



2021 NWT Well Child Record Desk Reference

The Desk Reference is a quick resource to help healthcare providers (HCPs) facilitate the completion of the NWT Well Child Record (WCR) in the Electronic Medical Record (EMR). The primary compendium resource for the WCR is the 2021 WCR Handbook. For the comprehensive resource, see the [NWT WCR Handbook](#). **Clinical judgement is still required.**

The protocol for the well child visit is described in the [NWT Community Health Core Service Standards and Protocols](#).

Well Child Program

- The NWT WCR is the standardized assessment and documentation tool at well child visits. It provides a record of health, social, and developmental surveillance of the infant/child, and parameters for physical examination, development, growth, nutrition, and oral health, and anticipatory guidance for nutrition, safety, behaviour, family, and environmental health promotion teaching. Information on immunizations is also given so that vaccines may be provided.
- Early identification of any risk factors or challenges in these areas should be followed up with additional assessments, screening, referrals, and interventions to improve an infant/child's and their family's outcomes.
- The NWT WCR is a tool and will not always detect concerns. **Clinical judgment is still required for all assessments and referrals.**
- NWT Elders and other community members are a strong source of support for caregivers of infants and young children. It is important for HCPs to be respectful that caregivers of infants and young children obtain information on caring and support from a number of sources that the caregiver trusts.
- All HCPs are responsible for using approved Health and Social Services (HSS) resources, and Wolf EMR Materials when using the NWT WCR and EMR.

NWT WCR Forms:

There are 9 forms in the NWT WCR series, most correspond to the [NWT immunization schedule](#):

- | | | |
|-----------------|-------------|----------------|
| • Within 1 week | • 4 months | • 18 months |
| • 1 month | • 6 months | • 3 years |
| • 2 months | • 12 months | • 4 to 5 years |

The child's chronological age determines which NWT WCR to use. If the infant/ child's age at the visit falls between two NWT WCRs, use the earlier of the NWT WCRs.

Birth Information

Content is populated from newborn record. Input manually if incomplete.

Fetal Alcohol Spectrum Disorder (FASD)

HCPs should ask the following to provide a referral to the Child Development Team at Stanton Territorial Hospital for further assessment of FASD and support:

- if the mother drank prior to pregnancy and during pregnancy and how much,
- about the child's behaviour,
- how the child is doing in school (if school age), and
- if the child has trouble learning

Biometrics

Corrected age for plotting on WHO Growth Chart should be used at least until 24 to 36 months of age for premature infants born at less than 37 weeks gestation.

Parent/Caregiver Concerns

Refer to appropriate HCP if any significant parental or caregiver concerns for the infant/child's health and/or development for further assessment.

Nutrition

Explore nutrition choices for the infant/child in the 2021 *WCR Handbook* with the caregiver to look for opportunities for anticipatory guidance and support.

- See Appendix: Well Child Infant Feeding Questions in WCR Handbook for more information.*

Food Security: Explore with the caregiver "if they have difficulty in making ends meet? Do they have trouble feeding their family?" *See Appendix: Well Child Food Security Questions in 2021 WCR Handbook for more information.*

Exclusive breastfeeding: Includes the infant receiving human milk (including expressed milk, donor milk) and receiving oral rehydration solutions (ORS), syrups (vitamins, minerals, medicines) if required, but does not include the infant receiving anything else (WHO).

Non-exclusive breastfeeding: The infant/child has received human milk (including expressed milk, donor milk) and water, water-based drinks, fruit juice, ritual fluids or any other liquid including non-human milk or solids (WHO).

Formula: Discuss the caregiver's knowledge and experience with formula. Explore infant feeding and provide education.

Vitamin D: All infants and children under 3 years should receive a total of 800 IU Vitamin D per day.

Education & Advice Repeated discussion of items is based on perceived risk or need.

Injury Prevention This section focuses on safety and explores with the family opportunities for anticipatory guidance and support

Behaviour and Family Issues This section focuses on areas to explore with the family and look for opportunities for anticipatory guidance and support.

See High risk infants/children/ caregivers/ families of 2021 WCR Handbook for more information

If there are suspected child protection concerns, there is a legal responsibility to immediately contact a Child Protection Worker, or if unavailable, the RCMP (Child and Family Services Act, 2016 (Section 7); Criminal Code of Canada).

Assess for postpartum depression

All mothers should be screened at their NWT prenatal visits and again at 6 weeks postpartum.

See Appendix: Well Child Caregiver Mood Questions in 2021 WCR Handbook for the Edinburgh Postnatal Depression Scale and additional information.

Family This section focuses on the family's health and social activities, childcare, school readiness, and explores with the family opportunities for anticipatory guidance and support.

Assess childcare, preschool needs/school readiness:

Although children do not need to have specific knowledge or skills to start school it is helpful if they can:

- share and know how to take turns,
- cooperate and play well with others,
- listen and pay attention for short periods of time,
- speak and ask for what they need,
- help out and put away classroom materials and toys after activity time,
- dress and undress themselves,
- use the toilet independently and clean themselves,
- play by themselves with toys for a period of time without needing adult attention, and
- be away from their caregivers and parents and understand that parents will come back.

Environmental Health This section focuses on environmental factors that impact health and explores with the family opportunities for anticipatory guidance and support.

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Environment
This section is for documenting the assessment of the infant/child and family’s environment, including: exposure to second-hand smoke, safety concerns, screen time, and places the child socializes.
Development All items of the age appropriate Development Section of the WCR should be addressed at every visit.
Clinical judgment is still required for all <i>developmental items</i> assessed with or without <i>referral</i> recommendations. Where possible, try to observe the child doing the developmental item rather than relying on the caregiver’s report of developmental skill acquisition. Correct for age for premature infants born at less than 37 weeks gestation until 24 to 36 months. <ul style="list-style-type: none">See Development section of the <i>2021 WCR Handbook for an age appropriate developmental assessment and more information</i> Parental or caregiver concern about development at any stage is also considered a high-risk marker. The Developmental Assessment at 18 months is a key time for early initial screening for possible autism. At 18 months, does the child: <ol style="list-style-type: none">Look at you and point when they want to show you something?Look when you point to somethingUse imagination to pretend play? Based on CHAT (Checklist for Autism in Toddlers)
Physical Examination
Clinical judgment is still required for all physical exam items assessed with or without <i>referral</i> recommendations. A physical examination is required for all infants and children using references approved by HSS and employing NWT HSSA including NWT clinical practice guidelines, standards and protocols, and national resources that are adopted by HSS and employing NWT HSSAs. <ul style="list-style-type: none">See <i>Physical Examination</i> section of the <i>2021 WCR User Handbook for age appropriate assessment</i>

Questions about the NWT Well Child Record, 2021 WCR Handbook and Desk Reference should be directed to: nursing@gov.nt.ca

Questions on the WCR EMR data fields, EMR utility, or data integrity comments, contact yhssa_helpdesk@gov.nt.ca or EMR Helpline at 867-767-9108, option 4#

Oral Health

Explore oral health for all infants and children with the caregiver and look for opportunities for oral health anticipatory guidance beginning at the first well child visit.

- See *Oral Health Section of 2021 WCR Handbook* for more information

Complete an oral health assessment of the infant/child’s teeth, gums, tongue and mucosal lining of the mouth, and indicate if healthy or unhealthy:

- Look at the teeth for visible plaque (white or pale-yellow build-up) and/or food debris on teeth.
- Look at the teeth for signs of dental decay: obvious chalky white spots (early decay), brown spots (frank decay), or holes/erosion of tooth structure (advanced decay).
- Look at the gums for areas of redness or inflammation.
- Look at the mucosal lining of the mouth and tongue for lesions or other irregularities.

Indicate “Unhealthy” if there are one or more unhealthy mouth factors listed below:

Healthy Mouth	Unhealthy Mouth
No Early Childhood Tooth Decay (see above)	Signs of tooth decay present (see above)
No sign of infection or swelling	Infection and swelling
Pain free	Pain
Pink gingiva that does not bleed	Red or inflamed gingiva with or without bleeding
Pleasant odour	Foul odour

Within 6 months of the eruption of the first tooth or by 12 months of age, all infants should have an initial assessment by a dentist.

Then, follow-up check-ups with a dentist, dental therapist or dental hygienist should occur twice yearly.

Fluoride varnish should be applied as soon as the first teeth erupt, then every three months. Check in the chart or with families when the last fluoride varnish was applied and provide varnish during the well child visit, or a referral to the appropriate oral health care provider for service.

Helpful Links Please refer to the NWT WCR Handbook for relevant links to resources and references.

Problems and Plans
<ul style="list-style-type: none">Document any referrals suggested to the caregiver during the well child visit for continued monitoring and follow up.Document the plan of care for continued health surveillance, including social determinants of health, and interventions for monitoring and evaluation at the next well child visit.
Current Services and Referrals
Clinical judgment is still required for all WCR <i>items</i> assessed with or without <i>referral</i> recommendations. Check all referrals that apply. Ensure caregivers are aware that: <ul style="list-style-type: none">All patients, regardless where they live, can self-refer to OT and PT programs in Yellowknife, Inuvik, Hay River and Fort Smith. Follow the regional operational process for patient self-referral. This program includes OT, PT, SLP, and audiology.HCPs must refer if there is a health, developmental, or social concern found during the assessment or if the caregiver requests a referral.If an area of concern is identified during the well child visit, a referral to the appropriate HCP should be completed by following the <i>2021 NWT WCR Handbook</i> and regional operational pathway.If suspicious about a finding, discuss it with an MD/NP or Paediatrician on call.See the <i>2021 WCR Handbook for more information on the Healthy Family Program</i> and the Universal Active Offer to the program.
Investigations and Immunization
Record immunization in the EMR vaccine module as per NWT Immunization schedule. <ul style="list-style-type: none">also, indicate on WCR if an immunization has been given. Indicate Refusal in Vaccination Schedule <ul style="list-style-type: none">also, document rationale in <i>Problems and Plans</i> section of <i>NWT WCR</i> if caregiver declined immunizations.
Appendix: Well Child Discussion Questions
Contains discussion questions, key actions, and resources to explore the following topics: <ul style="list-style-type: none">Infant feedingCaregiver moodMaking Community ConnectionsFood security