

Rourke Baby Record: EVIDENCE BASED INFANT / CHILD HEALTH MAINTENANCE GUIDE I

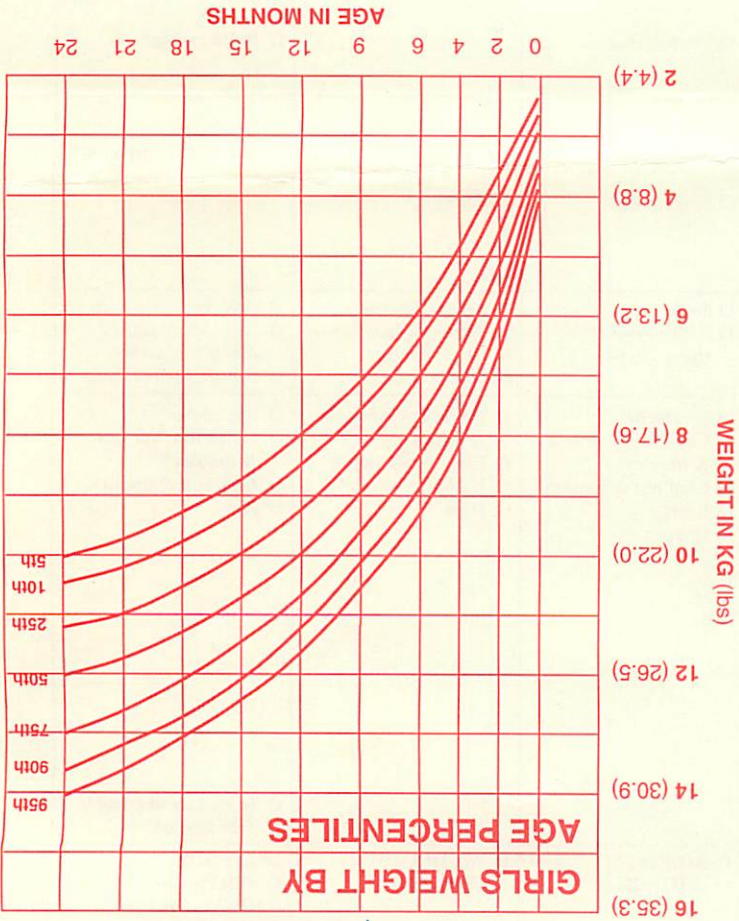
Birth remarks:

NAME _____ Birth Date (d/m/yr) _____ M[] F[]
Length: _____ cm. Head Circ: _____ cm. Birth Wt. _____ gms. Discharge Wt. _____ gms

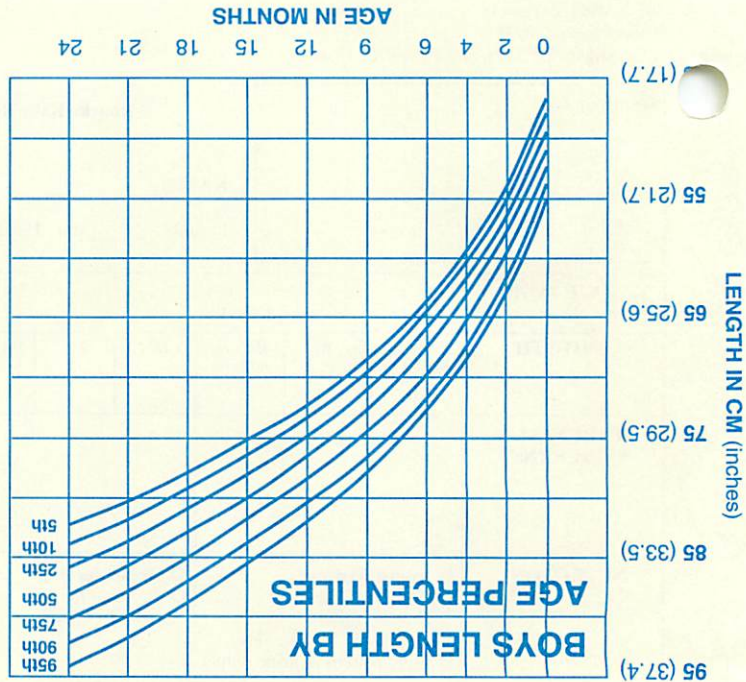
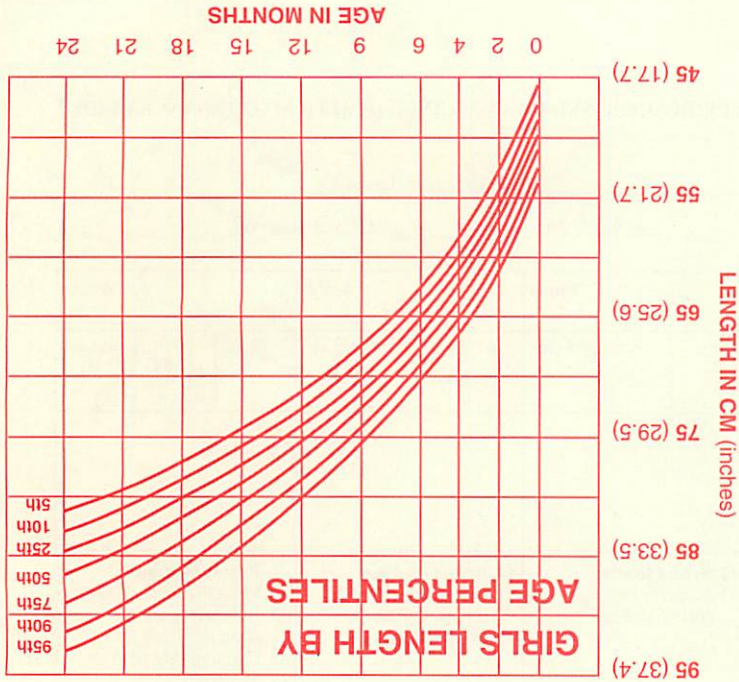
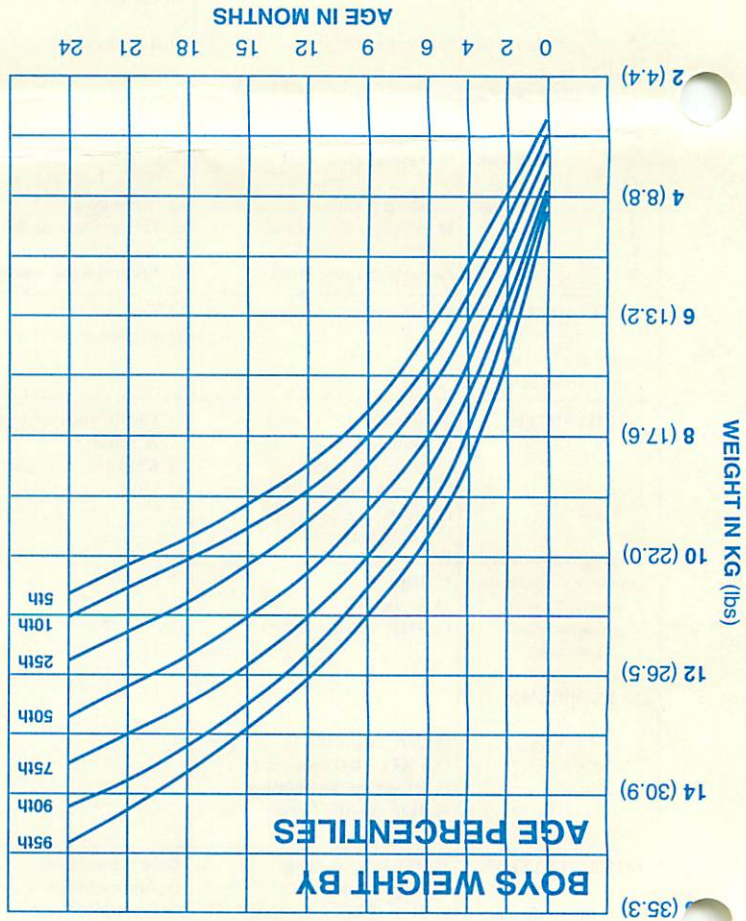
DATE /AGE	within 1-2 wks			3-4 wks			2 mos			4 mos			6 mos		
	Ht.	Wt.	Hd. Circ av. 35 cm.	Ht.	Wt.	Hd. Circ.	Ht.	Wt.	Hd. Circ.	Ht.	Wt.	Hd. Circ.	Ht.	Wt. (x 2 BW)	Hd. Circ.
PARENTAL CONCERNS															
NUTRITION	<input type="checkbox"/> Breast feeding* <input type="checkbox"/> Formula feeding (Iron fortified) [150 ml = 5 oz/Kg/day] <input type="checkbox"/> Stool pattern & urine output			<input type="checkbox"/> Breast feeding* <input type="checkbox"/> Formula feeding (Iron fortified)			<input type="checkbox"/> Breast feeding* <input type="checkbox"/> Formula feeding (Iron fortified)			<input type="checkbox"/> Breast feeding* <input type="checkbox"/> Formula feeding (Iron fortified) <input type="checkbox"/> Iron fortified cereal			<input type="checkbox"/> Breast feeding* <input type="checkbox"/> Fluoride (if needed)* <input type="checkbox"/> Formula feeding (Iron fortified) <input type="checkbox"/> Choking/safe food* <input type="checkbox"/> Veg/fruits <input type="checkbox"/> No egg white; no citrus		
E D U C A T I O N & A D V I C E	Safety <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Crib safety			<input type="checkbox"/> Smoke detectors* <input type="checkbox"/> Non-inflam. sleepwear* <input type="checkbox"/> Hot water < 54° C* <input type="checkbox"/> Choking/safe toys*			<input type="checkbox"/> Falls* <input type="checkbox"/> Choking/safe toys*			<input type="checkbox"/> Car seat (toddler)* <input type="checkbox"/> Stairs/walkers* <input type="checkbox"/> Bath safety*; safe toys*			<input type="checkbox"/> Poisons*; PCC #* <input type="checkbox"/> Electric plugs		
	Behaviour <input type="checkbox"/> Sleep/crying			<input type="checkbox"/> Sleep/crying			<input type="checkbox"/> Sleep/crying						<input type="checkbox"/> Night crying*		
	Family coping <input type="checkbox"/> Parenting/bonding/fatigue <input type="checkbox"/> Siblings														
	High risk <input type="checkbox"/> Assess home visit need*												<input type="checkbox"/> Assess day care need*		
	Other <input type="checkbox"/> Sleep position* <input type="checkbox"/> Temperature control & overdressing* <input type="checkbox"/> Second hand smoke*			<input type="checkbox"/> Sleep position* <input type="checkbox"/> Temperature control & overdressing* <input type="checkbox"/> Second hand smoke*			<input type="checkbox"/> Fever control			<input type="checkbox"/> Teething*					
DEVELOPMENT Inquiry & observation of milestones:	<input type="checkbox"/> ? Neonatal problems			<input type="checkbox"/> Focuses gaze <input type="checkbox"/> Responds to noise			<input type="checkbox"/> Smiles <input type="checkbox"/> Raises head 45° (lying on stomach)			<input type="checkbox"/> Laughs/squeals <input type="checkbox"/> Startles @ loud noises <input type="checkbox"/> Head steady <input type="checkbox"/> Grasps/reaches			<input type="checkbox"/> Babbles <input type="checkbox"/> Stops when called <input type="checkbox"/> Almost sits alone <input type="checkbox"/> Supports self on hands		
PHYSICAL Further examination at examiner's discretion especially with symptoms or concerns.	<input type="checkbox"/> Skin (jaundice, dry) <input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex) <input type="checkbox"/> Ears (drums) <input type="checkbox"/> Heart <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream			<input type="checkbox"/> Cover/uncover test & inquiry* <input type="checkbox"/> Clap test & inquiry <input type="checkbox"/> Hips			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Cover/uncover test & inquiry* <input type="checkbox"/> Clap test & inquiry <input type="checkbox"/> Heart <input type="checkbox"/> Hips			<input type="checkbox"/> Cover/uncover test & inquiry* <input type="checkbox"/> Clap test & inquiry <input type="checkbox"/> Babbling <input type="checkbox"/> Hips			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Cover/uncover test & inquiry* <input type="checkbox"/> Clap test & inquiry <input type="checkbox"/> Hips		
PROBLEMS & PLANS	Within 7 days of life: <input type="checkbox"/> PKU, Thyroid <input type="checkbox"/> Blood gp. antibodies <input type="checkbox"/> Hgb-opathy Screen (if at risk)*												<input type="checkbox"/> Inquire about possible TB exposure*		
IMMUNIZATION Guidelines may vary by province.	If HBsAG-pos mother: <input type="checkbox"/> Hep B Vaccine* <input type="checkbox"/> Hep B Ig* (? given in hospital)			Give information: <input type="checkbox"/> Immunization <input type="checkbox"/> Acetaminophen If HBsAG-pos mother: <input type="checkbox"/> Hep. B vaccine*			<input type="checkbox"/> Act HIB <input type="checkbox"/> cPDTpolio			<input type="checkbox"/> Act HIB <input type="checkbox"/> cPDTpolio			<input type="checkbox"/> Act HIB <input type="checkbox"/> cPDTpolio If HBsAG-pos mother: <input type="checkbox"/> Hep. B vaccine*		
Signature															

ROURKE BABY RECORD - GROWTH MONITORING CHARTS

GIRLS: 0 - 24 MONTHS



BOYS: 0 - 24 MONTHS



Data from the National Centre For Health Statistics, Health Resources Administration, DHEW; as referenced in Behrman, R.E. and Vaughan, V.C., *Nelson Textbook Of Pediatrics*, W.B. Saunders Company, Toronto, 1996, edition 15