



Under 5s Program 8 Week Assessment

Midwife, 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		Child history completed? Yes No					
DOB / / Age (Weeks)		Date Review / /					
Carer attending							
Problems Identified at previous check:				General check			
Any current concerns (ask about general health, crying, sleeping)		Any concerns about hearing? Yes No					
Significant illnesses at time of review		Any concerns about vision? Yes No					
		Any concerns about general development? Yes No					
		Signs of bonding/attachment present? Yes No <small>(close contact, eye contact, concern, care, pride) If no consider referral for support</small>					
		Has the mother had her Post Natal Check (PNC)? Yes No <small>(If no refer to midwife or DMO and consult WBM)</small>					
DEVELOPMENTAL POINTERS <i>At eight weeks babies should be smiling at carer and responsive to loud sounds. They should be able to fix on and follow a face. They should be developing some head control when pulled to sit.</i> If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review				Development			
Complete head lag		Not following with eyes					
Baby very floppy or stiff		Does not startle at loud noises					
<table border="1"> <tr> <td colspan="2">Not smiling</td> </tr> <tr> <td colspan="2">Family concerns</td> </tr> </table>				Not smiling		Family concerns	
Not smiling							
Family concerns							
Comments about development							
COMMUNICATE Look into your baby's eyes and smile at him/her. Breast feeding is a good time to do this							
BREAST FEEDING Is best for baby - encourage exclusive breast feeding. Babies do not need anything but breastmilk							
ORAL HEALTH Healthy mouth - starts with mother's good oral health. Bad germs can go from your mouth to baby's mouth in your spit. Remember to brush your teeth twice a day with fluoride toothpaste and visit the dentist for a check							
Since this time yesterday has the baby had Breast milk Formula Other milk Tea Water Soft drink/cordial/fruit juice <small>(these can damage teeth)</small> Other (specify)			Any concerns about feeding?	Nutrition			
HYGIENE Bath baby regularly - at least every second day. Wash your hands after changing nappies. Keep baby's and other children's face and hands clean to stop germs from pus affected ears and noses spreading							
SIDS PREVENTION To help keep baby safe when sleeping, lie baby on back in clean flat place. Keep baby cool. Don't wrap too tightly - arms are free to move. Don't share the bed with baby if you or your husband or boyfriend have been drinking grog, smoking marijuana or using other drugs. Keep the baby away from cigarette and campfire smoke							
INJURY PREVENTION Car seats and seat belts protect kids AND adults in the car							
Number of people living in the house:		Does anyone smoke in the house/car? Yes No		Home			
Adults Children		If yes consider brief intervention (SNAPE)					
Are there any urgent housing repairs? Yes No		Housing referral made? Yes No					
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 Yes No					
Use S&E Assessment form							



Healthy Kids

www.nt.gov.au/health
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Under 5s Program 8 Week Examination



Weight	Weight gain satisfactory? Yes No Plot on growth chart		Action Plan needed? Yes No		2 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	Head Circ.								
Fontanelles		AF	Open	Closed	PF	Open	Closed	Medical Officer Examination	
Skin	Clear	Scabies	Sores	Ringworm	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)			
Treatment					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					
CVS	Heart sounds	Normal	Abnormal						
Femoral pulses present?	Yes	No							
R hip	Normal	Abnormal							
L hip	Normal	Abnormal							
R testis descended	Yes	No							
L testis descended	Yes	No							
General appearance and comments									
Action and follow up									
<i>Make a note on the 4 month form of any problems that need follow up</i>									
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 4 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)					<input type="checkbox"/> Medicare claim 708 completed				
Name of person completing check			Signature		AHW	RN	DR	Date / /	