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Initial Assessment Form Of

Paediatrics Patient

Patients' Name:

Age/Sex: UHID:

Height: Weight:

Time of Arrival: Date:

Time of Assessment by Dr:

Medico-Legal Status: ☐ non-MLC ☐MLC No. ……

Presenting Complaints:

History of Presenting Complaints:

Present Medical History:

Past Medical History:

History of Allergy:

Family History:

Vitals:

RR…… /Min

HR……/min

Temp……°F

BP……mmHg

Spo_2……%

GCS……

E……

M……

V……

Pupils……

RBS……mg/dL

Nutritional History:

Pain Score:

No Pain/Mild Pain/
Moderate Pain/
Severe Pain

Development History:

Vaccination History:

Socio – Economic History

General Examination: PALLOR / ICTERUS / CLUBBING / LYMPHADENOPATHY / OEDEMA

Weight: Height: BMI:

Head Circumference:

Other Signs:

Nutritional Assessment:

Identification of special needs:

Systemic Examination

Respiratory System:

Cardiovascular System:

Per Abdomen:

Nervous System:

Other:

Provisional Diagnosis:

Treatment Plan:

Blood Investigations:

☐CBC

☐CRP

☐KFT

☐LFT

☐PT INR

☐Blood C/S

☐Urine R/E

☐Urine C/S

☐Malaria Antigen

☐Typhi Dot IgM

Other Investigations:

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Radiology Investigation:

☐X-Ray

☐CT scan

☐MRI

Dietary Plan:

Safe Parenting Instructions:

Referral Doctor

Admission: ☐ PICU ☐ Ward ☐ Day Care

Condition: ☐ Stable ☐ Serious ☐ Critical ☐ End of Life

Admission under Consultant 1 …… Consultant 2 ……

I have been explained the current condition, management, alternatives and prognosis. All my questions have been answered satisfactorily. I have understood the above instructions and I agree with the plan.

Patient Attendant Name/ Sign. **Doctor Name/ Sign.**

CLINICAL PROGRESS NOTES

DATE & TIME	NOTES

Name : Sex : M / F Date of Birth :

IAP TNSC & Chapter of Neurodevelopmental Pediatrics IAP
IMMUNIZATION CUM DEVELOPMENT CARD

Vaccine	Due Date	Given Date	✓ Tick the milestones attained	Wt. - kg	Ht. - cm	HC. - cm
At birth BCG OPV Hep B - 1 (BD)			 • **Pull to sit** - Newborn complete head lag, back rounded • **Ventral suspension** - Newborn head sags down • Startle to sound (Do OAE hearing screening)			
6 weeks DTwP/DTaP - 1 Hib -1 Hep B - 2 PCV - 1 IPV - 1 Rota -1*			 • Momentarily holds the head in horizontal plane • Head control begins • Social : Social smile			
10 weeks DTwP/DTaP - 2 Hib - 2 Hep B - 3 PCV - 2** IPV - 2 Rota - 2			 • Responds by smile • Responds to bell • **Follows** dangling toy at 180 degree • Coos & gurgles • Make eye to eye contact • Turn head towards direction of sound • Begins to recognize the mother's face			
14 weeks DTwP/DTaP - 3 Hib - 3 Hep B - 4 PCV - 3 IPV - 3 Rota - 3			 • **Pulled to sit**, head steady • **Prone position,** face, head and chest off the Couch • **Ventral suspension** - head above the plane of trunk • Turns over by3-5 months • Fine motor: Bi-dexterous approach • Full head control			
6 Months Influenza - 1 **6 - 9 months** Typhoid TCV **7 Months** Influenza - 2			 • **Prone position** - lifts the chin and chest, while supporting weight, on extended arms. • Sits with support (tripod sitting) • Like to look itself in a mirror • Babbles - oh, eh, oo (sounds) • **Fine Motor :** Transfer objects Holds cube crudely - Uni-dexterous			
9 Months MMR - 1			 • **Gross motor:** Sits well, stands holding on (with support) • **Fine motor:** immature pincer grasp • **Social:** waves bye - bye Plays - peek a boo, claps • **Language:** says bi-syllables (mama, baba, dada) • Look for hidden toys • Respond to name being called • Crawl to get desired object			

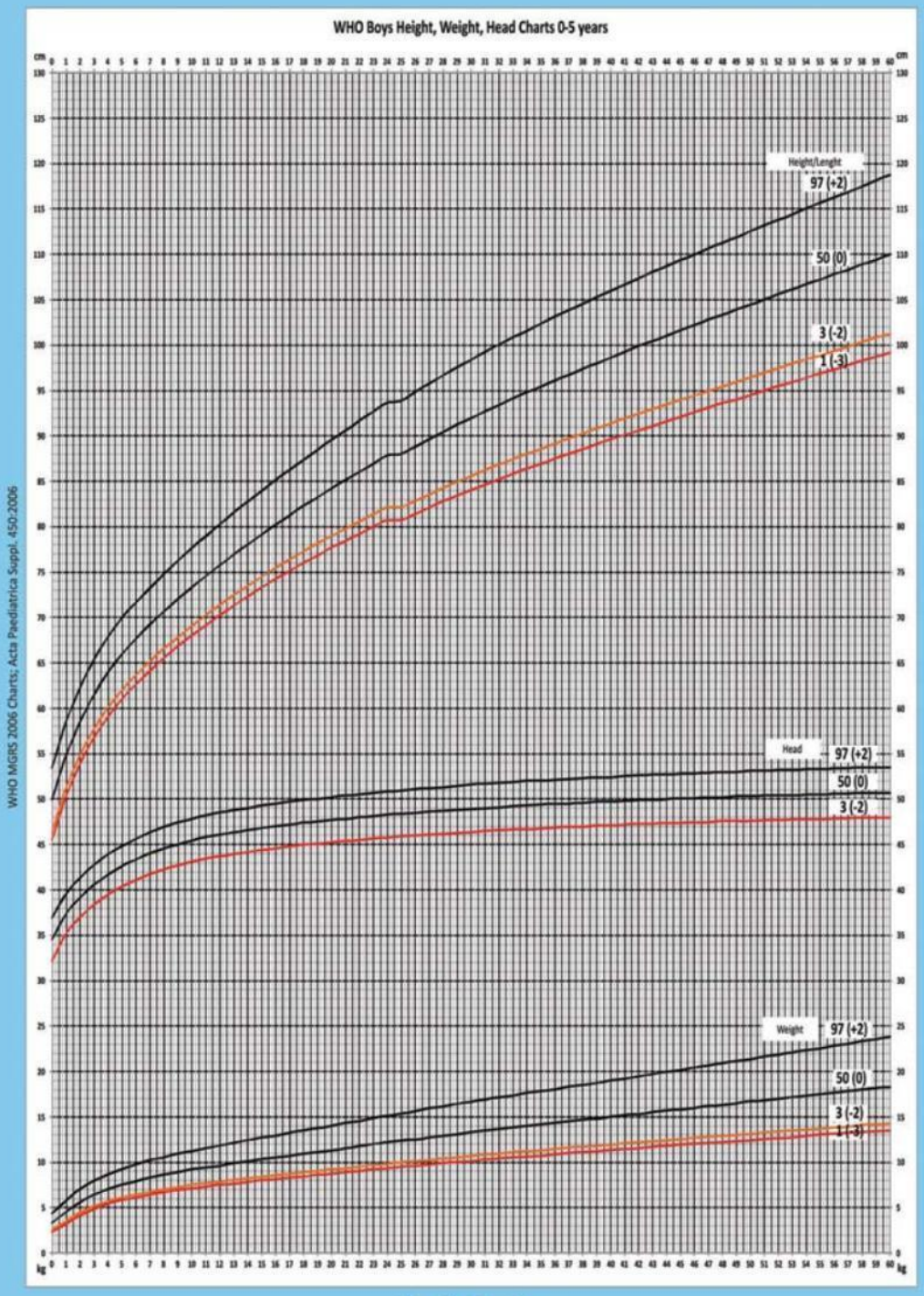
* For RV_1 Two doses 6 and 10 weeks • Influenza vaccine-annual
**PCV Vaccine Government Recommendations - 2, 6 and 9 months.

0 to 5 Years : WHO Boys Length/Height, Weight and Head Circumference Charts

(Z Scores are in Parenthesis)

Name : _____

DOB : _____

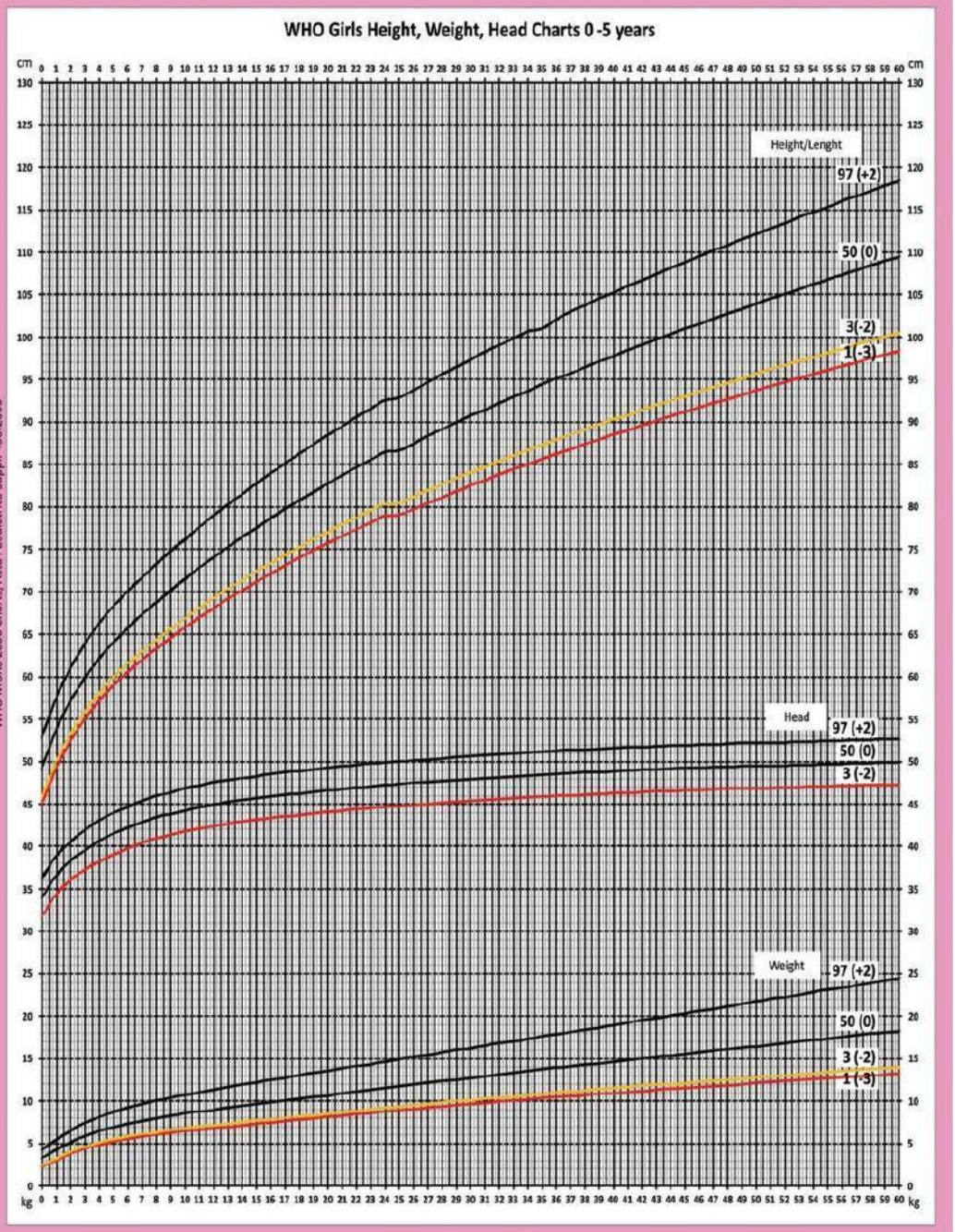


0 to 5 Years : WHO Girls Length/Height, Weight and Head Circumference Charts

(Z Scores are in Parenthesis)

Name : _____

DOB : _____



Address :

1 year Hepatitis A				• Stands without support • Walks alone, but falls • Mature pincer grasp • Plays simple ball game • 2 words with meaning • Points an object with one finger • Respond to simple request No, come here	
15 months MMR - 2 Varicella - 1 PCV booster				• Walks alone • Crawls upstairs • Imitates as taking by phone • Brings and Shows Toys of interest • Tower of 2 cubes	
18 months DTwP - B1/ DTaP - B1 IPV - B1 Hib - B1 Hep - A 2 (Inactivated) varicella - 2				• Runs, explores table drawers • Domestic mimicry • 8-10 words • Throws a ball without falling • Recognizes parts of the body • Tower of 4 cubes • Name and identify common objects in the picture book • Puts pebbles, small objects in a container	
2 years Influenza vaccine				• Walks up and down stairs (2feet/step) • Tower of 6 cubes • Pulls people to show desired object • Two-word Sentences • Able to do two step command	
3 years Influenza vaccine				• Rides tricycle • Alternates feet going upstairs, • 3 word sentences • Tower of 8 cubes, making a Bridge / Gate of 3 cubes • Copies a circle • Knows name & gender • Identify 1 - 2 colours and shapes • Able to do three step command	
4 years Influenza vaccine				• Hops on one foot • Alternates feet going downstairs • Copies cross & square • Steps of 6 cubes • Group play • Says poem, Able to tell A B C D, 1 2 3 4 letters & Simple Story	
5 years DTwP / DTaP - B2 IPV - B2, MMR - 3 Influenza vaccine				• Plays skipping rope • Copies a triangle • Steps of 10 cubes • Count up to 10 • Social : Dresses and undresses • Language : asks for meaning of words • Identify & write letter A B C D, 1 2 3 4 • Identifies 4 colours	
9-14 years Tdap & HPV				• T dap : 10-12 y followed by Td every 10 y • HPV : 9-14 years 2 doses 0, 6-12m (2 doses at 6 months interval) >15 years - 3 doses -HPV 0-1-6 mo for HPV2, 0-2-6 mo for HPV4	

Ref.IAP - ACVIP Recommendations 2020-21

Blue : Vaccines provided for all Children in the Government set-up.

Red : Vaccines recommended in private practice, for all Children (IAP Recommendations).

Disclaimer

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