# WELL CHILD EXAM-INFANCY: 4 Months

DATE

| PATIENT NAME | DOB | SEX | PARENT NAME |
|---|---|---|---|
| | | | |

| Allergies | Current Medications |
|---|---|
| | |

| Prenatal/Family History | Chief Complaints |
|---|---|
| | |

| Weight | Percentile | Length | Percentile | HC | Percentile | Temp. | Pulse | Resp. | BP (if risk) |
|---|---|---|---|---|---|---|---|---|---|
| | % | | % | | % | | | | |

**Birth History** ☐ Vaginal ☐ C-Section

Birth Wt.: _____ Gestation: _____ Complications ☐ Y ☐ N

## Interval History:

(Include injury/illness, visits to other health care providers, changes in family or home)

Apnea ☐ Y ☐ N ☐ Monitor

**Nutrition**

☐ Breast every _____ hours

☐ Formula ____ oz every _____ hours

With iron ☐ Y ☐ N

Type or brand

_____

☐ City water ☐ Well water

Solids ☐ Y ☐ N

**Elimination**

☐ Normal ☐ Abnormal

**Sleep**

☐ Normal (5-6 hours at night) ☐ Abnormal

Additional area for comments on page 2

**WIC** ☐ Y ☐ N

Maternal Infant Health Managed Care Program (MCP)

☐ Y ☐ N Name:_____

## Screening and Procedures:

☐ Subjective Hearing -Parental observation/ concerns

☐ Subjective Vision -Parental observation/ concerns

**Developmental Surveillance**

☐ Social-Emotional ☐ Communicative

☐ Cognitive ☐ Physical Development

**Psychosocial/Behavioral Assessment**

☐ Y ☐ N

**Screening for Abuse** ☐ Y ☐ N

**If At Risk**

Labs Done Today ☐ Y ☐ N

☐ Hct or Hgb _____

## Immunizations:

Follow AAP/AAFP/CDC guidelines

☐ Immunizations Reviewed

☐ Immunizations Given & Charted – *if not given, document rationale*

☐ IMPACTSIIS checked/updated

☐ Acetaminophen ____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

| Review of Systems N | Review of Systems A | Physical Exam N | Physical Exam A | Systems |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | General Appearance |
| ☐ | ☐ | ☐ | ☐ | Skin/nodes |
| ☐ | ☐ | ☐ | ☐ | Head/fontanel |
| ☐ | ☐ | ☐ | ☐ | Eyes |
| ☐ | ☐ | ☐ | ☐ | Ears |
| ☐ | ☐ | ☐ | ☐ | Nose |
| ☐ | ☐ | ☐ | ☐ | Oropharynx |
| ☐ | ☐ | ☐ | ☐ | Gums/palate |
| ☐ | ☐ | ☐ | ☐ | Neck |
| ☐ | ☐ | ☐ | ☐ | Lungs |
| ☐ | ☐ | ☐ | ☐ | Heart/pulses |
| ☐ | ☐ | ☐ | ☐ | Abdomen |
| ☐ | ☐ | ☐ | ☐ | Genitalia |
| ☐ | ☐ | ☐ | ☐ | Spine |
| ☐ | ☐ | ☐ | ☐ | Extremities/hips |
| ☐ | ☐ | ☐ | ☐ | Neurological |

☐ Abnormal Findings and Comments

( see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

## Plan

☐ History/Problem List/Meds Updated

☐ Referrals

☐ WIC ☐ Help Me Grow TM ☐ Transportation

☐ Maternal Infant Health MCP

☐ Children Special Health Care Needs

☐ Other referral_____

☐ Other _____

## Anticipatory Guidance/Health Education (√ if discussed)

*Safety*

☐ Appropriate car seat placed in back seat

☐ Use safety belt and don't drive under the influence of alcohol or drugs

☐ Keep home and car smoke-free

☐ Don't leave baby alone in tub or high places; always keep hand on baby

☐ Water temp. <120 degrees/test with wrist

☐ Don't use baby walkers

☐ Check home for sources of lead

*Nutrition*

☐ Breastfeed or give iron-fortified formula

☐ Avoid foods that contribute to allergies

☐ Introduce solid foods at 4-6 months

☐ Wait one week or more to add new food

*Oral Health*

☐ Discuss teething

☐ Discuss good family oral health habits

☐ Don't share spoon or put pacifier in your mouth to clean.

*Infant Development*

☐ Consoling a fussy baby

☐ Put baby to sleep on back/Safe Sleep

☐ Learn baby's temperament

☐ Talk, sing, play music, and read to baby

☐ Establish daily and bedtime routines

*Family Adjustment*

☐ Encourage partner to help care for infant

☐ Take time for self and spend time alone with your partner

☐ Keep in contact with friends, family

☐ Family Planning

☐ Choose responsible babysitters

☐ Discuss child care, returning to work

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

☐ Baby cannot be spoiled by holding, cuddling or rocking

Other Anticipatory Guidance Discussed:

**Next Well Check: 6 months of age**

**Developmental Questions and Observations on Page 2**

**Provider Signature:**

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| DATE | PATIENT NAME | DOB |
|---|---|---|
| | | |

**Developmental Questions and Observations**

**Ask the parent to respond to the following statements about the infant:**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | **Please tell me any concerns about the way your baby is behaving or developing** _____ |
| ☐ | ☐ | **My baby cries when upset and seeks comfort.** |
| ☐ | ☐ | **My baby smiles and laughs.** |
| ☐ | ☐ | **My baby is sleeping well.** |
| ☐ | ☐ | **My baby is eating and growing well.** |
| ☐ | ☐ | **My baby can see and hear.** |
| ☐ | ☐ | **My baby likes to look at and be with me.** |
| ☐ | ☐ | **My baby reaches for objects and can hold them.** |
| ☐ | ☐ | **My baby rolls or tries to roll over from tummy to back.** |
| ☐ | ☐ | **My baby lets me know what it wants and needs.** |

**Ask the parent to respond to the following statements:**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | **I am sad more often than I am happy.** |
| ☐ | ☐ | **I have more good days with my baby than bad days.** |
| ☐ | ☐ | **I have people who help me when I get frustrated with my baby.** |
| ☐ | ☐ | **I am enjoying my baby more days than not.** |

**Provider to follow up as necessary**

**Developmental Milestones**

**Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used_____).**

| Infant Development | | | Parent Development | | |
|---|---|---|---|---|---|
| Holds head upright in prone position | Yes | No | Looks at infant and shares baby's smiles | Yes | No |
| Laughs responsively | Yes | No | The parent comforts baby effectively | Yes | No |
| Follows past midline | Yes | No | Parent and baby are interested in and respond to each other | Yes | No |
| No persistent fist clenching | Yes | No | Parent seems depressed, angry, tired, overwhelmed, or uncomfortable | Yes | No |
| Raises body on hands | Yes | No | | | |
| Seeks eye contact with parent | Yes | No | | | |

**Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)**

**Additional Notes from pages 1 and 2:** _____

**Staff Signature:** _____ **Provider Signature:** _____

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# Your Baby's Health at 4 Months

## *Milestones*

*Ways your baby is developing between 4 and 6 months of age.*

- **Babbles using single consonants such as "dada" or "baba"**
- **Smiles, laughs, and squeals responsively**
- **Rolls over from front to back**
- **Shows interest in toys**
- **Tries to pass toys from one hand to the other**
- **May get upset when separated from familiar person(s)**
- **Sits with support**
- **Enjoys a daily routine**

## *For Help or More Information:*

**Breast feeding, food and health information**:

- **Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx**
- **The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding**
- **LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org**

**For families of children with special health care needs:**
**Bureau for Children with Medical Handicaps, ODH 1-800-755-4769 (Parents) Visit the Website at:** http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

**Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator**

**Car seat safety:**

- **Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/**
- **To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org**

**If you're concerned about your child's development:**
**Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.**

**For information about childhood immunizations:**
**Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.**

**For help finding childcare:**
**Bureau of Child Care and Development -800.886.3537 http://www.odjfs.state.oh.us/cdc/query.asp**

**Domestic Violence hotline:**
**National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/**

## *Safety Tips*

**Always keep one hand on your baby when he is on a bed, sofa, or changing table so he does not roll off.**

**Never leave your baby alone in your home, car or community.**

## *Safety Tips*

**Use a rear-facing car seat for your baby on every ride. Buckle her up in the back seat, away from the air bag.**

**Keep the Poison Control Center phone number by your phone: 1-800-222-1222**

## *Health Tips*

**Check-ups are a good time to ask the doctor or nurse questions about your baby. Make a list of questions before you go.**

**Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit. Babies can get shots even when they have a slight cold.**

**Your baby is still getting all the nutrition he needs from breast milk or formula. Try to keep breast-feeding until your baby is at least 12 months old. Talk to your doctor about when to start your baby on cereal or other solid foods. This usually happens when your baby is 5 or 6 months old.**

**Check how your baby sees and hears. Watch to see if her eyes follow moving objects. Watch to see if she turns toward a loud or sudden sound.**

**Keep putting your baby to sleep on his back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by himself in a crib or portable crib.**

**Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.**

## *Parenting Tips*

**Sing, talk, read to and play with your baby every day. Look at your baby and repeat the sounds she makes.**

**Put your baby on his tummy to play on the floor. Put toys close to him so he can reach for them.**

**Try to make a daily routine for you and your baby.**

**When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:**
**1. Make sure your child is in a safe place (like a crib) and walk away.**
**2. Call a good friend to talk about what you are feeling.**
**3. Call Cooperative Extension for classes-614. 688.5378**
**4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)**
**They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.**

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