

II Critical Elements of Care by Age of Child

Age 5-13 Years - Late Childhood

AREA OF FOCUS	ASSESSMENT	INTERVENTIONS REFERRAL RESOURCES	ANTICIPATORY GUIDANCE
Medical Evaluation Interim History	<ul style="list-style-type: none"> - General Health - Hospitalizations 		<ul style="list-style-type: none"> - Reiterate that most LBW NICU graduates do not develop adverse outcomes for which they are at higher risk. (Avoid "vulnerable child" syndrome)
Growth	<ul style="list-style-type: none"> - Assess height and weight at each visit - Plot on standard growth grids 		<ul style="list-style-type: none"> - Some children show continued catch up growth in the early school years
Nutrition/ Feeding	<ul style="list-style-type: none"> - Assess nutrition and feeding 	<ul style="list-style-type: none"> - Nutritionist referral as indicated 	
Vision	<ul style="list-style-type: none"> - Vision screening examination at 4-6 years and 9-12 years of age 	<ul style="list-style-type: none"> - Referral to ophthalmologist or optometrist if history or screening exam suggest visual problems 	
Hearing	<ul style="list-style-type: none"> - Hearing screening examination at 4-6 years of age; 	<ul style="list-style-type: none"> - Refer to audiologist if problems suspected. 	
Special Health Concerns	<ul style="list-style-type: none"> - Assess for special health concerns in the LBW population: <ul style="list-style-type: none"> • RAD/pulmonary function • Seizure disorder • Infections, otitis • Residual scars • Other 	<ul style="list-style-type: none"> - Consultation with subspecialists as indicated 	<ul style="list-style-type: none"> - For children with ongoing pulmonary disease: <ul style="list-style-type: none"> • Exercise tolerance • Persistence of pulmonary function abnormalities - Generally health issues have resolved or greatly attenuated by school age - Some school age former premies become very self conscious about scars. The appearance of some scars may be significantly improved by plastic surgery but no revision should be done until the child can fully understand and consent to the procedure.

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DEVELOPMENTAL BEHAVIORAL ASSESSMENT	<ul style="list-style-type: none"> - Monitor for overactivity, temper tantrums, perseveration (tends to improve as approach adolescence) and for symptoms of distractibility, irritability, unhappiness, low frustration tolerance, fears, disobedience, poor motivation and sleep difficulties (tend to persist or increase in LBW children as move into adolescence) 	<ul style="list-style-type: none"> - Parenting and behavioral counseling and intervention as indicated 	<ul style="list-style-type: none"> - Monitor for overactivity, irritability, or impulsiveness
Temperament/ Rhythmicity			
Sensory/ Motor	<ul style="list-style-type: none"> - Monitor for minor motor concerns: (in office or refer) <ul style="list-style-type: none"> • Incoordination, clumsiness • Poor fine motor skills • Balance difficulties 	<ul style="list-style-type: none"> - Interface as necessary with teacher/school system - Referral Resources: <ul style="list-style-type: none"> • OT/PT • Neurodevelopmental specialist 	<ul style="list-style-type: none"> - Increased incidence of clumsiness, fine motor difficulties, etc. (although many children do not have problems) - Encourage community based activities, such as recreational sports programs, "Little Gym", etc. as well as playground time
Language	<ul style="list-style-type: none"> - Monitor articulation, expressive and receptive language and language processing skills 	<ul style="list-style-type: none"> - Refer for communication assessment as indicated 	<ul style="list-style-type: none"> - At risk for impaired verbal ability and auditory memory skills
Cognitive	<ul style="list-style-type: none"> - Monitor for overall cognitive skills as well as for possible specific learning disabilities 	<ul style="list-style-type: none"> - Refer to public school district or psychologist if delays in cognition or learning disability suspected 	<ul style="list-style-type: none"> - Children less than or equal to 2000 gm BW have higher rate of mild neurologic abnormalities and lower receptive vocabulary, reading and mathematics scores than heavier LBW children - Specific deficits in visual spatial skills
Social Adaptive	<ul style="list-style-type: none"> - Monitor social-emotional development 	<ul style="list-style-type: none"> - Refer parents to the public school district for evaluations if delays in cognitive, communication, or social skills are suspected - Refer to school or community counseling services, mental health services, YMCA and other community recreation programs, etc. as indicated 	<ul style="list-style-type: none"> - Shyness; lower peer approach and interaction skills may be seen - 7-10% LBW children have higher than average rate of behavioral difficulties both anxious and depressive
School Performance	<ul style="list-style-type: none"> - Assess school readiness skills between 4 and 6 years old - Monitor for signs of hyperactivity, impulsivity and inattention - Monitor academic performance, particularly in 1st and 4th grades (visual-motor perceptual skills evidenced in difficulties with reading, writing and math) and at the beginning of middle school (multiple class schedule and expectations for increased abstract thinking). 	<ul style="list-style-type: none"> - Assess with teachers, parents, school nurse. Consider behavioral, medical and educational interventions. Refer as necessary to neurologist, psychologist, ADHD assessment clinics, etc. - Provide any medical documentation that is necessary for obtaining increased educational services, as needed 	<ul style="list-style-type: none"> - ADHD is associated with learning disability (25-35%) - Increased academic demands @ 8-9 yrs. - abstract thinking skills, increased pencil/paper work - @ 8 yrs. - 15 to 20% of LBW children are classified as needing special education services <ul style="list-style-type: none"> • This increases to 50% in <1000 gm birth weight
Family Support	<ul style="list-style-type: none"> - Assess parenting skills and understanding of appropriate child development and behavior for their child. If prescribing therapeutic programs, when necessary assist parents in follow through with assessment and enrollment processes for any referrals. Parents at highest risk for difficulty following through are adolescent parents, those with less than high school education, those in extreme poverty, and any parent with multiple stressors. - Establish goals with the family's input, support siblings & other family members 	<ul style="list-style-type: none"> - Provide requested medical and developmental reports to support parent's application to the intervention program and to social and financial support agencies - Refer to literature resources and organizations for specific disorders (e.g. ARC, POP...) - Refer to community resources, respite care, parent support groups, etc. 	