



Process of a child health check

This document is designed to assist interested stakeholders in understanding what the current child health check is.

Information for health professionals and stakeholders

This document is best read in conjunction with the Australian Government Department of Health and Aging information, fact sheets and child health check proforma.

The resource kit for indigenous health checks is available at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pacd-medicare-resource-kit>

Medicare item 708 recommends that a Child have a check up at least annually and must not be repeated closer than 9 months apart.

Each child receiving a child health check will have differing experiences of what is provided in this health check. This is due to the different needs in each age group.

It is expected that the child's carer attends and gives consent for the child to have the health check.

The over riding aim is to make an assessment of the child's physical, psychological and social well-being. It also assesses what preventative health care, education and other assistance is required to improve their overall health.

Each clinic functions differently and has access to different types of assessment rooms, some are private and some are large "baby rooms".

In general an assessment by a Doctor is in a private room but pre assessment is often done by an Aboriginal Health worker or Nurse in larger rooms.

A child health check means

Explaining and asking for consent for health check

- Observing the child and their interactions in the environment and with the carer.
- Taking a history from the child (depending on age) or the carer and reviewing any notes already made.
- Asking if the child has any allergies to food or medicine
- Asking if the child is on any medicines or other treatments?
- Checking immunisation status

Routine investigations could include but are not limited to

- weight
- length
- head circumference
- waist circumference
- BMI
- temperature
- pulse
- respirations
- blood pressure
- haemoglobin
- blood sugar level
- urine check

Skin Health

Observing for; cuts, sores, infection, scabies, bruises, dry skin, scars, unusual markings, nappy rash.

Eye health

Vision tests

Trachoma

Redness, pupil size, cornea, eye movements

Fixation, tracking

Teeth and gums

Asking about mouth hygiene

Any pain or problems eating/feeding

Any obvious decay, ulcers sores on gums

Have they had age appropriate dental check?

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Hearing/ears

Asking the carer if they think there might be a problem, has the school identified any learning problems

Looking into ears to check if any problems, in young babies or children get the carer to help hold and calm the child.

Nutrition

Asking what the child eats and drinks for each meal- be specific

Breast feeding, any problems

Introducing solids-education

Checking weight against previous weight and expected growth for age

Asking if child is able to get access to enough food

Body

Listening to heart and lungs

Checking abdomen, major organs

Asking about elimination

Psychological

Asking about the child's mood

How does the child interact socially?

Physical activity

Does the child exercise?

Is the child developing appropriately; for age-crawling walking, motor skills.

Watch the child walk, crawl etc to note any problems

Other Questions

Other areas of investigations can surround the living environment, schooling, child care arrangements, financial situation.

Support network for the child and carer.

For example questions for new mothers 2 month baby may differ from a 14 year old.

Checking that there is any other information that the carer or child may want to add and asking if there are any questions.

Following this assessment there may be further investigations required

Make an overall assessment of the child using the information gained and arranging any necessary interventions or referrals.

Document a simple strategy for the good health of the child: short and long term.

The Doctor is expected to make a record of the health check for the patient record and offer to give the carer a written report of the child health check.

Brief explanation for the carer and child

A child health check is a check up in a well child.

Usually a nurse or aboriginal health worker will start the check by asking you some questions about you and your child. They will then ask you if you would like to have your child checked out to make sure your child is growing normally and is healthy.

After you have given consent they will ask health questions and talk to you about what they are doing in the assessment, like recording weight and height and looking into ears or pricking finger. They should tell you before they do each assessment and you can stop them at any time.

You are encouraged to ask questions if you are unsure about any part of the assessment.

After they have finished you and your child will see a doctor who will look at the information so far and complete the check, with things like listening to the heart.

When it is finished the Doctor, you and your child can decide what actions you want to take to fix any problems that might have been found.

References;

Australian Department of Health and Aging (DoHA) 2007, *Resource kit for Aboriginal and Torres Strait Islander Medicare health checks (Items 704-710)*

Available at: Visited on 25/06/07

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pacd-medicare-resource-kit>

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Northern Territory Government Department of Health and Community services, *GAA 1-3 year baby clinic summary sheet*, Government printer of the NT

Central Australian Rural Practitioners association 2003, *CARPA standard treatment manual 4th edition*.

<http://www.carpa.org.au/default.htm>