

Appendix 2

Appendix 2 - Health and Neurodevelopmental Surveillance: ELBW (≤ 1000 g)

Aspects of the ELBW infant's health and neurodevelopment deserve heightened attention and thorough assessment. The following table provides accessible identification of the health and developmental surveillance issues considered necessary for the ELBW infant and child. This table correlates with the *Health and Neurodevelopmental Surveillance Grid for the LBW* (Appendix 1) and the AAP's "Recommendations for Preventive Pediatric Health Care" (<http://www.aap.org/policy/re9939.html>).

Corrected Age	Important Health and Neurodevelopment Surveillance
Infancy - 0 - 1 month	<ul style="list-style-type: none"> ▪ Determine results of third (or later) neonatal metabolic screen in early post-discharge period ▪ Refer to pediatric audiology within first 3 months, if not previously documented, or for re-evaluation as indicated by previous audiology assessment ▪ Refer to ophthalmology as indicated for follow-up of retinopathy of prematurity ▪ Assess growth and nutrition; record on standard growth charts using corrected age ▪ Evaluate family stress and parent-infant interaction
Infancy – 3 - 4 months	<ul style="list-style-type: none"> ▪ Examine for strabismus; refer to pediatric ophthalmology if present. ▪ Assess growth and nutrition; record on standard growth charts using corrected age ▪ Evaluate family stress and parent-infant interaction
Infancy -- 4 - 6 months	<ul style="list-style-type: none"> ▪ Refer for standardized movement assessment, assessment of muscle tone and movement quality ▪ Assess growth and nutrition; record on standard growth charts using corrected age ▪ Evaluate family stress and parent-infant interaction
Infancy – 8 - 12 months	<ul style="list-style-type: none"> ▪ Refer for standardized movement assessment, assessment of muscle tone and movement quality ▪ Screen language, fine motor-adaptive and personal-social skills ▪ Refer to an ophthalmologist comfortable with pediatric population for vision assessment ▪ Assess growth and nutrition; record on standard growth charts using corrected age ▪ Evaluate family stress and parent-infant interaction
Early Childhood – 15 - 18 months	<ul style="list-style-type: none"> ▪ Refer for standardized movement assessment ▪ Screen other areas of development and social interaction
Early Childhood – 18 - 36 months	<ul style="list-style-type: none"> ▪ Refer for standardized assessment of speech and language skills ▪ Screen other areas of development and social interaction
Early Childhood - 36 - 48 months	<ul style="list-style-type: none"> ▪ Refer for standardized assessment of cognition and social/adaptive skills, as well as screening for school readiness ▪ Refer to an ophthalmologist comfortable with pediatric population
Middle Childhood – 6 - 12 years	<ul style="list-style-type: none"> ▪ Review academics, school performance, attention skills, behavior, peer relationships, self-esteem and coping skills ▪ Refer for psychometric testing through school district or psychologist as indicated ▪ Refer for follow-up with an ophthalmologist at 9-12 years of age
Adolescence 13 – 21 years	<ul style="list-style-type: none"> ▪ Review academics, school performance, attention skills, behavior, peer relationships, self-esteem and coping skills