



Under 5s Program 6 Month Assessment

Child Health Nurse, RAN or AHW to complete



Discussion points are in a black box. Tick as completed						
First Name		HRN			Child details	
Surname		Date Review / /				
DOB / / Age (Weeks)		Carer attending				
Problems Identified at previous check:						
Any current concerns? (ask about general health, crying, sleeping)		Any concerns about hearing?		Yes	No	General check
		Any concerns about vision?		Yes	No	
		Any concerns about general development?		Yes	No	
Significant illnesses in last 6 months?		Signs of bonding/attachment present?		Yes	No	Development
		(close contact, eye contact, concern, care, pride) If no consider referral for support				
<p>DEVELOPMENTAL POINTERS At this age babies are laughing and interacting with their families. At 6 months, babies should be able to make eye contact and follow a person with their eyes. They should be able to turn their heads to familiar voices and sounds and make baby sounds. They roll from front to back and back to front. They reach for objects using both hands and are starting to transfer objects from one hand to the other If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review</p>						
Preference for one hand		Not turning head to soft voice		Family concerns		
Squint		Not interested in people				
Comments about development						
Is the child attending playgroup/early childhood development activities on a regular basis?				Yes	No	NA
PLAY Give your child safe household things to handle, bang and drop						
COMMUNICATE Respond to your baby's sounds and interests. Tell your baby the names of things and people						
HYGIENE Keep baby's face and hands clean to stop germs spreading from pus affected ears and runny noses. Bath baby regularly at least every second day. Wash hands after changing nappies. Use tissue spears to clean ears. Make sure area is clean and safe for baby						
INJURY PREVENTION Because baby is rolling now, be careful putting them up high or leaving them near fires - baby may fall off ledges or roll into fires						
NUTRITION It's time to start giving your baby solids. Keep breast feeding. (Use NT infant feeding guidelines to show recommended foods and fluids as shown in 'A story about feeding babies' Include quantity, times per day and food safety issues.)						
Since this time yesterday has the baby had						
Breast milk	Formula	Other milk	Tea	Water	Soft drink/Cordial/Fruit juice	Other (specify)
Has the baby started on solids?		Yes	No	List (if yes)	(these can damage teeth)	
Number of people living in the house:			Adults	Children	Does anyone smoke in the house/car? If yes consider brief intervention (SNAPE)	
Are there any urgent housing repairs?			Yes	No	Housing referral made? Yes No	
<p>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.</p>						
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

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Weight	Weight gain satisfactory? Yes No Plot on growth chart	Action Plan needed? Yes No	6 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	Hb	Rx (low Hb)	Routine de-worm? Yes No (Refer to CARPA STM)	
Skin Clear Scabies Sores Ringworm Other (specify)	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)		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	Recurrent episodes (3 or more) of otitis media? Yes No Treatment			
Oral health	"lift the lip" and check for colour changes in baby's teeth - white, brown or black spots Spots seen? Yes No Referred to dental therapist? Yes No Referred to dentist? Yes No			
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 below		
ORAL HEALTH Start caring for baby's new teeth when they first come through. Clean with a damp clean cloth (don't use toothpaste until 18 months). Check teeth and gums regularly for any colour changes. It is important for mum, dad and baby to clean teeth twice a day				
Action and follow up				
Make a note on the 9 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 comments				
<input type="checkbox"/> Prompt for 9 month check <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	Date / /