



## Under 5s Program 2 Year 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						
Any current concerns (ask about general health)				Significant illnesses in last 6 months?		
Any concerns about hearing? Yes No				General check		
Any concerns about vision? Yes No						
Any concerns about general development? Yes No						
<b>DEVELOPMENTAL POINTERS</b> <i>Two year olds should be able to say 50 to 100 words and use two words together (eg go car, mum drink). They should be able to answer simple questions (say name when asked, "get your shoes". They should be developing some fine motor skills (eg undressing themselves with some help with buttons). They should be very mobile - walking, running, jumping, climbing. They should be able to kick and throw a large ball. They should enjoy interactive games and playing with other children.</i> <b>If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review</b>						
Not running				Not answering simple questions		
Not interested in other children				Not talking well in language		
Comments about development				Family concerns		
Is the child attending playgroup/early childhood development activities on a regular basis? (Strongly encourage attendance if available in community)						Yes No NA
<b>INJURY PREVENTION</b> Need to watch children near roads and creeks, keep off the road and other dangers. Make sure children don't climb too high - falls from high places can cause injury						
<b>PLAY</b> Vigorous outside play for as long as practicable, teaching to climb safely, run, hop, jump, kick, throw and catch balls						
<b>COMMUNICATE</b> Encourage your child to talk and answer their questions. Teach your child stories, songs and games in English as well as community language						
<b>Since this time yesterday has the baby had</b> Breast milk    Formula    Other milk    Tea    Water    Soft drink/Cordial/Fruit juice    Other (specify) <small>(these can damage teeth)</small> Other foods						
<b>ORAL HEALTH</b> It's good to drink water and limit sugary food and drinks to help keep teeth healthy. Brush your child's teeth twice a day using a small soft toothbrush and a pea size amount of child's low fluoride toothpaste						
<b>HYGIENE</b> Encourage your child to use the toilet. It's good to encourage your child to wash their hands and face with soap. Encourage your child to blow their nose. Nose blowing helps to keep ears clear and helps stop germs spreading to other babies and children in the family						
<b>NUTRITION</b> 3 meals per day plus 2 snacks. Refer to NT infant feeding guidelines as shown in 'A story about feeding babies'						
Number of people living in the house: Adults Children			Does anyone smoke in the house/car? Yes No If yes consider brief intervention (SNAPE)			
<b>Domestic and family violence (DFV) assessment.</b> 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 Yes No		Use S&E Assessment form		



# Healthy Kids

www.nt.gov.au/health  
January 2009

## Under 5s Program 2 Year Examination



<b>Weight</b>	<b>Height (standing)</b>	<b>Growth satisfactory?</b> Yes No <small>Plot on growth chart</small>	<b>Action plan?</b> Yes No
<b>Hb</b>	<b>Rx (low Hb)</b>	<b>Routine de-worm?</b> Yes No NA	<b>Immunisation</b> <input type="checkbox"/> Given (record on immunisation sheet) <input type="checkbox"/> Up to date <input type="checkbox"/> Unable to give - placed on recall
<b>Oral health "lift the lip" note colour and check</b>			<b>Fluoride varnish applied?</b> <input type="checkbox"/> Yes Next due / / (Every 6 months) <input type="checkbox"/> No <input type="checkbox"/> Not able <input type="checkbox"/> Already done
<b>Gums</b>	Healthy Bleeding Abscess Not sure		
<b>Teeth</b>	Healthy White spots Caries Not sure		
If caries present	1-3 teeth 4 or more teeth		
<b>Dental referral</b> required?	Yes No	<b>Dental referral urgent?</b> Yes No	
<b>R ear</b> <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)	<b>L ear</b> <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)		<b>Skin</b> Clear Scabies Sores Ringworm Other (specify)
<b>Treatment</b>			<b>Treatment</b>
<b>Tympanometry</b>	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		
<b>Hearing referral</b> required	Yes No (If yes record below)		
<b>General comments</b>		<b>Chest</b> <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	
<b>CVS</b>	Heart Sounds Normal Abnormal		
<b>Action and follow up</b>			
<b>Make a note on the 3 year old form of any problems that need follow up</b>			
Issue or problem	Referral or action made	Referred to	
		MO Paed Other (specify)	
		MO Paed Other (specify)	
		MO Paed Other (specify)	
<b>General appearance and comments</b>			
<input type="checkbox"/> Prompt for 3 year check		<input type="checkbox"/> Medicare claim 708 completed	
<input type="checkbox"/> 6 Monthly GAA check due at 2½ years			
<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 / /

Examination

Medical Officer Examination