checkbox"/> Safety (falls, burns, choking)		
		Nurse's signature:

# Infant Health Program

Examination at Eighteen Months

Name: File no.: Birth date: Place: Date of visit:	Weight: <span style="float: right;">Percentile:</span>  Height: <span style="float: right;">Percentile:</span>  Cranial perimeter: <span style="float: right;">Percentile:</span>																																	
<b>Nutrition</b>																																		
<input type="checkbox"/> Milk <input type="checkbox"/> Frequency <input type="checkbox"/> Quantity <input type="checkbox"/> Bottle weaning (introduce glass with spout)	<input type="checkbox"/> Fluoride 0.25 mg po die <input type="checkbox"/> Variety of foods <input type="checkbox"/> Juice: 1 glass/day (maximum)																																	
<b>System Review</b>	<b>Problems identified</b>																																	
<input type="checkbox"/> Autonomy (utensils, glass) <input type="checkbox"/> Discipline (agreement between parents) <input type="checkbox"/> Reaction to vaccines <input type="checkbox"/> Appetite fluctuations No. of otitis bouts since last visit: _____ No. of bronchiolitis bouts since last visit: _____	_____ _____ _____ _____ _____ _____																																	
<b>Development</b>	<b>Evaluation</b>																																	
<input type="checkbox"/> Review of unmastered skills	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____																																	
<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">N</td> <td style="text-align: center;">A</td> </tr> <tr> <td>Climbs stairs alone</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Crouches without falling</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Makes tower of three blocks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Walks backward</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Language development</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Identifies pictures</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hearing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Vision</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Throws ball</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dentition</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		N	A	Climbs stairs alone	<input type="checkbox"/>	<input type="checkbox"/>	Crouches without falling	<input type="checkbox"/>	<input type="checkbox"/>	Makes tower of three blocks	<input type="checkbox"/>	<input type="checkbox"/>	Walks backward	<input type="checkbox"/>	<input type="checkbox"/>	Language development	<input type="checkbox"/>	<input type="checkbox"/>	Identifies pictures	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Throws ball	<input type="checkbox"/>	<input type="checkbox"/>	Dentition	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Dentition	<input type="checkbox"/>	<input type="checkbox"/>																																

<b>Physical Examination</b>		<b>Plan</b>
	N   A	
Anterior fontanelle closed	<input type="checkbox"/> <input type="checkbox"/>	
Eyes (strabismus)	<input type="checkbox"/> <input type="checkbox"/>	
ENT (eardrums)	<input type="checkbox"/> <input type="checkbox"/>	
Skin condition	<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly)	<input type="checkbox"/> <input type="checkbox"/>	
Limbs	<input type="checkbox"/> <input type="checkbox"/>	
Gait	<input type="checkbox"/> <input type="checkbox"/>	
Genitals (testes palpable)	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> Assign small tasks		
<input type="checkbox"/> Burns (heat or cold)		
<input type="checkbox"/> Dental health (tooth brushing)		
<input type="checkbox"/> Behaviour (patience required for toilet training, beginning of negativism)		
<input type="checkbox"/> Encourage spoken language rather than gestures		
<input type="checkbox"/> Tell stories		
<input type="checkbox"/> Nutrition (quality vs. quantity, autonomy at table)		
<input type="checkbox"/> Pentacel: 4th dose		
lot #:		
injection site:		
expiry date:		
<input type="checkbox"/> MMR: 2nd dose		
lot #:		
expiry date:		
injection site:		
<input type="checkbox"/> Safety (always supervise, poisoning, drowning)		
<input type="checkbox"/> Family situation		
<input type="checkbox"/> Passive smoking		
		Nurse's signature:



<b>Physical Examination</b>		<b>Plan</b>
	N   A	
General appearance		
Eyes:      screen test	<input type="checkbox"/> <input type="checkbox"/>	
visual acuity (Snellen)	<input type="checkbox"/> <input type="checkbox"/>	
Hearing	<input type="checkbox"/> <input type="checkbox"/>	
ENT	<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen (visceromegaly)	<input type="checkbox"/> <input type="checkbox"/>	
Genitals	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
Limbs (gait)	<input type="checkbox"/> <input type="checkbox"/>	
Dentition (tooth brushing)	<input type="checkbox"/> <input type="checkbox"/>	
Skin condition	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		
<input type="checkbox"/> Abuse/neglect (see Annex 15)		
<input type="checkbox"/> Audiometry if language development retarded and/or acuity in doubt		
<input type="checkbox"/> Crafts (scissors, painting)		
<input type="checkbox"/> Consistency in directions		
<input type="checkbox"/> Sexual curiosity		
<input type="checkbox"/> Encourage child to join his peers		
<input type="checkbox"/> Lab: screening hypercholesterolemia: if needed		
<input type="checkbox"/> Positive reinforcement for discipline		
<input type="checkbox"/> Safety: behaviour in street, tools, matches, firearms, falls, burns (heat or cold)		
<input type="checkbox"/> Dental care (dentist, brushing)		
<input type="checkbox"/> Passive smoking		
		Nurse's signature:

# Infant Health Program

Examination at Five Years

Name: File no.: Birth date: Place: Date of visit:	Weight:                      Percentile:  Height:                        Percentile:  Blood pressure:              Percentile
<b>Nutrition</b>	
<input type="checkbox"/> Milk	
<input type="checkbox"/> Good food habits (breakfast before school)	
<input type="checkbox"/> Limit access to sweets	
<input type="checkbox"/> Variety of foods	
<input type="checkbox"/> Snacks	
<input type="checkbox"/> Allergy: ?	
<input type="checkbox"/> Fluoride 0.50 mg/day	
<input type="checkbox"/> Appetite	
<b>System Review</b>	<b>Problems identified</b>
No. of otitis bouts since last visit: _____	
No. of bronchiolitis bouts since last visit: _____	
<input type="checkbox"/> Previous reaction to vaccine	
<input type="checkbox"/> Social integration (peers, adults)	
<b>Development</b>	<b>Evaluation</b>
<input type="checkbox"/> Review of unmastered skills	
	N    A
Walks on heels	<input type="checkbox"/> <input type="checkbox"/>
Does child know his first, last names?	<input type="checkbox"/> <input type="checkbox"/>
Dresses without supervision	<input type="checkbox"/> <input type="checkbox"/>
Plays with friends	<input type="checkbox"/> <input type="checkbox"/>
Able to catch bouncing ball	<input type="checkbox"/> <input type="checkbox"/>
Hearing	<input type="checkbox"/> <input type="checkbox"/>
Solves simple problems adequately	<input type="checkbox"/> <input type="checkbox"/>
Vision	<input type="checkbox"/> <input type="checkbox"/>
Repeats short sentences	<input type="checkbox"/> <input type="checkbox"/>

<b>Physical Examination</b>		<b>Plan</b>
	N A	
General appearance	<input type="checkbox"/> <input type="checkbox"/>	
Sleep	<input type="checkbox"/> <input type="checkbox"/>	
ENT	<input type="checkbox"/> <input type="checkbox"/>	
Heart (murmur?)	<input type="checkbox"/> <input type="checkbox"/>	
Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Abdomen	<input type="checkbox"/> <input type="checkbox"/>	
Teguments	<input type="checkbox"/> <input type="checkbox"/>	
Genitals	<input type="checkbox"/> <input type="checkbox"/>	
Skin condition	<input type="checkbox"/> <input type="checkbox"/>	
Dentition	<input type="checkbox"/> <input type="checkbox"/>	
<b>Preventive Aspects</b>		
<input type="checkbox"/> Stimulation activities		
<input type="checkbox"/> Parental skills		
<input type="checkbox"/> Discipline: consistent rules		
<input type="checkbox"/> Quadracel: lot #:		
expiry date:		
injection site:		
<input type="checkbox"/> Prevention (frostbite)		
<input type="checkbox"/> Risks of poisoning		
<input type="checkbox"/> Safety (behaviour in street, tools, matches, firearms, poisoning)		
<input type="checkbox"/> Signs of mistreated children		
<input type="checkbox"/> Signs of neglect		
<input type="checkbox"/> Dental care brushing		
<input type="checkbox"/> Passive smoking		
		Nurse's signature: