HRC No.	•••••
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NNPD No. .....

# **HIGH RISK CLINIC**

Neonatology Unit, Department of Pediatrics All India Institute of Medical Sciences New Delhi WHO Collaborating Centre for Training and Research in Newborn Care



Baby's name	Date of Birth
Father's name	
Address :	
Present	
	Phone
Permanent	
	Phone
Relative's	
	Phone

Note : Please check address and phone number on each visit. Make appropriate changes as required.

#### Eligibility for enrolment in HRC (Tick as appropriate)

1.	Birth weight <1500 grams	
2.	Gestation <32weeks	
3.	Infants with BW $\geq$ 1500 gm OR gestation $\geq$ 32 week <b>AND</b>	
	a. Intrauterine growth centile <3rd centile	
	b. Meningitis	
	c. Received mechanical ventilation for 48 hours or more	
	d. Hypoxic ischemic encephalopathy stage 2 or higher	
	e. Major malformation	
	f. Inborn error of metabolism/chromosomal or genetic disorders/intrauterine infections	
	g. Symptomatic hypoglycemia	
	h. Symptomatic polycythemia	
	i. Retrovirus positive mother	
	j. Hyperbilirubinemia requiring exchange transfusion OR Rh isoimmunization/cholestasis	
	k. Abnormal neurological examination at discharge/seizures	
	I. Major morbidities such as chronic lung disease, IVH grade III or more (Papile's classification),	
	and periventricular leukomalacia	
4.	Other	
	Specify	

### Follow up schedule

- Infants requiring ROP screening must be called to HRC after completion of ROP screening only. SR (ROP) is responsible for their holistic care at ROP visit itself
- Every 2 wk until the baby is 3 Kg
- At 6, 10 and 14 week (immunization visits to be covered during these visits), at 3, 6, 9, 15, 18 and 24 months of corrected age and then every 6 months until 8 years of age
- More visits if required

### What should be done at follow up visit?

Assessment	Corrected age in months								
	1	2	3	6	9	12	15	18	248 yrs.
Assessment of feeding and					All v	visits	-	•	
dietary counselling									
Growth monitoring					Ally	visits			
Immunization			As p	per sche	dule (ba	sed on p	ostnatal	age)	
Ongoing morbidities			/	All visits	and as a	ind wher	n require	d	
Neurological examination			*	*	*	*	-	*	*
Developmental screening by	1 '	!			All v	visits	•		•
pediatrician									
Formal developmental			¶	¶	¶	*	-	*	*
assessment (DASII)									
Hearing (BERA)			¶	¶	lf	abnorm	al, treati	ment to	be advised
Ophthalmic evaluation *	ROP				*	-	-	¶	9
	screenin	g							

\* Must be done

 $\P$  If abnormal at any stage follow - up as advised by Pediatric Ophthalmologist

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Date of Birth (DD/MM/YYY)	Expected date of delivery (DD/MM/YYYY)	Gestational age	Birth weight

#### **Nutritional Supplement protocol**

Infants	Supplement	Start	Stop
2500 gm or more	Vitamin D3 400 IU	Birth	2 years of age
	Iron	6 months of age	2 years of age
1500 to 2499 gm	Vitamin D3 400 IU	Birth	2 years of age
	Iron	4 weeks	2 years of age
<1500 gm	Vitamin D3 400 IU	Birth	2 years of age
	Iron	2 to 4 weeks	2 years of age

Fe dose : 2 to 3 mg/kg

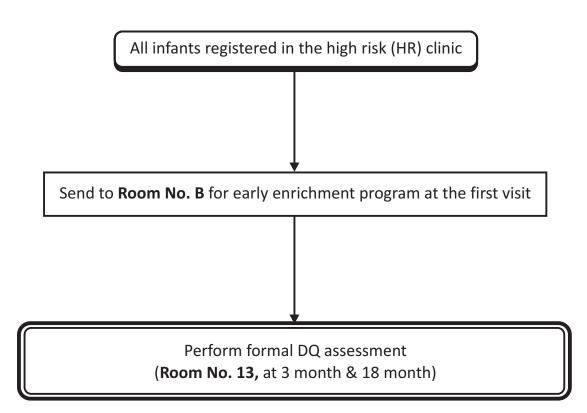
Tonoferon drops (1 mL= 15 drops=25 mg of elemental iron)

- <3 kg ; 0.3 mL OD (5-10 mg)
- 3 to <6 kg : 0.5 ml OD (10-15 mg)
- 6 to 12 kg : 1 ml OD (15 to 20 mg)

Iropen drops (1 mL= 15 drops=15 mg of elemental iron)

Vitocofol syrup (1 mL=32 mg of elemental iron)

## SOP for developmental assessment of high risk infants



# **Red Flags in Development of Young Children**



# \*Loss of achieved milestone at any age is a red flag.

Gross Motor Milestones	Upper Limit
Sitting without support	9 months
Standing with assistance	12 months
Hands & Knee crawling	14 months
Walking with assistance	15 month
Standing alone	17 months
Walking alone	18 month
Unable to walk upstairs with help	2 yrs
Frequent falling	3 yrs
Can not jump	4 yrs

Fine Motor Milestones	Upper Age Limit
Unable to hold rattle	5 months
No pincer grasp	12 months
Unable to remove socks or gloves by self	20 months
Unable to scribble	24 months
Can not work simple toys (peg)	3 yrs
Doesn't draw picture	5 yrs

Language Milestones	Upper Age Limit	
No babbling	12 months	
No bisyllables (dada, baba)	11 months	
No single word	16 months	
No 2-word spontaneous phrases	24 months	
Doesn't speak in sentences	3 yrs	
Doesn't use pronouns	4 yrs	
Can't tell name	5 yrs	

Psychosocial Milestone	Upper Age Limit
No social smile	6 months
No laughing in playful situations	8 months
No waving pointing	12 months
No pretend play	3 yrs
Doesn't want to play with others	3 yrs
Doesn't make eye contact	3 yrs
Doesn't respond to peer	4 yrs
Unusually with drawn and not active	5 yrs

## Features of Autism in young children (<18mo)\*

- 1. Poor eye contact
- 2. Delayed language; no single word by 16 mo
- 3. Lack of pointing, sharing objects of interest

#### Features of Autism in older children

- 1. Playing alone: no interest in other children
- 2. Repeated purposeless (stereotyped) motor activities
- 3. No pretend play

\*Autism screen recommended at 18 months