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Canadian Family Medicine Clinical Card

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



9-15 Months

9 months visit-optional	12-13 months visit	15 months visit-optional
Use WHO growth charts Length, wt, HC	Use WHO growth charts Length, wt, HC	Use WHO growth charts Length, wt, HC
CAREGIVER CONCERNS: Record at each visit		
NUTRITION:		
Each visit: <input type="checkbox"/> Breastfeeding+Vit D 400 IU/day <input type="checkbox"/> Self feeding <input type="checkbox"/> Choking/safe foods <input type="checkbox"/> Avoid food/liquids high in sugar or salt <input type="checkbox"/> No bottles in bed		
<input type="checkbox"/> Formula: 720-960 ml (24-32 oz)/day <input type="checkbox"/> Fe-containing food, fruits/veg, allergenic foods <input type="checkbox"/> Cow's milk products <input type="checkbox"/> No honey <input type="checkbox"/> Eats variety of textures <input type="checkbox"/> Change bottle to cup	<input type="checkbox"/> Homo milk 500-750 ml (16-24 oz)/day <input type="checkbox"/> Open cup instead of bottle <input type="checkbox"/> Vegetarian diet inquiry <input type="checkbox"/> Appetite reduced <input type="checkbox"/> Eats variety of textures <input type="checkbox"/> Eats family foods <input type="checkbox"/> Vegetarian diet inquiry	<input type="checkbox"/> Breastfeeding+/-Vit D 400 IU/day <input type="checkbox"/> Homo milk 500-750 ml (16-24 oz)/day <input type="checkbox"/> Open cup instead of bottle <input type="checkbox"/> Vegetarian diet inquiry
EDUCATION & ADVICE: Repeat discussion based on risk or need		
Injury Prevention: <input type="checkbox"/> Pacifier use <input type="checkbox"/> Poisons: PCC# <input type="checkbox"/> Motorized vehicle safety/car seat <input type="checkbox"/> Electric plugs/cords <input type="checkbox"/> Firearm safety <input type="checkbox"/> Choking/safe toys <input type="checkbox"/> Smoke/CO detectors <input type="checkbox"/> Bath safety/burns <input type="checkbox"/> Falls/stairs <input type="checkbox"/> Safe sleep		
Behaviour & Family Issues: <input type="checkbox"/> Night waking <input type="checkbox"/> Child care/work <input type="checkbox"/> Healthy sleep habits <input type="checkbox"/> Crying <input type="checkbox"/> Need for home visit <input type="checkbox"/> Parental fatigue/depression <input type="checkbox"/> Parenting <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Siblings <input type="checkbox"/> Active living/screen time <input type="checkbox"/> Poverty or food insecurity <input type="checkbox"/> Encourage reading		
Environment: <input type="checkbox"/> 2 nd hand smoke/E-cigs/Cannabis <input type="checkbox"/> Sun/sunscreen/insect repell. <input type="checkbox"/> Pesticide exposure		
Other Issues: <input type="checkbox"/> Teething/Dental cleaning/Fluoride/Dentist <input type="checkbox"/> Fever advice <input type="checkbox"/> No OTC cough/cold meds <input type="checkbox"/> Complementary/alt. meds <input type="checkbox"/> Footwear		
DEVELOPMENT: Failure to meet an item is a red flag for development		
<input type="checkbox"/> Looks for hidden object <input type="checkbox"/> Babbles <input type="checkbox"/> Responds to diff. people <input type="checkbox"/> Makes sounds/gestures to get attention <input type="checkbox"/> Sits without support <input type="checkbox"/> Stands with support <input type="checkbox"/> Opposes thumb and fingers to grasp object (finger foods) <input type="checkbox"/> Plays social games <input type="checkbox"/> Cries/shouts for atten. <input type="checkbox"/> Uses both hands equally <input type="checkbox"/> No caregiver concerns	<input type="checkbox"/> Responds to own name <input type="checkbox"/> Understands simple requests <input type="checkbox"/> 1 consonant/vowel combo <input type="checkbox"/> 3 or more words <input type="checkbox"/> Crawls/bum shuffles <input type="checkbox"/> Pulls to stand/walks holding on <input type="checkbox"/> Distress when separated from caregiver <input type="checkbox"/> Follows gaze to reference object <input type="checkbox"/> Pincer grasp <input type="checkbox"/> Uses both hands equally <input type="checkbox"/> No caregiver concerns	<input type="checkbox"/> Says 5 or more words <input type="checkbox"/> Walks sideways holding onto furniture <input type="checkbox"/> Shows fear of strange people/places <input type="checkbox"/> Crawls up few stairs <input type="checkbox"/> Tries to squat to pick up objects <input type="checkbox"/> No caregiver concerns
PHYSICAL EXAM: Age specific exam recommended at each visit		
Each visit: <input type="checkbox"/> Hearing inquiry/screening <input type="checkbox"/> Hips <input type="checkbox"/> Anterior fontanelle <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry <input type="checkbox"/> Eyes (red reflex) <input type="checkbox"/> Tonsil size/sleep disordered breathing <input type="checkbox"/> Teeth/Caries risk <input type="checkbox"/> Heart/lungs/abdomen <input type="checkbox"/> Muscle tone (9-12 mo)		
PROBLEMS & PLANS/CURRENT & NEW REFERRALS: Record at each visit		
INVESTIGATIONS/IMMUNIZATIONS: Record Vaccines, discuss pain reduction		
<input type="checkbox"/> Hemoglobin if at risk <input type="checkbox"/> Blood lead if at risk <input type="checkbox"/> Anemia screening <input type="checkbox"/> If HBsAg+ mom, check HBV antibodies and HBsAg at 9 or 12 mo		