



## Objectives: Pediatric and Adolescent Care

### Well-baby Care

1. Measure and chart growth parameters, including head circumference, at each assessment; examine appropriate systems at appropriate ages, with the use of an evidence-based pediatric flow sheet such as the Rourke Baby Record.
2. Modify the routine immunization schedule in those patients who require (e.g. those who are immunocompromised, those who have allergies).
3. Anticipate and advise on breastfeeding issues (e.g. weaning, returning to work, sleep patterns) beyond the newborn period to promote breastfeeding for as long as it is desired.
4. At each assessment, provide parents with anticipatory advice on pertinent issues (e.g. feeding patterns, development, immunization, parenting tips, antipyretic dosing, safety issues).
5. Ask about family adjustment to the child (e.g. sibling interaction, changing roles of both parents, involvement of extended family).
6. With parents reluctant to vaccinate their children, address the following issues so that they can make an informed decision:
  - a. Their understanding of vaccinations
  - b. The consequence of not vaccinating (e.g. congenital rubella, death)
  - c. The safety of unvaccinated children (e.g. no Third World travel).
7. When recent innovations (e.g. new vaccines) and recommendations (e.g. infant feeding, circumcision) have conflicting, or lack defined, guidelines, discuss this information with parents in an unbiased way to help them arrive at an informed decision.
8. Even when children are growing and developing appropriately, evaluate their nutritional intake (e.g. type, quality and quantity of foods) to prevent future problems (e.g. anemia, tooth decay), especially in at-risk populations (e.g. the socioeconomically disadvantaged, those with voluntarily restricted diets, those with cultural variations).

### Adolescent and Child Care

1. When evaluating children, generate a differential diagnosis that accounts for common medical problems, which may present differently in children (e.g. urinary tract infections, pneumonia, appendicitis, depression).
2. As children, especially in adolescents, generally present infrequently for medical care, take advantage of visits to ask about:
  - a. Unverbalized problems (e.g. school performance)
  - b. Social wellbeing (e.g. relationships, home, friends)

- c. Modifiable risk factors (e.g. exercise, diet)
  - d. Risk Behaviours (e.g. use of bike helmets and seatbelts)
3. At every opportunity, directly ask questions about risk behaviours (e.g. drug use, sex, smoking, driving) to promote harm reduction.
  4. In adolescents, ensure the confidentiality of the visit and, when appropriate, encourage open discussion with their caregivers about specific problems (e.g. pregnancy, depression and suicidality, bullying, drug abuse).
  5. In assessing and treating children, use age-appropriate language.
  6. In assessing and treating children, obtain and share information with them directly (e.g. don't just talk to parents).
  7. When investigation is appropriate, do not limit it because it may be unpleasant for those involved.

\*\* Adopted from the CFPC's 99 priority topics