

NURSING PRIORITY SCREENING

Name:	Assessment Date:
DOB:	Assessment End Date:
Gender:	Physician:
PHN:	School Name:
Home Address:	Phone:

Nursing Priority Screening

Assessed By:

Assessment Date:

A. CHILDREN WITH KNOWN DISABILITY

1. Congenital anomaly

a) Major (probability of permanent disability) e.g. Down's Syndrome, Cerebral Palsy, F.A.S. ☐

b) Moderate (correction may be possible) e.g. Cleft Palate ☐

B. DEVELOPMENTAL RISK FACTORS

2. Low birth weight

a) 0 - 1499 gm ☐

b) 1500 - 1999 gm ☐

c) 2000 - 2499 gm ☐

3. Bilirubin level over 500 umol/L ☐

4. Complications of pregnancy

a) Infections that can be transmitted in utero and may damage the fetus (e.g. Rubella) ☐

b) Drugs - e.g.: alcohol use diagnosed in mother ☐

5. Complications of labour and delivery

a) Labour requiring mid-forceps including breech delivery with forceps ☐

b) Infant trauma or illness (e.g. Convulsions, Respiratory Syndrome) ☐

c) Apgar at 5 minutes only if less than 7. Deduct apgar score at 5 minutes from 10 points. ☐

6. Family history of a disability not detectable at birth that could affect development e.g. Deafness, Mental Disability ☐

C. FAMILY INTERACTION RISK FACTORS

7. Age of mother

a) 15 and under ☐

b) 16 or 17 ☐

c) 18 or 19 ☐

8. Social Situation

a) Father of infant not resident but other support available ☐

b) Father not resident and no support ☐

c) Father resident and supportive but no other social support, or severe isolation or geography ☐

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9. On social assistance for financial difficulties ☐

10. No prenatal care before sixth month ☐

11. Mental illness or disability in mother and/or father

a) Schizophrenia or manic depression ☐

b) Postpartum depression with this baby ☐

c) Mental disability of parent ☐

12. Prolonged postpartum maternal separation (5 days or more)

a) With frequent infant contacts (visits or phone as feasible) ☐

b) Little or no contact ☐

13. Assessed lack of bonding e.g. eye contact, touching, etc. minimal ☐

14. Other parenting concerns (Score 1 - 9)

Specify

15. Any Other Factors/Comments Not Included Above

Priority Score: 9 and over = high priority; 6 to 8 = moderate priority;
 3 to 5 = low priority; 0 to 2 = minimal priority;

Total Score: _____

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----