



Healthy Kids

www.nt.gov.au/health
January 2009

Under 5s Program 12 Month Assessment

Child Health Nurse, RAN, AHW and MO to complete



Discussion points are in a black box. Tick as completed						
First Name			HRN			Child details
Surname			Date Review / /			
DOB / / Age			Carer attending			
Problems Identified at previous check						General check
Any current concerns (<i>ask about general health, crying, sleeping</i>)			Significant illnesses in last 6 months?			
Any concerns about hearing? Yes No						
Any concerns about vision? Yes No						
Any concerns about general development? Yes No						Development
DEVELOPMENTAL POINTERS <i>One year olds should be mobile - crawling, bottom shuffling, starting to walk with support. They should be able to pick up small objects (eg. eat solid food with fingers) and manipulate objects well. They should be starting to talk, saying single words with meaning and understanding simple instructional words (eg food, drink, car)</i>						
If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review						
Not sitting without support		No interest in people		Not understanding simple spoken words		
Not pulling to stand		Not developed pincer grasp		Family concerns		
Comments about development						
Is the child attending playgroup/early childhood development activities on a regular basis? Yes No						
COMMUNICATE Ask your child simple questions. Respond to your child's attempts to talk. Play games: Ask child to wave bye-bye. Read books with your child and talk about the pictures						
INJURY PREVENTION Now your child is becoming more mobile, watch closely around the campfire - keep safe from injuries and burns. Watch closely around water - keep safe from drowning						
HYGIENE Keep child's face and hands clean to stop germs spreading from pus affected ears and runny noses. Use tissue spears to clean ears and bath or shower at least every second day						
PLAY Allow child to explore safely - always supervise						
NUTRITION Start family foods - 3 meals and 2 snacks. Refer to NT infant feeding guidelines as shown in 'A story about feeding babies'						
Is the child eating solids regularly? Yes No						
Since this time yesterday has the baby had						
Breast milk		Formula		Other milk		Nutrition
Tea		Water		Soft drink/Cordial/Fruit juice <i>(these can damage teeth)</i>		
Other (specify)						
Other foods						
Domestic and family violence (DFV) assessment. Has a DFV screen been done in the last 6-12 months? If not offer to do a screen today with the mother or carer. Do not force people to participate in the screen if they do not want to. If the mother/carers agrees to the screen, ensure privacy and reassure them that all people are asked the same questions. Offer to follow up and support mother/carers with any problems identified.						
Was DFV screen done at this visit?		Yes No		Referral made		Home
				Yes No		

Use S&E Assessment form



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Weight	Weight gain satisfactory? Yes No	Action Plan needed? Yes No	12 month immunisation given? <input type="checkbox"/> Yes <input type="checkbox"/> Already <input type="checkbox"/> This visit (Record on immunisation sheet) <input type="checkbox"/> Unable to give - place on recall	Examination	
Length	Plot on growth chart				
Hb	Rx (low Hb)	Routine de-worm? Yes No			
Oral health	"lift the lip" note colour and check			Medical Officer Examination	
Gums	Healthy	Bleeding	Abscess		Not sure
Teeth	Healthy	White spots	Caries		Not sure
If caries present	1-3 teeth		4 or more teeth		
Dental referral required?	Yes No	Dental referral urgent? Yes No			
R ear <input type="checkbox"/> NAD <input type="checkbox"/> AOM <input type="checkbox"/> AOM w Perf. <input type="checkbox"/> CSOM <input type="checkbox"/> OME <input type="checkbox"/> Dry Perf. <input type="checkbox"/> Otitis Ext. <input type="checkbox"/> Other (specify)	Tympanometry		Normal Not normal Not done		
L ear <input type="checkbox"/> NAD <input type="checkbox"/> AOM <input type="checkbox"/> AOM w Perf. <input type="checkbox"/> CSOM <input type="checkbox"/> OME <input type="checkbox"/> Dry Perf. <input type="checkbox"/> Otitis Ext. <input type="checkbox"/> Other (specify)			Recurrent otitis media? (3 episodes in 6 months) Yes No		
Treatment			Persistent otitis media? (more than 3 months with perforation) Yes No		
	Hearing referral required:		Yes No (If yes record below)		
Skin	Clear Scabies Sores Ringworm Other (specify)	Treatment			
CVS	Heart Sounds	Normal	Abnormal		
General appearance and comments		Chest			
		<input type="checkbox"/> Persistent cough > 4 weeks <input type="checkbox"/> Recurrent prolonged wet cough <input type="checkbox"/> 2 episodes hospitalisation - resp. illness in last 12 months <input type="checkbox"/> 3 episodes hospitalisation - resp. illness since birth If yes to any, refer for medical review and record			
ORAL HEALTH Remember to clean teeth twice a day - Consider low fluoride toothpaste if water is not fluoridated					
EAR HEALTH It's good to start to teach the child how to blow their nose. Nose blowing helps to keep ears clear and helps stop germs spreading to other babies in the family. Encourage carers to use tissue spears for pus affected ears. Throw tissues into a bin and wash your hands after cleaning ears.					
Action and follow up					
Make a note on the 18 month form of any problems that need follow up					
Issue or problem	Referral or action made	Referred to			
		MO	Paed Other (specify)		
		MO	Paed Other (specify)		
		MO	Paed Other (specify)		
General appearance and comments					
<input type="checkbox"/> Prompt for 18 month check <input type="checkbox"/> Medicare claim 708 completed <input type="checkbox"/> Monthly recall for GAA <input type="checkbox"/> Weekly recall if concerns and engage community supports (eg SWSBSC, community liaison, family workers)					
Name of person completing check	Signature	AHW RN DR	Date / /		