		WELL	CH	ILD EX	(AM-I	NFAI	NCY	: 2 Mor	nths				DATE		
PATIENT NAM	ИΕ				DOB			SEX		PAI	RENT NAME				
Allergies								Current Medications							
Prenatal/Fami	ily History							Chief C	Complaints	S					
Weight Percentile Length Perc			Perc	entile	НС	НС		entile Temp.			Pulse	Resp.		BP (if risk)	
%				%				%							
Birth History Birth Wt.: Gestation:				□ V	aginal	□ C-Se		□ N		Anticipatory Guidance/Health Education (√ if discussed)					
Interval His				Patient l						Safety					
(Include injury/illness, visits to other health care			are		ew of	Phys				☐ Appropriate car seat placed in back seat					
providers, change	ges in family o	r home)		Syst		Exa		Sys	stems	☐ Keep home and car smoke-free☐ Keep hot liquids away from baby					
				N	Α	N	Α	General	□ Don't leave haby ale			by alon	e in tub o	or high	
								Appeara	ance		places; always Water temp. <	oaby			
								Skin/noo	des		Never shake b				
Apnea □ Y □ N □ Monitor								Head/foi	ntanel		Nutrition				
Nutrition  Breast every hours								Eyes			☐ Hold baby when feeding ☐ Breast on demand or feed iron-forti				
☐ Formula oz every hours								Ears		formula  Delay solid foods until 4-6 months  Infant Development				nths	
With iron □ Y □ N  Type or brand								Nose							
☐ City water ☐ Well water  Elimination								Orophar	rynx		<ul> <li>□ Put baby to sleep on back/Safe Slee</li> <li>□ Learn baby's temperament/respons</li> <li>□ Console, hold, cuddle, rock, play wibaby</li> <li>□ Talk, sing, play music, and read to be the sum of time while awake</li> <li>□ Consistent feeding/sleep routines</li> <li>□ Strategies to deal with fussy periods</li> </ul>				
□ Normal □ Abnormal								Gums/p	alate						
Sleep  ☐ Normal (2-4 hours) ☐ Abnormal								Neck							
Additional area for comments on page 2  WIC □ Y □ N								Lungs							
Maternal Infant I		d Care Progran	n					Heart/pu	ulses				i iussy p	erious	
Screening and Procedures:								Abdome	en		Family Adjustment ☐ Encourage partner and other children				
Neonatal Metabolic Screen in Chart  ☐ Y ☐ N Test Date:								Genitalia	a		appropriate) to help care for infant  ☐ Keep in contact with friends, family ☐ Substance Abuse, Child Abuse, Do Violence Prevention				
<ul><li>□ Normal</li><li>□ Pending</li><li>□ Today</li><li>□ Subjective Hearing -Parental observation/</li></ul>								Spine							
concerns  Subjective Vision -Parental observation/								Extremit	ties/hips		Discuss child play group	turning t	ning to work,		
concerns								Neurolo	ŭ	D		ina			
Developmental Surveillance				☐ Abnormal Findings and Comments (see additional note area on next page)						Parental Well Being  ☐ Family Planning ☐ Take time for self and spend time alone with your partner  Other Anticipatory Guidance Discussed:					
☐ Social-Emotional ☐ Communicative ☐ Cognitive ☐ Physical Development															
Psychosocial/Behavioral Assessment															
☐ Y ☐ N Screening for Abuse ☐ Y ☐ N				Results of visit discussed with parent □ Y □ N											
Screening for A	buse LI			<u>Plan</u>						_					
<u>Immunizations:</u>				☐ History/Problem List/Meds Updated											
Follow AAP/AAFP/CDC guidelines				□ Refe							Next Well C	heck: 4	months	of age	
☐ Immunizations Reviewed				□ WIC □ Help Me Grow TM □ Transportation						De	evelopmental C	Question	ns and O	bservations	
☐ Immunizations Given & Charted – if not				☐ Maternal Infant Health MCP						on Page 2					
given, document rationale  □ IMPACTSIIS checked/updated				☐ Children Special Health Care Needs						Pr	ovider Signature	:			
□ Acetaminoph	•			□ Othe	r referra	ıl									
Labs Done Toda				□ Othe	r										

# WELL CHILD EXAM-INFANCY: 2 Months

Smiles responsively  Yes  No  Picks up and soothes infant or comforts baby effectively  Yes	DATE PATIENT NAME				DOB					
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 looks at me and listens to my voice.  My baby quiets when picked up.  My baby is sleeping well.  My baby is setting well, sucking well.  My baby makes cooing sounds.  My baby lifts his/her head while on tummy.  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.  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  Coos and vocalizes reciprocally*  Yes No Looks at infant  Parent Development  Yes  Smiles responsively  Yes No Picks up and soothes infant or comforts  Yes  Baby effectively	evelopmental C	 Questions and Observatic	ns							
Yes No  Please tell me any concerns about the way your baby is behaving or developing:  My baby looks at me and listens to my voice.  My baby quiets when picked up.  My baby is sleeping well.  My baby is seating well, sucking well.  My baby makes cooing sounds.  My baby lifts his/her head while on tummy.  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.  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  Coos and vocalizes reciprocally*  Yes No Picks up and soothes infant or comforts  Yes Smiles responsively  Yes No Picks up and soothes infant or comforts  Yes Smiles responsively	•		<u></u>							
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□       My baby is eating well, sucking well.         □       My baby makes cooing sounds.         □       My baby lifts his/her head while on tummy.         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.         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	]	My baby quiets when pic	ked up.							
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Smiles responsively  Yes  No  Picks up and soothes infant or comforts baby effectively  Yes			Γ.,	T						
baby effectively							No No			
	, ,			140		163	INO			
responsive to each other?	Follows to midline			No	Are parent and baby interested in and responsive to each other?	Yes	No			
Is attentive to voices, sounds, visual stimuli  Yes  No  Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?  Yes	Is attentive to voices, sounds, visual stimuli			No		Yes	No			
Some head control in upright position Yes No										
	hows pleasure in	teracting w/parent			weillance cuggests a delay or abnormality especially who	a the ennertur	ity for			
Is attentive to voices, sounds, visual stimuli  Yes  No  Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?  Yes	ome head contro hows pleasure in lease note: Formal de	ol in upright position Iteracting w/parent Evelopmental examinations are rec	Yes Yes	No No when surv	Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?  reillance suggests a delay or abnormality, especially where		1			

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project.

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2

# Your Child's Health at 2 Months Milestones

Ways your baby is developing between 2 and 4 months of age.

- Likes to look at and be with familiar people
- Shows excitement by waving arms and legs and smiles when you speak to her
- Eyes follow people and things
- Lifts head and shoulders up when lying on tummy
- Babbles and coos; smiles/laughs/squeals
- Likes toys that make sounds and tries to hold small toys
- Begins to roll from side to side

## 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: <u>www.lalecheleague.org</u>

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

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

#### 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

### Depression after delivery:

For information on depression after childbirth visit this website: <a href="http://postpartum.net/">http://postpartum.net/</a> or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

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

#### Domestic Violence hotline:

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

#### Safety Tips

### **Preventing burns:**

- Check to make sure the bath water is lukewarm, not hot, before you put your baby in the water.
- Avoid drinking hot coffee, hot tea, or other hot drinks while holding your baby.
- Keep your baby out of the sun. Dress your baby in a hat with a rim and clothes that cover the arms and legs.

# Safety Tips

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

*NEVER* shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

### **Health Tips**

"Well Child" check-ups help keep your baby healthy. Try not to miss these doctor visits. If you do, call for another appointment.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit.

Breast milk or formula is all that babies this age need to grow. Avoid giving juice to your baby at this age. Sometimes your baby will need to eat more often than other times. This means he is growing faster.

You can keep breastfeeding when you go back to work. For information on breastfeeding and working, talk to your doctor or nurse or call WIC or the La Leche League.

Keep your baby away from people who are smoking. No one should smoke in the car or other areas when your baby or other children are present. Tobacco smoke may cause your baby to be sick with breathing problems, ear infections, and may increase the chance of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on her back to lower the chance of SIDS. Make sure grandparents and other baby sitters also put your baby to sleep on her back.

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**

Help your baby learn and grow by playing lovingly with him. Talk, read, and sing to your baby and look into her eyes. This helps your baby know you love her. It also helps her brain grow.

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.