

## SCREENING SCHEDULE BY AGE

AGE	SCREENING	BY WHOM
0-6 months	Newborn	Physical check Before leaving hospital Hospital doctors
	Age 0-10 days	General check Child health nurse
	age 2 weeks	Weight, length, head circumference AHW/ RN/GP
	age 6 weeks	Full check including ears CHN/ GP
	Then EVERY month	Weight/ length/ head circumference AHW/RN/GP
	Age 3-4 months	Full check incl development CHN
6-12 months	EVERY 2 months	Weight/ length/ head circumference AHW/RN/GP
	Age 6 months	Ears/ hearing AHW/RN/GP
	Age 8 months	Full check incl development CHN
	Age 9 months	Check Hb AHW/RN/GP
1-2 years	EVERY 3 months	Weight/ height/HC AHW/RN/GP
	EVERY 12 months	Child health check incl ears/ hearing AHW/RN/GP
	Age 18 months	Full check including Hb CHN
2-5 years	EVERY 6 months	Weight/ height / HC AHW/RN/GP
	EVERY 12 months	Child health check incl ears/ hearing AHW/RN/GP
	Age 3- 3.5 years	Full check incl development CHN
5-14 years	EVERY 12 months	Child health check incl ht, wt, ears AHW/RN/GP
	School entry	Full check including development CHN

Every clinic presentation by a child and parent/ carer can be used as an opportunity for health promotion, and to address any concerns that the parent or child may have. An acute visit to a clinic provides an opportunity for a health assessment. If you are uncertain about the health of a child or any information in this protocol, please consult with a senior staff member.

Child health checks for well children (medicare item 708 for indigenous children) are recommended every year.

The WA Department of Health recommends full screening of healthy children at the following ages:

### Birth to 10 days

### 6-8 weeks

### 3-4 months

### 8 months

### 18 months

### 3-3.5 years.

Each screening is a full check and includes assessment of vision, hearing, fine and gross motor skills, speech, social/emotional wellbeing, growth, and physical assessment. Some of this can be done by generalist staff if child health nurse time is limited. Ideally child health nurses should perform developmental, vision and hearing checks.

An additional full screen – vision, hearing, development – is performed by school health nurses at school entry, or in the first year of school

## WEIGHING BABIES

Weigh on same scales, at same time of day

**BARE WEIGH ALL BABIES UP TO 2 YEARS OF AGE**

Length and Head circumference are done at same time as weight. Plot growth on charts.

Growth Reference Charts (including BMI):

See World Health Organisation website:

For 0-5 years: [www.who.int/childgrowth/standards](http://www.who.int/childgrowth/standards)

For 5-19 years: [www.who.int/growthref](http://www.who.int/growthref)

Approximated Expected Weight gain in well fullterm Babies:

*(double this for planning catch up growth – see Failure to Thrive Protocol)*

AGE	WEIGHT INCREASE/ WEEK
1-2 months	175g
3-4 months	150g
5-6 months	125g
7-8 months	100g
9-10 months	75g
11-12 months	50g
13-60 months	40g

## NORMAL DEVELOPMENT

0-6 weeks	Notices bright object/ face
6-8 weeks	Smiles Some head control when pulled to sit
4 months	Laughs Reaches out with both hands Lifts head and chest up on hands and forearms when prone
6 months	Babbles Sits balanced when supported Grasps and shakes objects Rolls front to back and vice versa
9 months	Imitates sounds Sits well Pulls to stand
12 months	Points to things of interest Uses 1-3 words Stands independently
18 months	Walking
2 years	Tries stairs independently Kicks ball Feeds self with spoon 2-3 word sentences
3 years	Balances on one leg for 5 sec Asks questions Dresses self 3 word sentences Able to copy drawing of circle and cross
4 years	Catches and throws ball Independent toileting, dressing and bathing Pencil grip Fluent conversation

Resource: [www.cyh.vic.gov.au/every-child-every-chance/library/publications/best\\_interests](http://www.cyh.vic.gov.au/every-child-every-chance/library/publications/best_interests).

(info re normal development and behaviour, and how these can be affected by trauma)

[www.cyh.com](http://www.cyh.com)

<http://pmh.health.wa.gov.au>

[www.raisingchildren.net](http://www.raisingchildren.net)

## IMMUNISATION

Immunisation protects children against specific infectious diseases (including Diphtheria, tetanus, whooping cough, polio, hepatitis B, haemophilus influenzae, rotavirus, pneumococcal and meningococcal disease).

The benefits of protection against these diseases greatly outweigh the risks of adverse effects from immunisation.

Possible adverse effects following immunisation include local redness, soreness or swelling at injection sites, fever, and very rarely anaphylaxis.

### Resources:

Kimberley Public Health Unit Immunisation resource

The Australian Immunisation Handbook, 9th edition 2008 (NHMRC)

[www.immunise.health.gov.au](http://www.immunise.health.gov.au)

[www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

[http://www.public.health.wa.gov.au/3/470/2/schedule\\_\\_immunisation.pm](http://www.public.health.wa.gov.au/3/470/2/schedule__immunisation.pm)

Kimberley Public Health Unit, 08 91941630

## SLEEP

### Normal amount of sleep

Fullterm infants	16-20 hours/ day; wake every 3-4 hours to feed
1 year old	15 hours; 2-3 hour daytime nap and remainder at night
3 year old	Daytime nap ceases
Primary school age	10-11 hours
12 year old	9 hours

### Sleep hygiene:

- Consistent bedtime
- Dark comfortable warm room
- Light blankets, firm mattress

### Resources:

[www.cyh.com](http://www.cyh.com)

[www.chw.edu.au](http://www.chw.edu.au)

[www.ngala.com.au](http://www.ngala.com.au)

## SUDDEN INFANT DEATH SYNDROME (SIDS)

### Safe sleeping advice:

- sleep baby on their back, not tummy or sides
- sleep baby with face uncovered (no doonas, pillows, or soft toys)
- don't expose babies to tobacco smoke before or after birth
- provide safe sleeping environment (cot, mattress, bedding)
- sleep baby in their own safe sleeping environment next to parents' bed for the first 6-12 months of life

Resource: [www.sidsandkids.org](http://www.sidsandkids.org)

## PASSIVE SMOKING

Passive smoking means breathing in smoke from other people's cigarettes. Children are at higher risk of damage from passive smoking because of their smaller bodies, higher breathing rates, and less well-developed respiratory and immune systems.

Passive smoking is a risk factor for sudden infant death syndrome, pneumonia, bronchitis, croup, ear infections, asthma, learning difficulties, behavioural problems, heart disease, and meningococcal disease.

Children of smokers are 4 times more likely to take up smoking in later life.

### Parents/ carers can be encouraged to:

- give up or cut down on smoking
- don't allow smoking in house or car
- designate smoking areas outside
- ask visitors to smoke outside
- remove ashtrays and lighters from house
- put nonsmoking stickers in house and car

### Resources:

[www.cyh.com](http://www.cyh.com)

[www.raisingchildren.net.au](http://www.raisingchildren.net.au)

## EXERCISE

Children under 5 years of age should be encouraged to engage in healthy outdoor play, supervised by a parent or carer.

Children over the age of 5 should participate in at least 60 minutes (and up to several hours) of moderate-to-vigorous intensity physical activity every day.

Children should not spend more than 2 hours a day using electronic media for entertainment (eg computer games, internet, TV), particularly during daylight hours, unless for educational purposes.

Suggested activities for Kimberley kids:

Basketball, footy, walking, running, fishing, hunting, dancing, riding, swimming.

## BREASTFEEDING

Breastmilk is very important for infant nutrition, development, health, optimal growth and is uniquely suited to the needs of the infant. Breastmilk provides all the nutrients required for most babies for the first 6 months of life. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe foods, while continuing to breastfeed for 2 years or more.

Health professionals should recommend that women breastfeed infants exclusively (ie no other food or fluids) for six months, however there are individual infants who may

# Healthy Kids

benefit from introduction to solids before 6 months of age – but not before 4 months of age.

How to assess adequate breastmilk intake:

achieving normal weight gain/ milestones

urine output: 5-6 disposable nappies or 6-8 cloth nappies

stools – after day 5, soft yellow stool 2-3 times a day or every feed; around 6 weeks, can have infrequent stools, up to one every 2 weeks

good skin turgor

clear eyes

reasonably content (some babies are fussy but grow well despite this)

Resources:

Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

Australian Breastfeeding Association WA 08 93401200

Australian Breastfeeding Helpline 1800 686 286??

Breastfeeding Centre of WA Helpline, Women's and Children's Health Service 08 93401844

Lactation Consultant Service

[www.lactation.org.au](http://www.lactation.org.au) or Yellow Pages

Ngala Helpline 08 9368 9368

Tollfree 1800111546 in WA only

Infant Feeding Guidelines for Health Workers, 2003, National Health & Medical Research Council, World Health Organisation.

## NUTRITION

Dietary guidelines for children and adolescents:

- Encourage and support breastfeeding
- Children need appropriate food and physical activity for normal growth and development
- Enjoy a wide variety of nutritious foods
- Eat plenty of bread and cereals, vegetables (including legumes) and fruits
- Low fat diets are not suitable for young children. For older children, a diet low in fat and in particular, low in saturated fat, is appropriate.

- Encourage water as a drink. Alcohol is not recommended for children.
- Eat only a moderate amount of sugars and foods containing added sugars.
- Choose low salt foods.
- Eat foods containing calcium.
- Eat foods containing iron.

Australian Dietary Guidelines for Children and Adolescents, and Infant feeding guidelines are currently under review. New guidelines are likely to be available end of 2011 <http://www.nhmrc.gov.au/your-health/nutrition/review-dietary-guidelines>

Important Kimberley considerations for healthy nutrition for children:

- consider what seasonal bushfood is available and encourage this
- encourage small regular meals – children have small stomachs
- NO TEA for kids – plenty of water is better
- Don't add sugar or salt to children's foods

### Preventing anaemia:

Encourage breastfeeding and recommend exclusive breastfeeding for the first 6 months in most children. (note that not all women can, or choose to breastfeed)

Infants not breastfed should be fed a commercial infant formula for the first 12 months.

Avoid whole cow's milk as a drink for the first 12 months. Limit cow's milk to no more than 600ml/day in children aged over 12 months. Children 12-24months should be given Full Cream Cow's milk to ensure energy for adequate growth

Use an iron-enriched baby cereal among the first foods, include a vitamin C rich food at the same meal (eg mashed or stewed fruit) to improve iron absorption.

Introduce foods rich in haem-iron with first foods, around 6 months, and offer them regularly (eg beef, bush meats, liver, lamb, pork, chicken, fish, crab)

Children from 9 months of age should be encouraged to eat 3 meals a day plus healthy snacks which include haem

and non-haem iron foods (haem iron foods include red meat and chicken; non-haem iron foods include nuts, baked beans, weetbix, grain bread)

Tea and coffee will reduce iron absorption; encourage Aktavite or milo instead for children.

Minimise sweet drinks including cordial, juice, cool drink, flavoured milk

## INTRODUCING SOLID FOOD

Age (months)	Reflexes and Skills	Food types	Food examples
0-6	Sucking, suckling and swallowing	Liquids	Breastmilk
6-7	Early chewing Increased strength of suck Movement of gag reflex from mid to posterior third	Pureed foods	Start gluten free cereals (rice) Vegetable and fruit Meats Toast finger rusks Grade to mashed Meat/fish at 7 months
8-12	Clearing spoon with lips Biting and chewing Lateral movements of tongue and movement of food to teeth	Mashed and chopped Finger food	Mashed cooked vegetables and fruit Chopped raw fruit and vegetables Eggs, wheat cereals, bread, pasta, cheese, custard, yoghurt
From 12 months	Rotary chewing movement Jaw stability	Family foods	Plain fullcream pasteurized milk; Family meals

# Healthy Kids

## Changes in Kimberley Dietary practices

"used to be" diet	Current diet (not so healthy)	Quick and nutritious alternatives
Fresh beef (killer)	Tinned meat eg corned beef	Mince, beef, kangaroo stew with frozen veggies
Damper (flour, water, salt)	Tinned food eg braised steak, spaghetti, spam	Fried rice (egg, peas, ham, bacon, carrots, capsicum)
Stew (meat, potatoes, onion, carrot, cabbage)	Chicken treat and other takeaway food	Frittata or quiche
Bush turkey	Greasy mobile food van food!	Damper
All fish	Fizzy drinks	Fritters (leftover meat, peas, corn in a flour and water doughy mix)
Kangaroo meat	Fried bacon and eggs	Baked beans on toast
Goanna, other bush foods	Tea, coffee	Fish and rice, boiled eggs

### RESOURCES:

Growing Strong Resources – (Queensland)

[www.health.qld.gov.au/ph/documents/hpu/growing\\_strong.asp](http://www.health.qld.gov.au/ph/documents/hpu/growing_strong.asp)

Northern Territory List of Resources

[www.health.nt.gov.au/Publications/Food\\_and\\_Nutrition/index.aspx](http://www.health.nt.gov.au/Publications/Food_and_Nutrition/index.aspx)

A Story about Feeding Babies (Northern Territory)

[http://digitallibrary.health.nt.gov.au/dspace/bitstream/10137/108/1/fig\\_flipchart.pdf](http://digitallibrary.health.nt.gov.au/dspace/bitstream/10137/108/1/fig_flipchart.pdf)

Start Them Right (Tasmania)

<http://www.eatwelltas.org.au/PDFs/Startthemrightbook.pdf>

Child and antenatal nutrition bulletin

<http://www.pmh.health.wa.gov.au/health/CAN/index.htm>

Meerilinga

<http://www.meerilinga.org.au/>

### DISEASE PREVENTION/HYGIENE

Many infectious diseases can be prevented by immunisation, adequate housing, and hygiene measures.

Infectious diseases are more likely if houses are overcrowded, water and plumbing don't work properly, and rubbish isn't disposed of.

Parents/ carers and children should be advised about disease prevention measures, including:

#### To prevent skin and head sores and infections:

- parents and children should wash hands several times a day
- kids should shower or bath regularly (? Daily), and wash hair
- change bed linen regularly (?weekly)
- encourage kids to wear shoes
- don't let dogs sleep with people
- don't let dogs lick faces or skin sores

#### To prevent respiratory, ear and eye infections:

- don't smoke around kids
- wash hands frequently with soap and water
- blow nose and wash face if you have a cold
- throw used tissues in rubbish bin
- don't give babies bottles to drink while lying down

#### To prevent diarrhoea/ gastro infections

- wash hands before preparing food, after handling raw food, after going to the toilet or changing nappies, after smoking, and after handling pets
- keep meats and cooked food cool in fridge (<5 degrees C) or steaming hot (>60 C) to prevent growth of bacteria. Keep perishable food (eg milk) cool

- keep raw and cooked food separate
- cook food thoroughly
- keep kitchen and cooking utensils clean
- keep pets out of kitchen

#### To prevent tooth problems (which can affect the whole body)

- don't give kids sweet snacks or drinks
- clean babies' teeth as soon as they appear – wipe with a clean cloth, especially before baby goes to sleep – don't give babies bottles while going to sleep.
- brush small children's teeth with a soft toothbrush twice a day
- under age 18 months – don't use toothpaste
- 18 months to 5 years – use low fluoride toothpaste – parents to put a smear of toothpaste on brush
- Over 5 years old – use fluoride toothpaste, brush teeth twice a day
- Keep toothbrushes clean
- Have regular checkups with a dentist...

### Resources:

[www.cyh.com](http://www.cyh.com)

### SAFETY/ INJURY PREVENTION

Injuries are the leading cause of death in children aged 1-14years.

Talk to parents about supervising their kids round the house and outside playing.

Also talk to parents about:

#### Transport:

- use suitable child restraints that meet Australian standards
- kids should sit in back seat until age 12years
- teach kids about road safety and dangers of driveways
- don't let kids sit on roof or bonnet of vehicles

## Drowning:

- supervise kids around water (pools, baths)
- Pools should be fenced
- Teach kids to swim
- Parents/ carers should learn CPR

## Poisoning

- store medicines, cleaners and chemicals in original containers
- store medicines in locked cupboard or up high

## Burns

- keep kids away from fires, hot coals, heaters and stoves
- keep hot food and drink away from kids
- check temperature of bath water
- install smoke alarms

## Baby Walkers

Not recommended due to accidents and they don't promote weight bearing

## Resources:

- [www.kidsafe.com.au](http://www.kidsafe.com.au)
- [www.chw.edu.au](http://www.chw.edu.au)
- [www.atsb.gov.au](http://www.atsb.gov.au)

## MENTAL HEALTH PROMOTION

Longterm stress on the mind of an unborn child, infant, young child and teenager can affect the neurological pathways in the brain. This can lead to the child (and later, as an adult) having mental health problems, learning difficulties, and problems with relationships.

A child is most likely to have a healthy mind if the child experiences love, nurturing, and positive attitudes from adults who help them. These things can also help a child who has had longterm stress in his/ her life, to heal and to promote a healthy mind.

Things that help a child develop a healthy mind, good feelings about him/ herself, have good learning ability and good relationships:

- healthy pregnancy (don't drink alcohol or smoke)
- good food supply
- healthy families (no domestic violence, drugs, alcohol, or physical/ emotional/sexual abuse or neglect)
- adults spending time with babies and children, playing and teaching them about life
- encouraging children to go to school/ get an education
- teaching children about culture and spirit
- learning about bush life
- learning protective behaviours
- listening to children and helping them to solve problems
- if families/ parents/carers are having problems themselves with their health or their lives – get help early from a health professional, or social services such as DCP, Centrelink, or women's organisation. If you are well, it is easier to care for your children.

## Resources:

- [www.cyh.com](http://www.cyh.com)
- Australian Childhood Foundation, [www.childhood.org.au](http://www.childhood.org.au)

## PROTECTIVE BEHAVIOURS

Themes of protective behaviours program:

- Children all have the right to feel safe; and there is nothing so awful that they can't talk to someone about it.
- Children need to be encouraged to know the difference between good and bad secrets, and that only good secrets (like birthday surprises) should be kept.
- Children should also be encouraged to identify a support network of people who are safe, who they trust, and who listens to them (preferably some people from their family and also people outside their family)

## Resources:

Contact KAMSC Social Emotional Well Being Unit for training on local package/resource Ph (08) 91926435 Marie Cox or view on the KAMSC website

[www.protectivebehaviourswa.org.au](http://www.protectivebehaviourswa.org.au)

## EARLY LEARNING

Children learn by watching, listening, and doing. Most learning happens in the family, especially in the first 5 years of life. Parents and carers can have a big impact on children's learning and development in these early years.

Children should be encouraged to try new things in a safe environment.

Play is important as it allows children to practice skills and develop ideas in their own time. Play materials can include cardboard boxes, paper, old clothes as well as toys. Outside play helps develop physical health and balance.

Literacy (reading, writing, speaking and listening, drawing) is not just learnt at school. Parents, carers and families can help children learn these things by setting examples, talking to children, reading books, telling stories and singing songs, playing games that involve words and pictures, and encouraging activities like drawing and painting.

## Resources:

- [www.cyh.com](http://www.cyh.com)
- [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

## NORMAL OBSERVATION AND VALUES

### Respiratory rate by age at rest

Age (years)	resp rate (breaths/min)
<1	30-40
1-2	25-35
2-5	25-30
5-12	20-25
>12	15-20

# Healthy Kids

## Heart rate by age

Age (years)	Heart rate (beats/min)
<1	110-160
1-2	100-150
2-5	95-140
5-12	80-120
>12	60-100

## Systolic blood pressure by age

Age (years)	Systolic BP (mmHg)
<1	70-90
1-2	80-95
2-5	80-100
5-12	90-110
12	100-120