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Canadian Family Medicine Clinical Card

A18 2020
www.learnfm.ca

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18 Months

18 Months Visit

Use WHO growth charts

Length, wt, HC

CAREGIVER CONCERNS: Record at each visit

NUTRITION:

- | | |
|---|--|
| <input type="checkbox"/> Breastfeeding +/- Vit D 400 IU/day | <input type="checkbox"/> Avoid foods/liquids high in sugar or salt |
| <input type="checkbox"/> Homo milk 500-750ml (16-24oz)/day | <input type="checkbox"/> Inquire re vegetarian diet |
| <input type="checkbox"/> No bottles | <input type="checkbox"/> Independent self feeding |

EDUCATION & ADVICE: Repeat discussion based on need or risk

Injury Prevention:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wean from pacifier | <input type="checkbox"/> Motorized | <input type="checkbox"/> Choking/safe |
| <input type="checkbox"/> Bath safety/burns | <input type="checkbox"/> vehicle safety/car seat | <input type="checkbox"/> toys |
| <input type="checkbox"/> Falls | | <input type="checkbox"/> Poisons: PCC# |

Behaviour & Family Issues:

- | | | |
|---|--|---|
| <input type="checkbox"/> Healthy sleep habits | <input type="checkbox"/> Socializing opportunities | <input type="checkbox"/> High-risk children |
| <input type="checkbox"/> Parental fatigue/stress/depression | <input type="checkbox"/> Family healthy living/sedentary behaviour/screen time | <input type="checkbox"/> Parent/child interaction |
| <input type="checkbox"/> Encourage reading | | |
| <input type="checkbox"/> Discipline/Parenting skills programs | | |
| <input type="checkbox"/> Poverty or food insecurity | | |

Environment: Second hand smoke/E-Cigs/Cannabis

- Pesticide exposure Sun exposure/sunscreen/insect repellent

Other Issues:

- Dental care/Dentist Toilet learning

DEVELOPMENT: Failure to meet an item is a red flag for development

Social/Emotional:

- Behaviour usually manageable
- Interested in other children
- Usually easy to soothe
- Comes for comfort when distressed

Motor Skills:

- Walks alone
- Feeds self with spoon with little spilling

Adaptive Skills:

- Removes hat/socks without help
- No caregiver concerns

Communications Skills:

- Points to several different body parts
- Tries to get your attention to show you something
- Turns/responds when name is called
- Points to what he/she wants
- Looks for toy when asked or points in direction
- Imitates speech sounds and gestures
- Says ≥15 words
- Produces 4 consonants

PHYSICAL EXAM: Age specific exam recommended

- | | |
|--|---|
| <input type="checkbox"/> Hearing inquiry | <input type="checkbox"/> Anterior fontanelle closed |
| <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry | <input type="checkbox"/> Teeth/Caries Risk |
| <input type="checkbox"/> Red reflex | <input type="checkbox"/> Heart/lungs/abd. |
| <input type="checkbox"/> Tonsil size/sleep issues | |

PROBLEMS & PLANS/CURRENT & NEW REFERRALS: Record at each visit

INVESTIGATIONS/IMMUNIZATIONS: Record vaccines, discuss pain reduction

- Blood lead if at risk Anemia screening (if at risk)