

II Critical Elements of Care by Age of Child

1 Month to 1 Year - Infancy

Area Of Focus	Assessment	Interventions Referral Resources	Anticipatory Guidance
Medical Evaluation	<ul style="list-style-type: none"> - History & physical examination by systems - Continuity of comprehensive care 	<ul style="list-style-type: none"> - Case management, care coord. - Follow AAP recommended guidelines for health supervision 	
Interim History	<ul style="list-style-type: none"> - Identify health concerns 	<ul style="list-style-type: none"> - Immunization by chronologic age schedule (not corrected age) on routine immunization schedule 	
Growth	<ul style="list-style-type: none"> - Growth measurement Lgth, Wt, OFC at each visit (Plot growth on standardized grid by corrected age) • Goal 20-30 gm/day wt. gain for 1st 6 mos. 	<ul style="list-style-type: none"> - If inadequate growth: <ul style="list-style-type: none"> • Formal assessment of calorie intake • Assess for medical cause 	<ul style="list-style-type: none"> - Review catch up growth patterns commonly seen in AGA & SGA infants
Nutrition/ Feeding	<ul style="list-style-type: none"> - Review nutritional intake: <ul style="list-style-type: none"> • Breast feeding • Formula preparation • Oral motor skills • Feeding time issues - Assess for developmental appropriateness of feeding skills and readiness to start solids - Fluoride supplementation as indicated (0.25mg/da) beginning at 6 months (corrected age) <ul style="list-style-type: none"> • formula prepared from unfluoridated tap water or bottled water - Multivitamin supplement until consuming at least 24 oz/day - Iron supplementation if not receiving a formula containing iron 	<ul style="list-style-type: none"> - Review feeding mechanics - Referral Resources: <ul style="list-style-type: none"> • Lactation consult • Nutritionist • Feeding specialist/Feeding Clinic • GI specialist • PHN 	<ul style="list-style-type: none"> - Advance feeding when developmentally and motorically ready by corrected age • Solid intro 4-6 mos. C.A. • Breast milk and/or formula through 1st year corrected age • Finger foods • Table foods
Vision	<ul style="list-style-type: none"> - Monitor vision, with special consideration for signs of visual impairment and strabismus - Assess visual tracking - Continue vision evaluations for ROP, nearsightedness, and strabismus as determined by ophthalmologist 	<ul style="list-style-type: none"> - Referral to Ophthalmologist as indicated 	<ul style="list-style-type: none"> - Monitor for: <ul style="list-style-type: none"> • Eye crossing or concerns about vision - Normal visual development • Binocular vision by 4 mos. corrected age (eyes should not cross except for near vision)
Hearing	<ul style="list-style-type: none"> - Pediatric audiological evaluation within first 3 months if has not been done previously or if infant failed initial test - Check for orienting bilaterally starting at 4-6 months corrected age - Observe for delayed onset hearing loss (See Appendix 3) 	<ul style="list-style-type: none"> - Referral Resources: <ul style="list-style-type: none"> • Pediatric Audiology 	<ul style="list-style-type: none"> - Child with hearing loss may "coo" at normal age & then not progress (i.e., consonant sounds at 6-7 mos CA) - Children with hearing loss are very visually alert. May mistake visual orienting for sound perception if not very careful in the presentation of the sound stimulus
Special Health Concerns	<ul style="list-style-type: none"> - History & physical by systems - R/O anemia (at 2 months chronologic) - R/O Vit. D deficiency (Rickets risks may present as early as 6-12th postnatal week) - Assess dentition: <ul style="list-style-type: none"> • Infant may be at risk for enamel hypoplasia due to lack of mineralization/nutrition, medication, intubation - Assess for common health issues in the preterm population: <ul style="list-style-type: none"> • S/P NEC • RAD/pulmonary function • GERD • Hernias • SIDS risk • Neurologic concerns - seizures, hydrocephalus • Kidney stones • Infections 	<ul style="list-style-type: none"> - Laboratory work up: iron supplementation as needed - Pediatric dentist - Parent teaching teeth development care/hygiene and protection - Care coord. with consulting specialist, refer to specialists needed 	<ul style="list-style-type: none"> - Review as needed: <ul style="list-style-type: none"> • Infection exposure & control • Daycare issues & options • Potential long term/late complications of special health issues (e.g. post NEC vitamins & mineral deficiencies, post NEC late GI obstruction, anemia etc.) • Avoid exposure to cigarette smoke and other environmental respiratory irritants

II Critical Elements of Care by Age of Child

1 Month to 1 Year - Infancy

Area Of Focus	Assessment	Interventions Referral Resources	Anticipatory Guidance
Developmental Behavioral Assessment	- History from caregiver regarding behavioral organization/self regulation	- Continue parental education and support. How to read behavioral messages, how to support self regulation (consider handouts/written information & booklets) (see * below)	- Premature infants tend to fuss more & be more easily overwhelmed
Temperament/ Rhythmicity	- Review/assess <ul style="list-style-type: none"> • Sleep patterns • Feeding patterns • Temperament issues • Parent/child interactions 	- Referral resources: <ul style="list-style-type: none"> • OT/PT • Health Educator • PHN • High risk infant follow-up program 	- Review infant cues & parenting responses
Sensory/ Motor	- Expanded physical exam for muscle tone, infant reflexes and motor function, motor milestones and movement quality (in office or refer) <ul style="list-style-type: none"> • Exam based on corrected age • Serial assessments • Early signs of neuromotor dysfunction/abnormalities often seen during first year of life 	- Referral to multidisciplinary neurodevelopmental assessment program if: <ul style="list-style-type: none"> • Abnormalities in tone, posture, or movement are suspected • Delayed milestones (by corrected age) are noted • Other atypical development is noted 	- Developmental progress based on corrected age <ul style="list-style-type: none"> - Avoid walker, saucers, and johnny jump-up use - Encourage supervised play in prone
Language	- History and observation of typically emerging language milestones <ul style="list-style-type: none"> - Monitor hearing responses • 4-6 mos. orienting to sound 	- Review language stimulation activities <ul style="list-style-type: none"> - Referral Resource: <ul style="list-style-type: none"> • Audiology 	- Parents should talk, read and sing to and with infant <ul style="list-style-type: none"> - Reciprocal interaction - Review language milestones
Cognitive	- Monitor development milestones <ul style="list-style-type: none"> • Language development is best early indicator of cognition • Administer development screening tests • Serial assessments of developmental progress • Assess environmental/infant stimulation issues 	- Review infant stimulation activities and home suggestions <ul style="list-style-type: none"> - Refer to multidisciplinary assessment or High Risk Infant Follow-up Program if delayed or atypical development is suspected - Home program or EI program as indicated (Birth to Three referral/Family Resources Coordinator) 	
Social Adaptive	- Assess infant's social interaction and coping mechanisms		- Developmental expectations based on corrected age
Family Support	- Throughout the first year, monitor parent and family stress and coping, as well as understanding of appropriate infant development and behavior based on corrected age <ul style="list-style-type: none"> - Assess family's comfort with child and understanding of health issues, if present. 	- Consider referral to: <ul style="list-style-type: none"> • A community health nurse for home and family assessment and recommendations • Help families access available community resources, including parent/family support services and parenting classes • FRC referral (Appendix 6) • SW referral - Coordinate referrals with insurance providers to maximize coverage for services - Refer to literature resources and organizations for specific disorders (e.g., POP) 	- Families may receive support from communication with primary care provider and support services provided in the community

* e.g. *Homecoming for Babies After the Intensive Care Nursery. A Guide for Parent in Supporting Their Baby's Early Development.*

Hanson, M.J. and Vandenberg, K.A.