GUIDELINE

EACHS 18 month contact

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<tr>
<th>Scope (Staff):</th>
<th>Community Child Health Nurses, Aboriginal Health Workers, Generalists, Remote Area Nurses, and Enrolled Nurses.</th>
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<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Aim

This document is a guide for all staff who undertake EACHS 18 month contacts, and assists them in meeting the service requirements of the contact.

Background

The 18 month contact can be undertaken by the Aboriginal Health Worker. However, if the Aboriginal Health Worker is unavailable, it can be offered by the child health nurse, community nurse generalist, enrolled nurse and remote area nurse. The visit involves an assessment of the child’s physical, emotional and social development, risk factors for hearing loss and vision problems, parental mental health as well as ongoing assessment of risk and protective factors of the family.

General Principles

Accessing parents and caregivers at this key developmental stage enables the health staff to:

- Build rapport, whilst helping the family
- Provide information about nutrition
- Perform a physical and developmental assessment
- Promote positive carer-infant interaction
- Deliver key messages about parenting and health promotion
- Identify mental health needs
- Identify those families who are currently at higher risk and may require extra services or support
- Check the list of risk factors for hearing loss and vision problems.

The 18 month contact should be conducted face to face, either as a home visit or in the child health centre or another community location.
Role of the Community Health Staff

Health and lifestyle education

The following provides cues for providing health information which can be addressed as appropriate (via verbal, audio-visual, electronic or written material):

*Nutrition*

Maintaining a healthy, nutritious and varied diet:

- Types and amounts of food - 3 meals and 2 snacks per day
- Decreasing appetite as child’s growth slows
- Food fads
- Expected growth patterns
- Feeding problems and solutions
- Use a cup for all fluids
- Avoid tea, soft drink, flavoured water and milk, cordial and fruit juice
- Toddler milks are not necessary for healthy children
- Establish a nutritious, varied diet and eating routines

*Breastfeeding*

- Breastfeeding as desired by mother and child

*Prevention*

Parent support and child development:

- Sensitive parenting
- Carer-child relationship – social emotional needs
- Sleeping and night waking
- Development strategies – language, motor skills development and active play. Limit screen time television/computer to less than one hour per day
- Expected behaviour and needs – anticipation of new development and play

*Safety and Injury Prevention*

- Safety/injury prevention, specifically strategies for safety in the home, and around water, fires and near roads
- Increasing confidence and exploration demands close supervision and a safe environment
- Knowledge and use of vehicle child restraints

*Infection and other*

- Immunisation schedule
Dental health – ‘Lift the Lip’

Parental Health

- Social support
- Social and emotional wellbeing (EPDS if necessary)

Family Health

- Parents/carers – emotional and behavioural wellbeing
- Family functioning and wellbeing
- Family health and wellbeing including a healthy and nutritious diet
- Smoking, drugs, alcohol and family domestic violence.

Parenting

Accessing parents and caregivers at this key developmental stage enables health staff to deliver key messages about parenting and health, identify risks of depression, anxiety or other mental health needs, and conduct a physical examination.

Eighteen month olds can be curious regarding their environment with little comprehension of common dangers, so providing a safe but stimulating environment and adequate supervision is essential. Children at this age are very focussed in the present moment, and want immediate results from requests. They may tantrum when denied a request, but may also be easily distracted. Eighteen month olds can be constantly demanding of the parents/carers attention, and cling tightly in affection, fatigue and fear.

Health staff can provide information about normal development and expected behaviour, to allow parents/carers to have realistic expectations and manage their child’s behaviour. Health staff can encourage parents/carers to manage their own physical and mental health so that they are able to cope with the demands of an active toddler.

Family History

Continue the collection of demographic data, including a Genogram and Indicators of Need assessment if not already completed. Ask if there have been any changes in the family since the last contact.

Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool.

Child Assessment

Physical Assessment (see Physical Assessment 0-4 years in resource section).

The 18 month old contact includes a physical assessment of the child, and will include:

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<tr>
<th>Physical Domain</th>
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<tr>
<td>Vision</td>
<td>• Observation of eyes</td>
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<td>• Vision behaviours</td>
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<td>• Review vision risk factors</td>
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**Hearing**
- Ear examination and observation of hearing behaviours
- Tympanometry
- Review hearing risk factors

**Growth**
- Measure and chart weight
- Measure and chart length
- Measure and chart head circumference

**Skin**
- Inspect the infant’s skin

**Oral assessment**
- ‘Lift the Lip’ examination

**Anaemia**
- Haemacue “as per local protocol”

**Development**
- Observational age appropriate assessment for physical, social and emotional development

### Developmental Assessment
Review parental responses to the developmental prompts. The Ages and Stages (ASQ3) and Ages and Stages Social Emotional (ASQSE2) questionnaires can be used if indicated.

### Documentation
Community health staff will document relevant findings according to local processes.

### Follow up and Service Planning
Once an assessment is made, the health staff, together with the parent/carer will continue to develop a plan outlining frequency of visits, venue, and referral needs. Include other family members in developing the plan where necessary.

For those families currently considered at higher risk, either additional contacts or a more intensive home visiting program should be offered as appropriate and where resources are available.

### Useful Resources
- Child and Antenatal Nutrition Manual
- Child health universal services policy
- Child health universal services policy rationale
- Physical Assessment 0-4 years
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<tr>
<td>Guidelines for Protecting Children (2015)</td>
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<td>Guidelines for Responding to Family and Domestic Violence (2014)</td>
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<td>Immunisation Schedule</td>
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<td>Play and Learning Fact Sheets (2016).</td>
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