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### GENERAL PEDIATRIC CLINIC / 4-MONTH VISIT

(See 2<sup>nd</sup> page for Anticipatory Guidance for 4-Month Visit)

Completion of this form is voluntary.

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Height</b>	<b>Weight</b>	<b>Today's Date</b>			
<b>Accompanied by</b>				<b>Head Circumference</b>				
<b>Parental Concerns</b>			<b>Alertness</b>					
<b>Feeding:</b> Breast _____ x / day. _____ Hours Formula: Type _____ ( ) _____ x / day Amount / Feeding _____ oz. Water _____ x / day Solids _____			<b>Activity</b>					
			<b>Response to Examiner</b>					
<b>Sleeping</b>			<b>Note — Present (+) or Absent (-) as Appropriate</b> (Cross off parts not examined or not applicable)					
<b>Skin</b>			<b>Part</b>		<b>N</b>			
			Skin: Color, texture					
<b>Stool Pattern</b>			Head: AP size _____ / cms					
			Eyes: Cover test, lids, pupils, conjunctivae, red reflex, fundi					
<b>Reaction to Previous Immunization</b>			Ears: Canals, tympanic membranes, localization of sound					
			Nose, Mouth, Throat: Gums, Buccal mucosa, tongue					
<b>Current Living Situation</b>			Neck & Chest: Trachea, thyroid, cervical nodes					
			Heart and lungs					
<b>Parents' Description of Baby's Temperament</b>			Abdomen: Size, liver, spleen, kidneys					
			Extremities: Hips — abduction _____ click ( ) Tibial malleolar positions _____ feet _____					
<b>Problems Identified and Received</b>			Genitourinary: Penis, meatus, foreskin retraction, testes Vaginal orifice, inguinal nodes, inguinal hernia ( )					
			Neuromuscular: Tone, posture, head control, motor strength, C2 – 12, reflexes, moro ( ) placing ( ) palmar grasp ( ) planter grasp ( ) tonic neck ( ) babinski ( ) DTRs					
<b>Physical and Emotional Status</b>			<b>Describe abnormal findings.</b>					
<b>Diet:</b> Change in Stool with Diet, Scheduling to Fit Family Schedule Additions _____			<b>Development Observation</b> NO* = not observed by parents or examiners, R = Reported, O = Observed					
			<b>R</b>	<b>O</b>	<b>NO*</b>			
<b>Anticipatory Guidance:</b> Drooling, Chewing, Teething, Pacifier. Colds and Fever Review Sibling Rivalry. Vocal Stimulation Safety: Need for Safe Place to have Baby, Toys. Aspiration of Foreign Objects. Home Water Temp.					G.M.	Rolls over from stomach to back		
							Prone, lifts, chest up with arm support	
							No head lag when pulled to sitting	
							Head steady when held sitting	
							Bears some weight on legs	
						P.M.	Regards & follows small object — 90 degree arc	
							Reaches for dangling object	
							Brings hands together	
							Grasps objects and resists pulls	
						Lang.	Laughs aloud	
<b>SIGNATURE</b> — Provider						Vocalizes responsively		
			Date Signed					Initiates vocalization
							P.S.	Seeks eye contact with parents
								Reaches with arms to parents
					Smiles responsively			
Return to clinic in _____ months.			<b>Parents' Interactions with Baby</b> NO* = Not observed here O = Observed M = Mother F= Father					
			<b>O</b>	<b>NO*</b>				
						Touches baby		
						Scolds crying baby		
						Calmly holds to quiet baby		
						Spontaneously identifies baby's positive qualities		
			Watching baby's actions during visit					
			Responds to baby's voice with vocal response					
<b>Other Observations</b>								
<b>Development and Parent-Child Interaction</b>								

## Diet

Plan adding only one new food per week. It is okay to let the parents choose what to add but still keep away from allergenic foods. With addition of solids, stools will become more firm. Add juices and fruits PRN (see 6-8 week visit).

## Anticipatory Guidance

Teething, discuss the timing of first teeth (5-9 months), the wide range of normality, the normal sequence of teeth eruption and again great variation in this sequence, gums do most of the chewing so the baby does not need teeth to eat solids.

Drooling, increased mucus, irritability, need to chew, possibly loose stools may all be related to teething. Most babies do not have fever, runny nose or overt diarrhea. Drooling is also due to increased saliva at this age. Chewing is partially from teething but also from the development of "hand-mouth" reflex. A cool pacifier gives comfort to the swollen gums. Use solid teething ring kept cool in the refrigerator. Do not use a ring with liquid inside.

Colds — see handout. Discuss decreased maternal protection by 6 months. More exposure to people, so babies are more apt to get viruses. Diseases may last 7-14 days and the baby can get a new "cold" every two weeks or so.

Fever review — see "6-8 week visit"

## Sibling Rivalry

The baby is now very responsive to everyone and gets a lot more attention from father and visitors. Sibs close in age may show more signs of sibling rivalry now. May revert to more immature behaviors.

Vocal Stimulation — The parents should respond to baby's "noises" with speech.

## Safety

Use the playpen as a safe place to leave the baby. This is especially needed when there are older sibs running around. The use of the playpen at this time will get the child used to his own "safe territory." As the baby becomes more mobile, the playpen can prevent accidents from occurring when the baby is left alone for a few minutes while the parent goes to the bathroom, answers the phone, goes to the front door, etc. When using infant seats, they should always be placed on the floor. Toys should be large, colorful and washable. The prevention of aspiration of objects should be gone over by reminding parents to always close safety pins and not leave small toys or hard food near the baby.

Home water temperature should be turned to below 120° now.