

<b>HEALTH &amp; NEURODEVELOPMENTAL SUPERVISION GRID: LOW BIRTH WEIGHT</b>																			
See CEC Sections II & III for more specific information	NICU	Infancy (Corrected ages through 2-3 yo)								Early Childhood				Late Childhood	Adolescence				
Medical Evaluation	D/C	1 mo	2 mo	3 mo	4 mo	5 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 y	4 y	5-13 y per AAP schedule	13-21 y Annual			
NICU Discharge Plan <sup>1</sup>	•																		
Interim History	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Growth (L/HT, WT, OFC) <sup>2</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Nutrition/Feeding <sup>3</sup>	•	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S			
Vision <sup>4</sup>	O	S	S	S	S	S	S	S	S	S	S	S	•	•	• 5 Y	• 10Y	• 12Y	• 15 Y	• 18 Y
Hearing <sup>5</sup>	O	—	—	—	S	S	S	S	S	S	S	S	•	•	• 5 Y	• 10Y	• 12Y	• 15 Y	• 18 Y
Special Health Concerns <sup>6</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Development/Behavior Assessment <sup>7</sup>																			
Temperament/rhythmicity <sup>8</sup>	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S			
Sensorimotor <sup>9</sup>	O	S	S	S	—	—	—	O	—	O	—	O	S	S	S	S	S		
Language <sup>10</sup>								S	S	S	S	—	O	—	S	S	S		
Cognitive <sup>11</sup>								S	S	S	S	S	—	O	S/O	S/O			
Social/Adaptive Behaviors <sup>12</sup>		S	S	S	S	S	S	S	S	S	S	S	—	O	S/O	S/O			
School Performance <sup>7</sup>														S/O	S/O	S/O			
Family Support <sup>1, 13</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
<p>Assure compliance with the American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care."</p> <ul style="list-style-type: none"> <li>• = To be performed in primary care setting; referral as indicated.</li> <li>O = Objective; standardized testing; referral to appropriate specialist(s) as indicated.</li> <li>S = Subjective; by history or observation.</li> <li>O — = Assessment range with preferred age (symbol).</li> <li>■ = Emphasized developmental domain.</li> </ul>																			
<ol style="list-style-type: none"> <li>See AAP Policy Statement. "The Role of the Primary Care Pediatrician in the Management of High Risk Newborn Infants"<sup>reference 2</sup>; "Excerpts from Family Centered Care"<sup>reference 3</sup>; and "Hospital Discharge of the High Risk Neonate"<sup>reference 4</sup></li> <li>Record on standard growth charts or on premature infant grids using corrected age.</li> <li>Referral to nutritionist, lactation consultant, feeding specialist or GI specialist as indicated.</li> <li>Examination by an ophthalmologist prior to NICU discharge when indicated and again as recommended by ophthalmologist.</li> <li>Screening BAER prior to NICU discharge. If not done in NICU, refer for BAER within 3 months. If failed, repeat within 3 months. Closely monitor for hearing loss (conductive or progressive neurosensory hearing loss may occur later); high risk groups should be retested every 6 mos. until 3 y.o. High Risk = Family history of early onset hearing loss, persistent pulmonary hypertension as newborn, s/p TORCH infection, s/p meningitis, hyperbilirubinemia requiring exchange transfusion.</li> <li>Consultation with pediatric subspecialists as indicated.</li> <li>Consider referral to early intervention program from birth to 36 months; transition to public school preschool program at 36 months as indicated. Age 6-18, refer for psychometric testing through school district or psychologist as indicated.</li> <li>Subjective assessment of child's temperament and daily rhythms at each visit.</li> <li>Standardized movement assessment recommended at approximately 4 to 6 months, 8 to 12 months, and 15 to 18 months corrected age.</li> <li>Standardized communication assessment recommended at approximately 18 to 36 months corrected age.</li> <li>Standardized cognitive assessment recommended at approximately 36 to 48 months of age.</li> <li>Subjective assessment of social/adaptive behaviors at all visits. Standardized assessment at 36 to 48 months of age.</li> <li>See "Excerpts from Family Centered Care..."<sup>reference 3</sup> Refer to appropriate local family support services as indicated. Coordinate referrals with insurance providers to maximize coverage for services.</li> </ol> <p>If a child enters care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.</p>																			