



# CHILD AND ADOLESCENT HEALTH BOOKLET

*of* \_\_\_\_\_

Sistema Socio Sanitario



Regione  
Lombardia

ATS Brescia

Surname .....

Name .....

Place of birth .....

Date of birth .....

Resident in .....

POSTCODE .....

Address: .....

n° .....

Name and Surname of parents .....

.....

.....

Telephone .....



Paediatrician .....

Paediatrician's Practice .....

Address .....

Telephone .....

Dear Parents,

for the registration of your child in the National Health Service and to choose your family paediatrician, you must contact the Doctor's Choice and Revocation Helpdesk.

### **The medical booklet**

This booklet is a tool for collecting data on the health of children, from birth until the age of 14. It must be stored carefully and brought to all visits and vaccinations so that each time it can be filled in with the required data.

### **The Paediatrician**

The paediatrician you choose for your child is the Specialist Doctor who will assist your child from birth until the age of 14, (0-6 years of age compulsory, 6-14 years of age optional). In addition to visits in case of illness, the Paediatrician offers regular visits to monitor growth, psychomotor development and recommendations for better lifestyles.

The Paediatrician affiliated with the National Health Service works in a practice open all year round, five days a week, excluding holidays, with hours displayed at the entrance of the practice and at the choice and revocation helpdesks. Many Paediatricians work in partnership with other colleagues. In case of absence, the Paediatrician will ensure presence of a substitute.

### **Paediatric visits**

The visits are conducted in the practice. The paediatrician will assess the advisability and actual need for a home visit on a case-by-case basis. If requested and agreed upon by 10 a.m., home visits are carried out on the same day; if requested and agreed upon after 10 a.m., home visits are carried out on the following day by 12 noon.

The Non-stop Assistance Service is active:

- from 8 p.m. in the evening to 8 a.m. every day of the week
- from 8 a.m. to 8 p.m. on Saturdays, days before holidays and public holidays.

The Paediatrician may work as a freelance (paid visits), outside the obligations, duties and functions provided for in the National Collective Agreement that governs the relationship between family paediatricians and the National Health Service.

**The Paediatrician provides the following services free of charge for the**

Visits

Tests when deemed necessary

Children sick notes and certificates for parent to apply for sick child leave from work

Certifications of fitness for non-competitive sports activity

Compilation of the medical booklet

## Health checkups

Visits to be scheduled at specific times are called periodic health checks and are useful for verifying that the growth and development of the child is occurring correctly and for performing sight and hearing checks. On these occasions, the paediatrician can also provide parents with information and advice for maintaining the child's health and for their physical and mental well-being.

### Calendar of health checkups

| visits | the child's period of life |
|--------|----------------------------|
| 1      | 1st and 45th day of life   |
| 2      | 61st and 90th day          |
| 3      | 4th and 6th month          |
| 4      | 7th and 9th month          |
| 5      | 10th and 12th month        |
| 6      | 15th and 18th month        |
| 7      | 24th and 36th month        |
| 8      | 5th and 6th year           |
| 9      | 8th and 10th year          |
| 10     | 11th and 13th year         |

The Paediatrician  
**is the reference doctor  
for children,**  
taking care of their health  
and growth.

Please do not go to  
the hospital  
emergency room  
unless there is an urgent  
or serious situation



# Vaccinations

## Why should your child have them

Vaccinations have represented one of the most important changes in the history of medicine. No other medical discovery, not even that of antibiotics, has improved the quality of life in the same way. Thanks to the use of vaccines, smallpox has been eradicated, tetanus, polio and diphtheria have almost disappeared and viral diseases such as hepatitis B, measles, rubella, mumps and bacterial diseases such as meningitis have been significantly reduced.

Paradoxically, however, vaccinations are "victims of their success": as diseases that have been eradicated or significantly reduced are no longer visible, the perception of their importance decreases. If fewer people were vaccinated, these diseases would once again cause serious damage.

Vaccines fight dangerous infectious diseases for which there is no cure (polio, tetanus) or the cure is not always effective (diphtheria, invasive haemophilia, meningococcal and pneumococcal diseases, hepatitis B, chickenpox) or diseases that can cause serious complications (measles, rubella, mumps, whooping cough). Today, we also have vaccines to prevent infections caused by certain viruses that can sometimes cause cancer (papillomavirus, hepatitis B).

Vaccines are different depending on the disease to prevent. They all work by stimulating the production of our natural defences, the antibodies, which protect against micro-organisms (viruses and bacteria), or poisonous substances produced by them (toxins).

Vaccines can replicate that which occurs in nature when we come into contact with the micro-organism responsible for the disease: they stimulate our natural defence system, the immune system. This aims to produce antibodies and protective cells, which can prevent the onset of the disease.

Vaccines have become increasingly effective and safe, thanks to the careful checks they are constantly subjected to. The benefits of being vaccinated are much greater than any minor side effects. Serious complications, however possible, are rare events.

To vaccinate consciously, parents should always request information and guidance from the vaccination service and the paediatrician of their choice. Before vaccination, the health care professional should check that there are no contraindications and should consult the child's health records. Parents are encouraged to share any concerns or remarks they may have with the vaccination service staff and the paediatrician of their choice.

The Ministry of Health has made ten vaccinations compulsory for children up to the age of 16 and has strongly recommended four free and active vaccine offers.

The paediatrician may prescribe other vaccinations, useful to protect the health of the child, which are currently subject to payment.

The scheme shows the vaccinations that are currently free and for which the children are sent a letter of invitation to their home.

| VACCINATIONS            | When they are carried out  | Mandatory recommended                              |
|-------------------------|--|--|
| Anti-diphtheria         | 3 doses in the first year of life<br>booster at 5-6 years of age<br>booster at 15-16 years       | MANDATORY  |
| Anti-polio              | 3 doses in the first year of life<br>booster at 5-6 years of age<br>booster at 15-16 years       | MANDATORY  |
| Anti-tetanus            | 3 doses in the first year of life<br>booster at 5-6 years of age<br>booster at 15-16 years       | MANDATORY  |
| Anti-pertussis          | 3 doses in the first year of life<br>booster at 5-6 years of age<br>booster at 15-16 years       | MANDATORY  |
| Anti-hepatitis B        | 3 doses in the first year of life  | MANDATORY  |
| Anti- Haemophilus       | 3 doses in the first year of life  | MANDATORY  |
| Anti-chickenpox         | 1st dose at 13 -15 months of age<br>2nd dose at 5-6 years of age                                 | MANDATORY<br>from those born in 2017               |
| Anti-measles            | 1st dose at 13 -15 months of age<br>2nd dose at 5-6 years of age                                 | MANDATORY  |
| Anti-mumps              | 1st dose at 13 -15 months of age<br>2nd dose at 5-6 years of age                                 | MANDATORY  |
| Anti-rubella            | 1st dose at 13-15 months of age<br>2nd dose at 5-6 years of age                                  | MANDATORY  |
| Anti-meningococcal B    | 3-4 doses in the first year<br>of life (depending on the start date<br>of the vaccination cycle) | RECOMMENDED<br>and FREE<br>from those born in 2017 |
| Anti-rotavirus          | 2-3 doses in the first year<br>of life (depending on the<br>type of vaccine)                     | RECOMMENDED<br>and FREE<br>from those born in 2017 |
| Anti-pneumococcal       | 3 doses in the first year of life  | RECOMMENDED<br>and FREE                            |
| Anti-meningococcal C    | 1 dose at 13-15 months of age  | RECOMMENDED<br>and FREE                            |
| Anti-meningococcal ACWY | 1 dose at 15-16 years of age   | RECOMMENDED<br>and FREE                            |
| Anti - papillomavirus   | 2 doses at 11-12 years of age  | RECOMMENDED<br>and FREE                            |

Vaccination is a safe and effective preventive health measure and is practised worldwide. With this measure some diseases can be controlled and others eradicated.

Mass vaccination in the child population reduces the circulation of the infectious agents and also protects those who cannot be vaccinated due to major health problems: for example, children with serious immune system disorders.

If vaccination were to stop, the number of unprotected individuals would increase and even the occasional introduction of viruses and bacteria could lead to outbreaks of poliomyelitis or other serious diseases that are currently absent in Italy and other parts of the world.

The family paediatrician, in addition to doctors, health workers and professional nurses from the Vaccination Services in your area, will provide you with all the guidance and updates that you require.



### For further information

The Epidemiology for Public Health portal

[www.epicentro.iss.it](http://www.epicentro.iss.it)

The medical and scientific portal on Vaccinations  
by the Italian Hygiene Society

[www.vaccinarsi.org](http://www.vaccinarsi.org)

Lombardy region

[www.regione.lombardia.it](http://www.regione.lombardia.it)

## Vaccination card of

| VACCINE            | DATE | SIGNATURE AND STAMP |
|--------------------|------|---------------------|
| Anti-Diphtheria    |      |                     |
|                    |      |                     |
|                    |      |                     |
|                    |      |                     |
| Anti-Tetanus       |      |                     |
|                    |      |                     |
|                    |      |                     |
|                    |      |                     |
| Anti-Pertussis     |      |                     |
|                    |      |                     |
|                    |      |                     |
|                    |      |                     |
| Anti-Polio         |      |                     |
|                    |      |                     |
|                    |      |                     |
|                    |      |                     |
| Anti-Hepatitis B   |      |                     |
|                    |      |                     |
|                    |      |                     |
|                    |      |                     |
| Anti-Haemophilus b |      |                     |
|                    |      |                     |
|                    |      |                     |
|                    |      |                     |



| VACCINE                    | DATE | SIGNATURE AND STAMP |
|----------------------------|------|---------------------|
| Anti-Pneumococcus          |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-Meningococcus B       |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-Measles-Mumps-Rubella |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-Chicken pox           |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-Meningococcus C       |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-papillomavirus        |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-Meningococcus         |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |
| Anti-Rotavirus             |      |                     |
|                            |      |                     |
|                            |      |                     |
|                            |      |                     |

## Children safe at home

Parents must be aware of the risks to which children are exposed at home in order to prevent the occurrence of events that endanger them.

Children are curious to discover new things and are unpredictable: letting your children experiment means helping them grow up! This is only possible in a child-friendly home/environment where the adult intervenes to remove as many risk sources as possible.

To help parents in this very delicate task, below is a summary table, based on the different child ages, with some suggestions for adopting preventive strategies.

It is important to remember that:

- psychomotor development does not occur with the same timing and in the same ways for all children, and therefore the distinction by age group is a simplification that is only useful as a reference
- As children grow, they acquire more skills and autonomy and, as a result, the risks at home increase, requiring new and higher attention from parents compared to previous ages. Moreover, although the same risks are present at different ages, parents need to refine their care and make the environment safer in relation to the age of the child.
- only provide children with toys that comply with the CE mark and are suitable for their age group
- use car seats and supports in accordance with the applicable laws and regulations and suitable for the age of the children, taking care to position and fix them correctly in the car.



# Risks for children from 0 to over 2 years of age

Source: INAIL, Quaderni per la salute e la sicurezza, 2014; CCM – Ministry of Health

## 0-6 months of age

The child moves uncontrollably tending to keep their head upright, moving with their whole body, trying to grab an object, if seated they are not yet stable.

### main risks

are burns, falls, bruises and suffocation.

### beware of

- Checking food temperature (baby bottles) before giving them to the child
- Checking bath water temperature (37° C) Drinking hot drinks with the baby in your arms
- Leaving the child alone on a high surface and if you move away always keep a hand on the belly
- Spaces and openings in which parts of the child's body (head, limbs, fingers) may become trapped;
- Leaving the child with chains, bracelets or pendants

## 6 to 12 months of age

The child explores everything through their mouth, is able to sit and grab objects. The child drags themselves on their glutei, begins to crawl, to know how to pick up small objects off the ground, to stand up if supported, tends to cling to any support. The child climbs, knows how to open containers. The child puts their index fingers into objects and, in general, into hollow things.

### main risks

are suffocation, wounds, falls

### beware of

- Leaving small, sharp and pointed objects within reach of the child
- Leaving the child alone in the high chair or near stairs or unstable furniture
- Everything that dangles: irons, tablecloths, curtains and cords, electric wires Pan handles when cooking
- Power sockets, it is better to use socket covers
- Keeping medicines and detergents out of the child's reach  
Not to keep

## 12-24 months of age

The child walks alone with uneven steps. The child runs cautiously, but generally cannot avoid obstacles. The child can open doors. The child climbs on chairs and furniture to look out the window.

### main risks

are bruises, injuries, electrocutions, poisoning, drowning, falls.

### beware of

- Removing obstacles, in addition to using furniture corner guards, add door locks Do not leave electrical appliances with the plug inserted
- Closing doors to prevent access to different and unsafe locations
- Removing keys from doors to prevent the children from locking themselves in rooms.
- Transferring detergents and toxic products into beverage containers.
- Leaving the child alone in the bathtub or near water containers
- Removing plant pots, chairs or other objects on which they can climb from balconies

## over 2 years of age

The child controls movement well, pushes, pulls and runs, avoids the edges. The child runs down stairs, climbs trees, knows how to slide, swing and do tricks

### main risks

are burns, electrocution, suffocation

### beware of

- Leaving matches and lighters unattended
- Using household appliances

## Poisons Centres

- CAV Milano - 02-66101029 (Emergencies) 02-64442523 (Secretariat)
- ASST Grande Ospedale Metropolitano Niguarda 20162 MILANO
- CAV Pavia - 0382-24444 (Emergencies) 0382-26261 (Secretariat)
- Università degli Studi di Pavia, IRCCS Fondazione Maugeri Via Ferrara, 8 27100 PAVIA
- CAV Bergamo - numero verde 800883300 035.267 4460 (Secretariat)
- Ospedale di Bergamo - ASST Papa Giovanni XXIII, BERGAMO

To be consulted even if in doubt that a child has ingested a potentially toxic substance. If the child is taken to the emergency room, bring the packaging of the medicine or substance ingested.

**FIRST HOSPITAL CHECKUP AFTER THE DISCHARGE:**

date

Weigh at birth: gr

Weight at discharge: gr

Current weight: gr

Weight increase: gr

Breastfeeding

Any problems

Paediatric visit

Indications and suggestions

**Next checkups:**

Check on:

Outcome

Signature

Check on:

Outcome

Signature

Check on:

Outcome

Signature

