

The authors and reviewers have made every attempt to ensure the information in the Family Medicine Clinical Cards is correct - it is possible that errors may exist. Accordingly, the source references or other authorities should be consulted to aid in determining the assessment and management plan of patients. The Cards are not meant to replace customized patient assessment nor clinical judgment. They are meant to highlight key considerations in particular clinical scenarios, largely informed by relevant guidelines in effect at the time of publication. The authors cannot assume any liability for patient outcomes when these cards are used.

Canadian Family Medicine Clinical Card

A18 2020
www.learnfm.ca

Rourke L Li P Bayoumi I Tedone E
Rourke J Rowan-Legg A Kowk B
Leduc D Power L Arulthas S



2-3 Years

2 - 3 year visit

Use WHO growth charts **Height, wt, HC if prior abN**

CAREGIVER CONCERNS: Record at each visit

NUTRITION:

- | | | |
|--|---|---|
| <input type="checkbox"/> Skim, 1%, 2% milk
500ml (16oz)/day | <input type="checkbox"/> Gradual transition to
lower fat diet | <input type="checkbox"/> Vegetarian diet inquiry |
| <input type="checkbox"/> Canada's Food Guide | <input type="checkbox"/> Breastfeeding= \pm Vit D
400 IU/day | <input type="checkbox"/> Avoid foods/liquids high
in sugar or salt |

EDUCATION & ADVICE: Repeat discussion based on risk or need

Injury Prevention:

- | | | |
|---|---|--|
| <input type="checkbox"/> Falls | <input type="checkbox"/> Bike helmets | <input type="checkbox"/> CO/Smoke
detectors |
| <input type="checkbox"/> Motorized vehicle
safety/car seat | <input type="checkbox"/> Firearm safety | <input type="checkbox"/> Water safety |
| | <input type="checkbox"/> Matches/burns | |
| | <input type="checkbox"/> Poisons/PCC | |

Behaviour & Family Issues:

- | | | |
|---|--|---|
| <input type="checkbox"/> Healthy sleep habits | <input type="checkbox"/> Discipline/Parenting
skills programs | <input type="checkbox"/> Family healthy
living/sedentary
behavior/screen time |
| <input type="checkbox"/> Parental
fatigue/depression | <input type="checkbox"/> Family conflict/ stress | <input type="checkbox"/> Parent/Child Interaction |
| <input type="checkbox"/> Encourage reading | <input type="checkbox"/> Assess child care/
preschool needs/school
readiness | <input type="checkbox"/> Siblings |
| <input type="checkbox"/> Socializing
opportunities | | <input type="checkbox"/> High-risk children |
| | | <input type="checkbox"/> Poverty/food insecurity |

Environment:

- | | |
|---|---|
| <input type="checkbox"/> 2 nd hand smoke/E-cigs/Cannabis | <input type="checkbox"/> Pesticide exposure |
| <input type="checkbox"/> Sun exposure/sunscreen/insect repellent | |

Other Issues:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dental care/
fluoride/Dentist | <input type="checkbox"/> No OCT cough/cold
meds | <input type="checkbox"/> Complementary/
alternative meds? |
| <input type="checkbox"/> Toilet learning | <input type="checkbox"/> No pacifiers | |

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

2 years:

- Understands 1&2 step directions
- Walks backwards 2 steps without support
- Puts objects into small container
- Uses toys for pretend play
- Tries to run
- Combines ≥ 2 words
- Cont. to develop new skills
- No caregiver concerns

3 years:

- Understands 2&3 step directions
- Twists lids off jars or turns knobs
- Plays make-believe games with actions & words
- Listens to music or stories for 5mins
- Uses sentences with ≥ 5 words
- Turns pages one at a time
- Shares some of the time
- Walks up stairs using handrail
- No caregiver concerns

PHYSICAL EXAM: Age specific exam recommended at each visit

Each visit:

- | | | |
|---|--|---|
| <input type="checkbox"/> BP if at risk (3+ yrs) | <input type="checkbox"/> Red reflex | <input type="checkbox"/> Tonsil size/sleep-
disordered breathing |
| <input type="checkbox"/> Visual acuity | <input type="checkbox"/> Corneal light
reflex/Cover-uncover
test & inquiry | <input type="checkbox"/> Hearing inquiry |
| <input type="checkbox"/> Teeth/Caries Risk | | <input type="checkbox"/> Heart/lungs/abdomen |

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

INVESTIGATIONS/IMMUNIZATIONS: Record Vaccines, discuss pain reduction

- | | |
|--|--|
| <input type="checkbox"/> Blood lead if at risk | <input type="checkbox"/> Anemia screening (if at risk) |
|--|--|