



Under 5s Program First Assessment

Midwife, Child Health Nurse, RAN, AHW 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				
Any current concerns? (ask about general health, crying, sleeping)	Weight	Plotted on growth chart? Yes No		General check
	Weight gain since discharge from hospital?	Yes No		
	Significant illnesses at time of review	Is the weight gain sufficient? Yes No		
	Postnatal issues for mother? (Refer to Women's Business Manual)	Signs of bonding/attachment present? (close contact, eye contact, concern, care, pride) If no consider referral for support Yes No		
	Any concerns about feeding?	Umbilicus healing? Yes No		
		Since this time yesterday has the baby had		Nutrition
		Breast milk	Formula	
		Other (specify)		
BREAST FEEDING is best for baby - encourage exclusive breast feeding				
ORAL HEALTH Healthy mouth for baby starts with mothers 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				
HYGIENE Bath the baby regularly - at least every second day and wash your hands after changing nappies				
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 - make sure baby's head and arms are free to move. Don't share the bed with baby if you or your husband or boyfriend have been drinking grog, smoking gunja 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: Adults	Children	Does anyone smoke in the house or car If yes consider brief intervention (SNAPE)	Yes No	Home
Are there any urgent housing repairs? Yes No Action taken:				
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
Action and follow up				
Issue or problem	Referral or action made		Referral to	
			MO Paed Other (specify)	
			MO Paed Other (specify)	
			MO Paed Other (specify)	
General comments				
<input type="checkbox"/> Prompt for 8 week check <input type="checkbox"/> 2 nd Weekly 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 / /	