



Under 5s Program 18 Month Assessment

Child Health Nurse, RAN, AHW 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						
Any current concerns (ask about general health, crying, sleeping)			Significant illnesses in last 6 months?			
Any concerns about hearing? Yes No			General check			
Any concerns about language? Yes No						
Any concerns about development? Yes No						
DEVELOPMENTAL POINTERS At 18 months children should be able to say at least six words in English or community language (eg. mum, dad, ball, milk, all gone). They can point to familiar items on request (eg. body parts). They should be holding a cup and drinking from it and starting to feed themselves with a spoon. They should be able to stop and pick up objects they have dropped. They should be walking (backwards and forwards) and climbing. They tend to play for a couple of minutes and be curious about what is going on around them. If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review						
No constructive play		Not pointing at items		Poor eye contact		
Not saying 6 words		Not walking alone		Not engaging in group activities		
Comments about development				Family concerns		
Is the child attending playgroup/early childhood development activities on a regular basis? Yes No NA (Encourage attendance if available in community)						
COMMUNICATE To help your child learn to talk, it's good to tell stories and sing. It's good to use and encourage English as well as community language. It's good to talk to your child during daily tasks like cooking and sweeping						
NUTRITION 3 meals per day plus 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 Tea Water Soft drink/Cordial/Fruit juice Other (specify) <small>(these can damage teeth)</small> Other foods						
HYGIENE The child is now old enough to start learning how to use the toilet and how to wash hands and face with soap and water						
Number of people living in the house: Adults Children			Does anyone smoke in the house/car? Yes No If yes consider brief intervention (SNAPE)			
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/carer agrees to the screen, ensure privacy and reassure them that all people are asked the same questions. Offer to follow up and support mother/carer with any problems identified.						
Was DFV screen done at this visit? Yes No Referral made Yes No						

Use S&E Assessment form



Healthy Kids

www.nt.gov.au/health
January 2009

Under 5s Program 18 Month Examination



Weight	Weight gain satisfactory? Yes No Plot on growth chart	Action Plan needed? Yes No	18 month immunisation given? <input type="checkbox"/> Yes			
Length			<input type="checkbox"/> Already <input type="checkbox"/> This visit (Record on immunisation sheet) <input type="checkbox"/> Unable to give - place on recall			
Hb	Rx (low Hb)	Routine de-worm? Yes No NA				
Oral health	"lift the lip" note colour and check			Fluoride varnish applied?		
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)			Skin Clear Scabies Sores Ringworm Other (specify)			
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)			Treatment			
Treatment						
Tympanometry Normal Not normal Not done						
Recurrent otitis media? (3 or more episodes in 6 months)			Yes	No		
Persistent otitis media? (more than 3 months with perforation)			Yes	No		
Hearing referral required			Yes	No	(If yes record below)	
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			

Examination

ORAL HEALTH Child is now old enough for teeth to be cleaned with a small soft toothbrush and a pea size amount of child's low fluoride toothpaste. Lift the lip to check the teeth and gums for colour changes

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

Action and follow up

Make a note on the 2 year 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 comments

- Prompt for 2 year check
- Monthly recall for GAA
- Weekly recall if concerns and engage community supports (eg SWSBSC, community liaison, family workers)

Name of person completing check	Signature	AHW RN	Date / /
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