

Infant Child Pathway and Charting Guide

Problem	Care Plan entry when	Intervention	Target	Client Specific Information	What to chart
Neglect	<ul style="list-style-type: none"> • MI mom • DD mom • FTT diagnosis • Hx of neglect with this or other child • Chemical abuse 	Surveillance	S & S: Mental/Emotional	Other	Temperament and behavior; 7 areas of ASQ-SE i.e. self regulation, compliance, communication, adaptive functioning, autonomy, affect, interaction with people
		Surveillance	S & S: Physical	Other	S/s of physical neglect or lack of care e.g. not getting prescribed medication, illness symptoms worsening/prolonged, poor hygiene, poor dentition,
		Surveillance	Safety	Appropriate Supervision	Left unattended, evidence that mom is sleeping while child awake, child exposed to unsafe caregivers or left in care of strangers, repeated “accidents”, poisoning, truancy and chronic tardiness
Abuse	<ul style="list-style-type: none"> • Past abuse • Strong Hx indicating hi potential • Child previously removed from care 	Surveillance	S & S: Mental/Emotional	Other	Temperament and behavior; self regulation, compliance, communication, adaptive functioning, autonomy, affect, interaction with people
		Surveillance	S & S: Physical	Other	S/s of injury; cuts, abrasions, bruises, discolorations, wounds; Discharge from eyes, ears, mouth, vagina, rectum, penis; welts burns, blisters, sprains, fractures, s/s of internal injury/brain damage, involuntary ingestion; report of inappropriate punishment; witnessing domestic violence; sexual abuse e.g. molestation, exploitation, rape, etc.
Growth and Development	for all infants and children	Surveillance	S & S – Physical	Other -Wt, Ht, OFC	interpretation of data in relation to growth chart/ growth expectations e.g. 50 th percentile, weight for height below 10 th percentile (<i>chart actual values Wt, Ht, OFC in vital signs</i>)
		Surveillance	S & S – Physical	Other -Physical Assessment, health, illness	S&O data r/t child’s physical condition/status; i.e. neuro, musculoskeletal, respiratory, circulatory, integumentary, genito-urinary, ENT, gastrointestinal, vision, hearing, immune system
		Surveillance	Feeding Procedures	Other - formula, breastmilk, solids	Baby’s hunger and satiation cues and tolerance/acceptance of feeding/formula/foods
		Surveillance	Growth/development care	appropriate developmental tasks for age/comdition	Tasks and milestones; gross and fine motor, language, self help; ASQ, ASQ SE, NCAST feeding and teaching scale, Sleep Activity records, findings of screenings
		Surveillance	Bonding/attachment	Responses to parent/caregiver’s stimulation/ nurturance	Engaged vs. disengaged, proximity/comfort seeking; response to comforting; temperament e.g. level of calmness vs. irritability, level of activity, interest, exploring behaviors
		Surveillance	Wellness	Other- preventative health care	Compliance and needs

ASQ-SE – seven behavioral areas and definitions:

Self – regulation – child’s ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation.

Compliance – child’s ability or willingness to conform to the direction of other and follow rules

Communication – child’s ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective or internal states

Adaptive Functioning – child’s success or ability to cope with physiological needs (e.g. sleeping, eating, elimination, safety)

Autonomy – child’s ability or willingness to self-initiate or respond without guidance (i.e. moving to independence)

Affect - child’s ability or willingness to demonstrate his or her own feelings and empathy for others

Interaction with people - child’s ability or willingness to respond to or initiate social responses to parents, other adults, and peers