

A Bright Futures Visit: What is it?

Francis Rushton

Goal for this Session

- We all say we follow Bright Futures, but do we really?
- Today we plan to use Bright Futures Published Visit Form as a means to discuss the content of a Bright Futures Visit as specified in the Bright Futures Manual
- You may use the Bright Futures Form, but do not have to as part of this project and may find your own materials more effective

**Bright Futures Previsit Questionnaire
9 Month Visit**

For use before your 9-month visit with the best possible health care, we would like to know more about you and your child. Please fill out this questionnaire before your visit.

What health concerns do you have for your child's health?

Do you have any concerns, questions, or problems you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the issues you would like to discuss the next time.

Your Baby and Family: Being well in general Being the best of your baby Feeding and growth Feeding and behavior Feeding and sleep Feeding and behavior Feeding and behavior Feeding and behavior

Feeding Your Baby: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Have any of your baby's behaviors developed new medical problems since your last visit? No Yes

Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Oral Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Level: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Does your child have any special health care needs? No Yes

Have there been any other changes in your family lately? None Change None Change None Change

**Bright Futures Previsit Questionnaire
9 Month Visit**

For use before your 9-month visit with the best possible health care, we would like to know more about you and your child. Please fill out this questionnaire before your visit.

What health concerns do you have for your child's health?

Do you have any concerns, questions, or problems you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the issues you would like to discuss the next time.

Your Baby and Family: Being well in general Being the best of your baby Feeding and growth Feeding and behavior Feeding and sleep Feeding and behavior Feeding and behavior Feeding and behavior

Feeding Your Baby: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Have any of your baby's behaviors developed new medical problems since your last visit? No Yes

Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Oral Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Level: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Does your child have any special health care needs? No Yes

Have there been any other changes in your family lately? None Change None Change None Change

Parental Concerns

Oral Health

**Bright Futures Previsit Questionnaire
9 Month Visit**

For use before your 9-month visit with the best possible health care, we would like to know more about you and your child. Please fill out this questionnaire before your visit.

What health concerns do you have for your child's health?

Do you have any concerns, questions, or problems you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the issues you would like to discuss the next time.

Your Baby and Family: Being well in general Being the best of your baby Feeding and growth Feeding and behavior Feeding and sleep Feeding and behavior Feeding and behavior Feeding and behavior

Feeding Your Baby: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Have any of your baby's behaviors developed new medical problems since your last visit? No Yes

Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Oral Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Level: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Does your child have any special health care needs? No Yes

Have there been any other changes in your family lately? None Change None Change None Change

Age Appropriate Risk Assessment

**Bright Futures Previsit Questionnaire
9 Month Visit**

For use before your 9-month visit with the best possible health care, we would like to know more about you and your child. Please fill out this questionnaire before your visit.

What health concerns do you have for your child's health?

Do you have any concerns, questions, or problems you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the issues you would like to discuss the next time.

Your Baby and Family: Being well in general Being the best of your baby Feeding and growth Feeding and behavior Feeding and sleep Feeding and behavior Feeding and behavior Feeding and behavior

Feeding Your Baby: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Have any of your baby's behaviors developed new medical problems since your last visit? No Yes

Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Skills: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Oral Health: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Level: Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior Feeding and behavior

Does your child have any special health care needs? No Yes

Have there been any other changes in your family lately? None Change None Change None Change

Social Environmental Determinants of Health?
Adequate?
Maybe not but I would give you credit

4-year Growing and Developmental: Baby
Do you have specific concerns about your baby's learning, development, or behavior? Yes No Don't know

Check off each of the skills that your baby is able to do:

- Reads to something that has no words
- Prints or writes
- Recognizes shapes
- Knows to print, play and to count
- Counts things
- Cuts out
- Can copy letters
- Can cut paper
- Can
- Can
- Can

Developmental Questions
Is this redundant?
Are you also not doing a standardized screen such as Ages and Stages and PEDS?

Physical Examination

Weight, Height, HC required, BMI at older ages

4-5 Required Anticipatory Guidance Topics

9 Month Visit Anticipatory Guidance

Anticipatory Guidance

Discussed and/or handout given

- FAMILY ADAPTATIONS**
 - Limit word "no"
 - Age appropriate discipline
 - Domestic violence
 - Time for self-partner
- INFANT INDEPENDENCE**
 - Consistent routines
 - Separation anxiety
 - Learning and developing
 - No TV
- FEEDING ROUTINE**
 - Self-feeding
 - Soak foods
 - Safe foods
 - Using a cup
 - Breastfeeding (vitamin D, iron supplement)
 - Iron-fortified formula
 - No bottle in bed
 - Brush teeth
- SAFETY**
 - Car safety seat
 - Poisons
 - Water/Drowning
 - Falls/Window guards
 - Burns
 - Guns

Must cover at least 3 of suggested topics

24 Month Anticipatory Guidance

Anticipatory Guidance

Discussed and/or handout given

- ASSESSMENT OF LANGUAGE DEVELOPMENT**
 - Model appropriate language
 - Daily reading
 - Following 1-2 step commands
 - Listen and respond to child
- TOLERANCE AND BEHAVIOR**
 - Praise, respect
 - Help express feelings
 - Self-expression
 - Playing with other children
- TASK TRAINING**
 - When child is ready
 - Plan for frequent toilet breaks
 - Personal hygiene
- TV VIEWING**
 - Limit TV viewing to no more than 1-2 hours/week
 - TV alternatives: reading, games, singing
 - Encourage physical activity
- SAFETY**
 - Car safety seat
 - Gike Accident
 - Supervise outside
 - Guns

Plan
Immunizations (See Vaccine Administration Record)

Record Autism and Development Screens and Action taken

Review of Systems

Developmental

Autism Spectrum Disorder (ASD) Intellectual Disability (ID)

Bright Futures records the autism screen in the Review of Symptoms. Where should you record your development screen? And action taken?

Family Strengths
documented? In Plan? Or ROS? Or elsewhere?

Review of Systems

