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| **CLINIC MENTORING REFLECTIVE ACCOUNTS FORM** | |
| Record of two cases from your clinic mentoring day. These are in addition to your reflective accounts of your own practice.  Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. | |
| **Tongue-tie and Infant Feeding assessment Case Study:** | |
| Student Name: |  |
| Nursing Parents’ Parity: |  |
| Age of Infant: |  |
| Date of Consultation/Assessment: |  |
| Observation details (feeding history): |  |
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| Nature of support given: |  |
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| Recommendations Made: |  |
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| Feeding Outcome for Parent/Baby Dyad | |
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| Reflection on practice? | |
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| Follow up (please consider the following) *Did the baby have a frenulotomy? If so, have they been doing the exercises?  Do they perceive the procedure to be the reason for any improvement, or is it down to following feeding advice?*  *Has feeding improved? (ie, is feeding less painful, does baby latch more easily, has weight gain improved) If there was a pain score what is the pain score now?* | |
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| Feeding Outcome for Parent/Baby Dyad |
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