

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

NAME: _____ Birth Date (d m yr): _____ M [] F []

Birth Length: _____ cm Head Circ: _____ cm Birth Wt.: _____ g Discharge Wt.: _____ g

Birth remarks Appar:	Risk factors Family history:
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DATE OF VISIT	within 1 week	2 weeks (optional)	1 month (optional)
GROWTH * Correct percentiles if < 36 weeks gestation	Height Weight Head circ. av. 35 cm	Height Weight Head circ.	Height Weight Head circ.
PARENTAL CONCERNS			
NUTRITION*	<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) [150 mL = 5 oz/kg/day] <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) [150 mL = 5 oz/kg/day] <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) <input type="radio"/> Stool pattern and urine output
EDUCATION AND ADVICE √ discussed and no concerns X if concerns	Injury Prevention <input type="radio"/> Car seat (infant)* <input type="radio"/> Sleep position/bed sharing/co-sleeping* <input type="radio"/> Crib safety* <input type="radio"/> Firearm safety/removal* <input type="radio"/> Carbon monoxide/Smoke detectors* <input type="radio"/> Hot water <49°C* <input type="radio"/> Choking/safe toys* Behaviour and family issues <input type="radio"/> Sleeping-crying** <input type="radio"/> Soothability responsiveness <input type="radio"/> Assess home visit need** <input type="radio"/> Parenting/bonding <input type="radio"/> Parental fatigue postpartum depression** <input type="radio"/> Family conflict/stress <input type="radio"/> Siblings Other Issues <input type="radio"/> Second-hand smoke* <input type="radio"/> Inquiry on complementary/alternative medicine* <input type="radio"/> Counsel on pacifier use* <input type="radio"/> Fever advice/thermometers* <input type="radio"/> Temperature control and overdressing* <input type="radio"/> Sun exposure/sunscreens/insect repellent*		
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. Absence of any item suggests the need for further assessment of development. NB-Correct for age if < 36 weeks gestation √ if attained X if not attained			<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud or sudden noise <input type="radio"/> Sucks well on nipple <input type="radio"/> No parent concerns
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	<input type="radio"/> <i>Skin (jaundice, dry)</i> <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex)* <input type="radio"/> Ears (TMs) Hearing inquiry/screening* <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> Hips <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> <i>Skin (jaundice, dry)</i> <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex)* <input type="radio"/> Ears (TMs) Hearing inquiry/screening* <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> Hips <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex)* <input type="radio"/> Corneal light reflex* <input type="radio"/> Hearing inquiry/screening* <input type="radio"/> Heart <input type="radio"/> Hips <input type="radio"/> Muscle tone*
PROBLEMS AND PLANS	<input type="radio"/> PKU, Thyroid <input type="radio"/> Hemoglobinopathy screen (if at risk)*		
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="radio"/> Hepatitis B vaccine	Record on Guide V: Immunization Record	Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="radio"/> Hepatitis B vaccine

Grades of evidence: (A) **Bold type** – Good evidence (B) *Italic* - Fair evidence (C) Plain – Consensus with no definitive evidence

(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record: EB is meant to be used as a guide only. Financial support for this revision is from the Strategic Initiatives Branch of the Ontario Ministry of Children and Youth Services, with funds administered by the Ontario College of Family Physicians.

GROWTH

Measuring growth - Serial measurements of recumbent length (birth to ages 2 or 3) or height (≥ age 2), weight, and head circumference (birth to age 2) should be part of scheduled well-baby and well-child health visits in order to identify infants and children with disturbances in rates of weight gain or physical growth. Until internationally diverse growth charts are available and have been reviewed for use in Canada, the growth charts from the American Centers for Disease Control and Prevention (CDC) are recommended (set 2 with 3rd and 9th percentiles).

- Important:** Correct age if < 36 weeks gestation
 - www.cdc.gov/nchs/about/major/nhanes/growthcharts/clinical_charts.htm#Clin%202
 - Use of growth charts - www.cps.ca/english/statements/N/cps04-01.htm
 - Guide to growth charts - www.cps.ca/english/statements/N/NutritionNoteGrowth.htm

NUTRITION

- Pediatric nutrition guidelines – Nutrition for Healthy Term Infants
 - www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term_e.html
- **Breastfeeding:** Exclusive breastfeeding is recommended for the first six months of life for healthy term infants. Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) may continue for up to two years and beyond unless contraindicated. Breastfeeding reduces gastrointestinal and respiratory infections. Maternal support (both antepartum and postpartum) increases breastfeeding and prolongs its duration. Early and frequent mother-infant contact, rooming in, and banning handouts of free infant formula increase breastfeeding rates.
- Routine **Vitamin D supplementation** of 10 µg = 400 IU/day (20 µg = 800 IU/day in northern communities) is recommended for all breastfed full term infants until the diet provides a sufficient source of Vitamin D (about 1 year of age).
 Breastfeeding - www.cps.ca/english/statements/N/BreastfeedingMar05.htm
 Weaning - www.cps.ca/english/statements/CP/cp04-01.htm
 Vitamin D - www.cps.ca/english/statements/11/ii02-02.htm
 Colic - www.cps.ca/english/statements/N/NutritionNoteSept03.htm
 Ankyloglossia and breastfeeding - www.cps.ca/english/statements/CP/cp02-02.htm
 Maternal medications during breastfeeding – Medications and Mothers' Milk by T. Hale (2005).
 Motherisk - www.motherisk.org
- **Transition to lower fat diet:** A gradual transition from the high-fat infant diet to a lower-fat diet (max 30% fat + 10% saturated fat) begins after age 2 years.
 - www.cps.ca/english/statements/N/n94-01.htm
- Encourage a healthy diet as per Canada's Food Guide
 - www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

INJURY PREVENTION

In Canada, unintentional injuries are the leading cause of death in children and youth. Most of these preventable injuries are caused by motor vehicle collisions, drowning, burns, choking, and falls.

- Motor vehicle collisions**
- Transport Canada 2002 recommendations for **Car seats:**
 Children < 13 years should sit in the rear seat. Keep kids away from all airbags.
 Use rear-facing infant seat until 10 kg (22 lb.) – birth to at least 1 year old
 Use forward-facing child seat from 10 kg (22 lb.) to 18-22 kg (40-48 lb.)
 – about 1-4½ years old - as per specific car seat model
 Use booster seat from 18-22 kg (40-48 lb.) to 27 kg (60 lb.) – about 4½ -8 years old
 Use lap and shoulder belt in the rear seat for older children
 - www.tc.gc.ca/roadsafety/childsafety/menu.htm, www.cmaj.ca/cgi/content/full/167:7:769
 - **Bicycle:** wear bike helmets
- Drowning**
- **Bath safety:** Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.
 - **Water safety:** Encourage swimming lessons (after age 4 years). Encourage pool, diving, and boating safety to reduce the risk of drowning.
 - www.cps.ca/english/statements/IP/IP03-01.htm
- Burns:** *Install smoke detectors in the home on every level.*
Keep hot water at a temperature < 49°C.
- Choking:** Use safe toys and safe food (avoid hard, small and round, smooth and sticky solid foods until age 3 years).
- Falls:** Assess home for hazards, e.g. never leave baby alone on change table or other high surface; do not use baby walkers; use window guards and stair gates.
- Poisons:** Keep medicines and cleaners locked up and out of child's reach.
 Have Poison Control Centre number handy. *Use of ipecac is contraindicated in children.*
- Safe sleeping environment:** www.cps.ca/english/statements/CP/cp04-02.htm
- **Sleep position and SIDS/Positional plagiocephaly:** Healthy infants should be positioned on their backs for sleep. Their heads should be placed in different positions on alternate days. While awake, infants should have supervised tummy time. Counsel parents on the dangers of other contributory causes of SIDS such as overheating, maternal smoking or second-hand smoke.
 - Positional plagiocephaly - www.cps.ca/english/statements/IP/cps01-02.htm
 - **Bed sharing:** Advise against bed sharing.
 - **Co-sleeping:** Encourage putting infant in a government-approved crib in parents' room for the first 6 months of life. Room sharing is protective against SIDS.
- Firearm safety/removal:** There is evidence-based association between a firearm in the home and increased risk of unintentional firearm injury, suicide, or homicide.
 For more safety information: www.safekidscanada.ca
www.cps.ca/english/publications/InjuryPrevention.htm

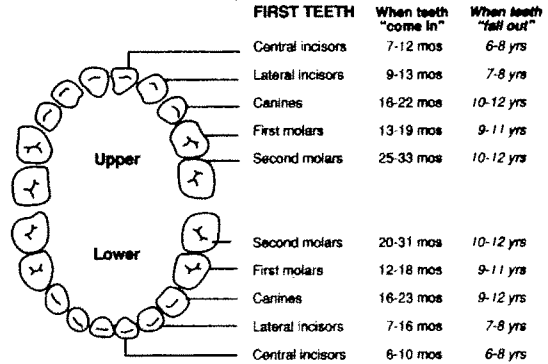
PROBLEMS AND PLANS (SCREENING)

Hemoglobin screening: All infants from high-risk groups for iron deficiency anemia require Hgb determination between 6 and 12 months of age, e.g. Lower SES; Asian; First Nations children; low-birth-weight infants, and infants fed whole cow's milk during their first year of life.

Hemoglobinopathy screening: Screen all neonates from high-risk groups, e.g. Asian, African, and Mediterranean.

OTHER

- **Second-hand smoke exposure:** contributes to childhood illnesses such as URTI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.
- **Complementary and alternative medicine (CAM):** Questions should be routinely asked on the use of homeopathy and other complementary and alternative medicine therapy or products, especially for children with chronic conditions.
 - www.cps.ca/english/statements/DT/DT05-01.htm
 - Homeopathy - www.cps.ca/english/statements/CP/cp05-01.htm
- **Pacifier use:** is a parental choice. Pacifier use may decrease risk of SIDS, but may lead to breastfeeding difficulties, and should be restricted in children with chronic and recurrent otitis media. - www.cps.ca/english/statements/CP/cp03-01.htm
- **Fever advice thermometers:** Rectal temperature is the method of choice in those < 5 years and oral temperature thereafter. Fever ≥ 38°C in an infant < 3 months needs urgent evaluation. Acetaminophen remains the first choice for antipyresis. Ibuprofen is off-label therapy for children < 2 years.
 - Temperature measurement - www.cps.ca/english/statements/CP/cp00-01.htm
- **Footwear:** Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength - www.cps.ca/english/statements/CP/cp98-02.htm
- **Healthy Active Living:** Encourage increased physical activity and decreased sedentary pastimes with parents as role models.
 - www.cps.ca/english/statements/HAL/HAL02-01.htm
 - Media use - www.cps.ca/english/statements/PP/pp03-01.htm
- **Sun exposure/sunscreens/insect repellents:** Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF ≥ 30 for those > 6 months of age. No DEET in < 6 months; 6-12 months 10% apply maximum once daily.
- **Pesticides:** Avoid pesticide exposure. Encourage pesticide-free foods.
 - Pesticides, herbicides - www.ocfp.on.ca/english/ocfp/communications/publications/default.asp?s=1#EnvironmentHealth
- **Lead Screening** is recommended for children who:
 - in the last 6 months lived in a house or apartment built before 1950;
 - live in a home with recent or ongoing renovations or peeling or chipped paint.
 - have a sibling, housemate, or playmate with a prior history of lead poisoning;
 - have been seen eating paint chips.
- **Websites about environmental issues:**
 - Canadian Partnership for Children's Health & Environment (CPCHE) - www.healthyeenvironmentforkids.ca/
 - Health and housing - www.cmhc-schl.gc.ca/
 - Environmental health section of CDC - www.cdc.gov/node.do;id=090013ec8000e044
 - Commission for Environmental Cooperation – www.cec.org/children
- **Dental Care:**
 - **Dental cleaning:** After the eruption of the first tooth, clean with only water using a washcloth or soft brush until age 2 years; thereafter using only a pea-sized amount of fluoridated dentifrice; independent brushing should occur under parental supervision.
 - **Fluoride supplements** are recommended where ingestion from all sources is low. Sources include fluoridated dentifrice and all home and child-care water sources. Fluoride is to be started only after the eruption of the first primary tooth. Dose for those at high risk for dental caries with water < 0.3 ppm fluoride is 0.25 mg for children 6 months to 3 years, 0.50 mg for age 3 to 6 years, and 1 mg for children > 6 years.
 - **To prevent dental caries:** avoid sweetened liquids and constant sipping of milk or natural juices in both bottle and cup.



PHYSICAL EXAMINATION

- **Eyes - Corneal light reflex/Cover-uncover test and inquiry for strabismus:** With the child focusing on a light source, the light reflex on the cornea should be symmetrical. Each eye is then covered in turn, for 2-3 seconds, and then quickly uncovered. The test is abnormal if the covered eye "wanders" and when uncovered moves inward or outward to focus or "fix" on the light source.
- **Vision screening** - Children should be screened in their preschool years for amblyopia or its risk factors, as well as for serious ocular diseases, such as retinoblastoma and cataracts.
 - www.cps.ca/english/statements/CP/cp98-01.htm
- **Hearing screening/inquiry** - Questions on hearing acuity are recommended for all infants and children. In the absence of universal newborn screening, formal audiology testing should be performed in all high-risk infants. Older children should be screened if clinically indicated.
 - <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111:2:436>
- **Muscle tone** - Evaluation for spasticity, rigidity, and hypotonia should occur.
- **Adenotonsillar hypertrophy** and presence of sleep-disordered breathing warrants assessment re. obstructive sleep apnea.
 - <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;109:4:704.pdf>

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

NAME: _____ Birth Date (d m yr): _____ M [] F []

Past problems Risk factors:	Family history:
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DATE OF VISIT	2 months			4 months			6 months		
GROWTH*	Height	Weight	Head circ.	Height	Weight	Head circ.	Height	Weight (x2 BW)	Head circ.
PARENTAL CONCERNS									
NUTRITION*	<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> Formula Feeding (iron-fortified)			<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> Formula Feeding (iron-fortified)			<input type="checkbox"/> Breastfeeding* - initial introduction of solids Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> Formula Feeding - iron-fortified follow-up <input type="checkbox"/> No bottles in bed <input type="checkbox"/> No sweetened liquids, encourage water <input type="checkbox"/> Iron containing foods (cereals, meat, egg yolk, tofu) <input type="checkbox"/> Fruits and vegetables to follow <input type="checkbox"/> No egg white, nuts, or honey <input type="checkbox"/> Choking safe food*		
EDUCATION AND ADVICE	<p> <input checked="" type="checkbox"/> discussed and no concerns <input type="checkbox"/> if concerns </p> <p> Injury Prevention <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Sleep position/bed sharing/co-sleeping/crib safety* <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Electric plugs/cords <input type="checkbox"/> Carbon monoxide/Smoke detectors* <input type="checkbox"/> Hot water < 49°C/Bath safety* <input type="checkbox"/> Falls (stairs, walkers, change table)* <input type="checkbox"/> Choking safe toys* </p> <p> Behaviour and family issues <input type="checkbox"/> Sleeping:crying/Night waking** <input type="checkbox"/> Soothability:responsiveness <input type="checkbox"/> Assess home visit need** <input type="checkbox"/> Parenting bonding <input type="checkbox"/> Parental fatigue:postpartum depression** <input type="checkbox"/> Family conflict stress <input type="checkbox"/> Siblings <input type="checkbox"/> Child care:return to work </p> <p> Other issues <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> Teething:Dental cleaning/Fluoride* <input type="checkbox"/> Complementary/alternative medicine* <input type="checkbox"/> Pacifier use* <input type="checkbox"/> Temperature control and overdressing* <input type="checkbox"/> Fever advice:thermometers* <input type="checkbox"/> Sun exposure:sunscreens insect repellent* <input type="checkbox"/> Pesticide exposure* </p>								
DEVELOPMENT** <i>(Inquiry and observation of milestones)</i> Tasks are set after the time of normal milestone acquisition. Absence of any item suggests the need for further assessment of development. NB-Correct for age if < 36 weeks gestation <input checked="" type="checkbox"/> if attained <input type="checkbox"/> if not attained	<input type="checkbox"/> Follows movement with eyes <input type="checkbox"/> Has a variety of sounds and cries <input type="checkbox"/> Holds head up when held at adult's shoulder <input type="checkbox"/> Enjoys being touched and cuddled <input type="checkbox"/> Smiles responsively <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Turns head toward sounds <input type="checkbox"/> Laughs/squeals at parent <input type="checkbox"/> Head steady <input type="checkbox"/> Grasps/reaches <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Follows a moving object <input type="checkbox"/> Looks in the direction of a new sound <input type="checkbox"/> Babbles <input type="checkbox"/> Rolls from back to stomach or stomach to back <input type="checkbox"/> Sits with support <input type="checkbox"/> Brings hands or toys to mouth <input type="checkbox"/> No parent concerns		
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Heart <input type="checkbox"/> Hips <input type="checkbox"/> Muscle tone*			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Hips <input type="checkbox"/> Muscle tone*			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test and inquiry* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Hips <input type="checkbox"/> Muscle tone*		
PROBLEMS AND PLANS							<input type="checkbox"/> Inquire about risk factors for TB		
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="checkbox"/> Hepatitis B vaccine*		

Grades of evidence: (A) Bold type - Good evidence (B) Italic - Fair evidence (C) Plain - Consensus with no definitive evidence

(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

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

NAME: _____ Birth Date (d-m-yr): _____ M [] F []

Past problems Risk factors:	Family history:
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DATE OF VISIT	9 months (optional)			12-13 months			15 months (optional)		
GROWTH*	Height	Weight	Head circ.	Height	Weight (x3 BW)	Head circ. (av. 47cm)	Height	Weight	Head Circ.
PARENTAL CONCERNS									
NUTRITION*	<input type="checkbox"/> Breastfeeding*/ Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> <i>Formula Feeding – iron-fortified follow-up</i> <input type="checkbox"/> No bottles in bed <input type="checkbox"/> No sweetened liquids, encourage water <input type="checkbox"/> Cereal, meat alternatives, fruits, vegetables <input type="checkbox"/> 1 st introduction cow's milk products <input type="checkbox"/> No egg white, nuts, or honey <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage cup instead of bottle <input type="checkbox"/> Appetite reduced <input type="checkbox"/> Choking safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Choking safe foods* <input type="checkbox"/> Encourage cup instead of bottle		
EDUCATION AND ADVICE ✓ discussed and no concerns X if concerns	<p>Injury Prevention</p> <input type="checkbox"/> Car seat (infant/child)* <input type="checkbox"/> Poisons*: PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Carbon monoxide/Smoke detectors* <input type="checkbox"/> Hot water < 49°C /Bath safety* Childproofing, including: <input type="checkbox"/> Electric plugs/cords <input type="checkbox"/> Falls/stairs/walkers* <input type="checkbox"/> Choking/safe toys*								
	<p>Behaviour and family issues</p> <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Assess home visit need** <input type="checkbox"/> Parenting <input type="checkbox"/> Parental fatigue/depression** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Siblings <input type="checkbox"/> Child care: return to work								
	<p>Other Issues</p> <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> Teething/Dental cleaning/Fluoride/Dentist* <input type="checkbox"/> Complementary/alternative medicine* <input type="checkbox"/> Pacifier use* <input type="checkbox"/> Fever advice/thermometers* <input type="checkbox"/> Active healthy living/media use* <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Footwear Environmental health including: <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> Check serum lead if at risk* <input type="checkbox"/> Pesticide exposure*								
DEVELOPMENT** <i>(Inquiry and observation of milestones)</i> Tasks are set after the time of normal milestone acquisition. Absence of any item suggests the need for further assessment of development. NB-Correct for age if < 36 weeks gestation ✓ if attained X if not attained	<input type="checkbox"/> Looks for hidden toy <input type="checkbox"/> Babbles different sounds <input type="checkbox"/> Makes sounds to get attention <input type="checkbox"/> Sits without support <input type="checkbox"/> Stands with support <input type="checkbox"/> Opposes thumb and index finger <input type="checkbox"/> Reaches to be picked up and held <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Responds to own name <input type="checkbox"/> Understands simple requests, e.g. find your shoes <input type="checkbox"/> Chatters using 3 different sounds <input type="checkbox"/> Crawls or 'bum' shuffles <input type="checkbox"/> Pulls to stand/walks holding on <input type="checkbox"/> Shows many emotions <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Attempts to say 2 or more words (words do not have to be clear) <input type="checkbox"/> Tries to get something by making sounds, while reaching or pointing <input type="checkbox"/> Picks up and eats finger foods <input type="checkbox"/> Crawls up stairs/steps <input type="checkbox"/> Tries to squat to pick up toys from the floor <input type="checkbox"/> Removes socks and tries to untie shoes <input type="checkbox"/> Stacks 2 blocks <input type="checkbox"/> Looks at you to see how to react (when falls or with strangers) <input type="checkbox"/> No parent concerns		
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> <i>Hips</i>			<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> <i>Tonsil size/Teeth*</i> <input type="checkbox"/> <i>Hips</i>			<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> <i>Tonsil size/Teeth*</i> <input type="checkbox"/> <i>Hips</i>		
PROBLEMS AND PLANS	<input type="checkbox"/> Anti-HBs and HbsAG* (If HbsAg positive mother) <input type="checkbox"/> Hemoglobin (If at risk)*			<input type="checkbox"/> Hemoglobin (If at risk)*					
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record		

Grades of evidence: (A) **Bold type** – Good evidence (B) *Italic* – Fair evidence (C) Plain – Consensus with no definitive evidence

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Past problems Risk factors:	Family history:
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Rourke Baby Record: EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE IV

Birth Date (d in yr): _____

NAME: _____

M [] F []

DATE OF VISIT	18 months	2-3 years	4-5 years
GROWTH*	Height Weight Head circ.	Height Weight Head circ. -if prior abnormal	Height Weight
PARENTAL CONCERNS			
NUTRITION*	<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> No bottles	<input type="checkbox"/> Homogenized or 2% milk <input type="checkbox"/> Gradual transition to lower fat diet* <input type="checkbox"/> Canada's Food Guide*	<input type="checkbox"/> 2% milk <input type="checkbox"/> Canada's Food Guide*
EDUCATION AND ADVICE	<p>Injury Prevention</p> <input type="checkbox"/> Car seat (child)* <input type="checkbox"/> Bath safety* <input type="checkbox"/> Choking/safe toys* <p>Behaviour</p> <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> Discipline: Limit setting** <p>Family</p> <input type="checkbox"/> Parental fatigue/stress/depression** <input type="checkbox"/> High-risk children** <p>Other</p> <input type="checkbox"/> Socializing/peer play opportunities <input type="checkbox"/> Dental Care/Dentist* <input type="checkbox"/> Toilet learning** <p>√ discussed and no concerns X if concerns</p>	<input type="checkbox"/> Car seat (child/booster)* <input type="checkbox"/> Carbon monoxide/Smoke detectors* <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> Parental fatigue/depression** <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> Complementary/alternative medicine* <input type="checkbox"/> Active healthy living/media use* <input type="checkbox"/> Assess day care /preschool needs: school readiness** Environmental health including: <input type="checkbox"/> Sun exposure/sunscreens, insect repellent* <input type="checkbox"/> Check serum lead if at risk*	<input type="checkbox"/> Bike Helmets* <input type="checkbox"/> Matches <input type="checkbox"/> Discipline: Limit setting** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Dental cleaning/Fluoride/Dentist* <input type="checkbox"/> Toilet learning** <input type="checkbox"/> Socializing opportunities <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Water safety <input type="checkbox"/> High-risk children** <input type="checkbox"/> Siblings
DEVELOPMENT** <i>(Inquiry and observation of milestones)</i> Tasks are set after the time of normal milestone acquisition. Absence of any item suggests the need for further assessment of development. NB-Correct for age if < 36 weeks gestation √ if attained X if not attained	<p>Social/Emotional</p> <input type="checkbox"/> Child's behaviour is usually manageable <input type="checkbox"/> Usually easy to soothe <input type="checkbox"/> Comes for comfort when distressed <p>Communication Skills</p> <input type="checkbox"/> Points to 3 different body parts <input type="checkbox"/> Tries to get your attention to see something of interest <input type="checkbox"/> Pretend play with toys and figures (e.g. feeds stuffed animal) <input type="checkbox"/> Turns when name is called <input type="checkbox"/> Imitates speech sounds regularly <input type="checkbox"/> Produces 3 consonants, e.g. P M B W H N <p>Motor Skills</p> <input type="checkbox"/> Walks backward 2 steps without support <input type="checkbox"/> Feeds self with spoon with little spilling <p>Adaptive Skills</p> <input type="checkbox"/> Removes hat/socks without help <input type="checkbox"/> No parent concerns	<p>2 years</p> <input type="checkbox"/> At least 1 new word/week <input type="checkbox"/> 2-word sentences <input type="checkbox"/> Tries to run <input type="checkbox"/> Puts objects into small container <input type="checkbox"/> Copies adult's actions <input type="checkbox"/> Continues to develop new skills <input type="checkbox"/> No parent concerns <p>3 years</p> <input type="checkbox"/> Understands 2 step direction <input type="checkbox"/> Twists lids off jars or turns knobs <input type="checkbox"/> Turns pages one at a time <input type="checkbox"/> Shares some of the time <input type="checkbox"/> Listens to music or stories for 5-10 minutes with adults <input type="checkbox"/> No parent concerns	<p>4 years</p> <input type="checkbox"/> Understands related 3-part directions <input type="checkbox"/> Asks lots of questions <input type="checkbox"/> Stands on 1 foot for 1-3 seconds <input type="checkbox"/> Draws a person with at least 3 body parts <input type="checkbox"/> Toilet trained during the day <input type="checkbox"/> Tries to comfort someone who is upset <input type="checkbox"/> No parent concerns <p>5 years</p> <input type="checkbox"/> Counts to 10 and knows common colours and shapes <input type="checkbox"/> Speaks clearly in sentences <input type="checkbox"/> Throws and catches a ball <input type="checkbox"/> Hops on 1 foot <input type="checkbox"/> Shares willingly <input type="checkbox"/> Works alone at an activity for 20-30 minutes <input type="checkbox"/> Separates easily from parents <input type="checkbox"/> No parent concerns
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	<input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test and inquiry* <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*	<input type="checkbox"/> Blood pressure <input type="checkbox"/> Eyes (red reflex)/Visual acuity* <input type="checkbox"/> Corneal light reflex/Cover-uncover test and inquiry* <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*	<input type="checkbox"/> Blood pressure <input type="checkbox"/> Eyes (red reflex)/Visual acuity* <input type="checkbox"/> Corneal light reflex/Cover-uncover test and inquiry* <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*
PROBLEMS AND PLANS			
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record	Record on Guide V: Immunization Record	Record on Guide V: Immunization Record

Grades of evidence: (A) Bold type – Good evidence (B) *Italic* - Fair evidence (C) Plain – Consensus with no definitive evidence

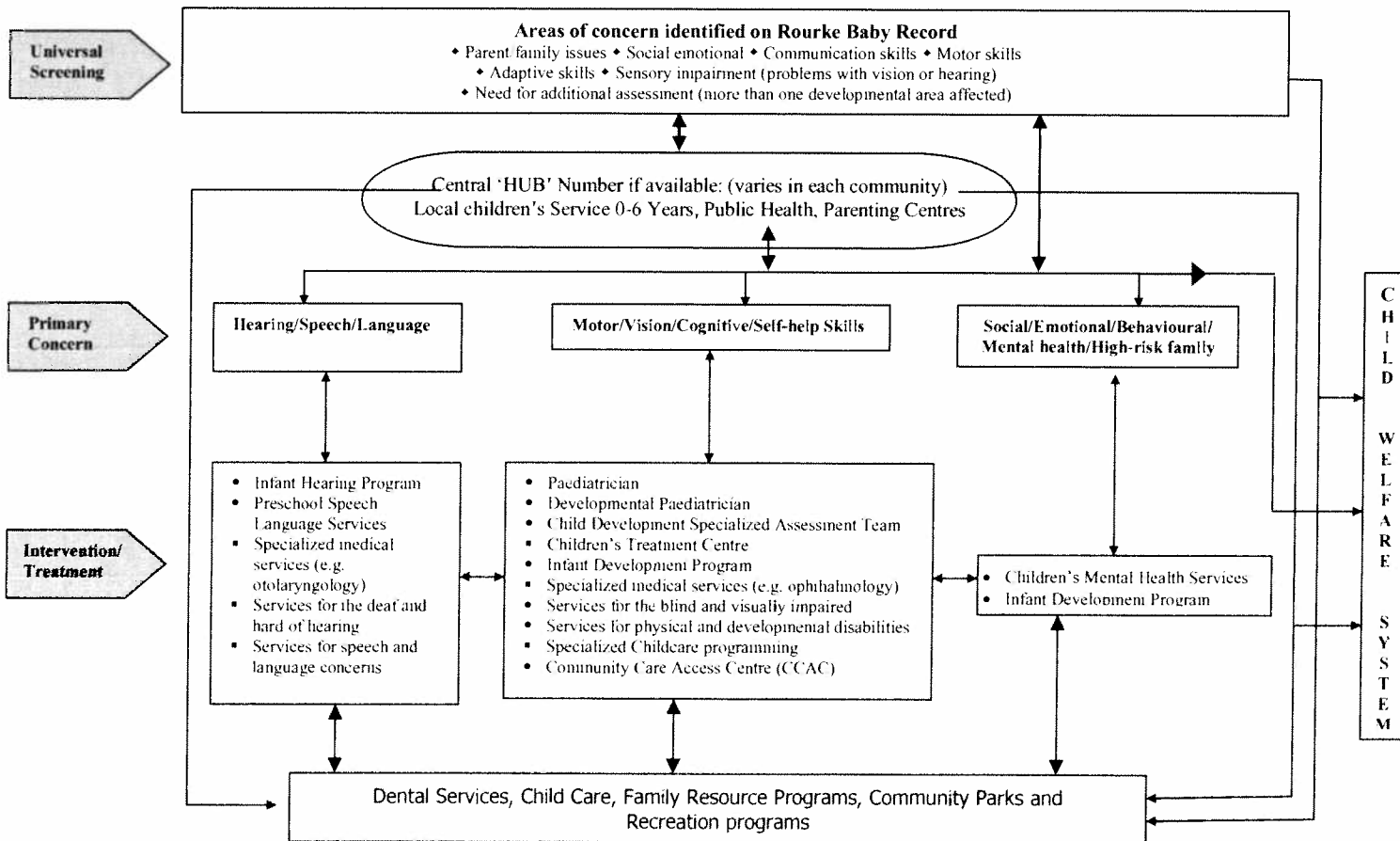
(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record: EB is meant to be used as a guide only.

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<p>DEVELOPMENT Milestones are based on the Nipissing District Development Screen (www.ndds.ca) and other developmental literature. They are not a developmental screen, but rather an aid to developmental surveillance. They are set after the time of normal milestone acquisition. Thus, absence of any one or more items is considered a high-risk marker and indicates the need for further developmental assessment, as does parental concern about development at any stage.</p> <ul style="list-style-type: none"> - "Best Start" website contains resources for maternal, newborn, and early child development - www.beststart.org - OCFP Healthy Child Development: Improving the Odds publication is a toolkit for primary healthcare providers - www.beststart.org/resources/healthy_child_dev.pdf HCD_complete.pdf 	<p>PARENTAL/FAMILY ISSUES AFFECTING DEVELOPMENT</p> <ul style="list-style-type: none"> • Maternal depression - Physicians should have a high awareness of maternal depression, which is a risk factor for the socioemotional and cognitive development of children. Although less studied, paternal factors may compound the maternal-infant issues. <ul style="list-style-type: none"> - www.cps.ca/english/statements/pp_pp04-03.htm • Shaken baby syndrome - A high index of suspicion is suggested. <ul style="list-style-type: none"> - www.cps.ca/english/statements/pp_cps01-01.htm • Fetal alcohol syndrome effects (FAS/FAE) - Canadian Guidelines published in CMAJ supplement <ul style="list-style-type: none"> - Mar. 1 05 - www.cmaj.ca/cgi/content/full/172/5/suppl/S1 <p>High-risk infants children</p> <ul style="list-style-type: none"> - Day Care: Specialized day care or preschool is beneficial for children living in poverty (family income at or below Statistics Canada low-income cut-off). These disadvantaged children are at an increased risk of mortality and morbidity, including physical, emotional, social and education deficits. - Home Visits: There is good evidence for home visiting by nurses during the perinatal period through infancy for first-time mothers of low socioeconomic status, single parents or teenaged parents to prevent physical abuse and/or neglect. Canadian Task Force on Preventative Health Care <ul style="list-style-type: none"> - www.cmaj.ca/cgi/content/full/163/11/1451 <p><i>Risk factors for physical abuse:</i></p> <ul style="list-style-type: none"> • low SES • young maternal age (< 19 years) • single parent family • parental experiences of own physical abuse in childhood • spousal violence • lack of social support • unplanned pregnancy or negative parental attitude towards pregnancy <p><i>Risk factors for sexual abuse:</i></p> <ul style="list-style-type: none"> • living in a family without a natural parent • growing up in a family with poor marital relations between parents • presence of a stepfather • poor child-parent relationships • unhappy family life
<p>BEHAVIOUR Night waking/crying: Night waking/crying occurs in 20% of infants and toddlers who do not require night feeding. Counselling around positive bedtime routines (including training the child to fall asleep alone), removing nighttime positive reinforcers, keeping morning awakening time consistent, and rewarding good sleep behaviour has been shown to reduce the prevalence of night waking/crying, especially when this counselling begins in the first 3 weeks of life.</p> <ul style="list-style-type: none"> - www.mja.com.au/public/issues/182_05_070305/sym10800_fin.html 	
<p>PARENTING DISCIPLINE Promote effective discipline through evaluation, anticipatory guidance and counseling using the following principles: respect for parents, cultural sensitivity, improving social supports, increasing parental confidence, increasing parental pleasure in children, and supporting and improving parenting skills.</p> <ul style="list-style-type: none"> - www.cps.ca/english/statements/pp_pp04-01.htm - OCFP Healthy Child Development www.beststart.org/resources/healthy_child_dev.pdf HCD_complete.pdf (section 3) 	
<p>TOILET LEARNING The process of toilet learning has changed significantly over the years and within different cultures. In Western culture, a child-centred approach, where the timing and methodology of toilet learning is individualized as much as possible, is recommended.</p> <ul style="list-style-type: none"> - www.cps.ca/english/statements/CP_cp00-02.htm 	
<p>LITERACY Physicians can promote literacy and early childhood reading by facilitating reading in the office. Encourage parents to watch less television and read more to their children.</p> <ul style="list-style-type: none"> - www.cps.ca/english/statements/pp_pp02-01.htm 	
<p>AUTISM SPECTRUM DISORDER When developmental delay is suspected in an 18-month child, assess for autism spectrum disorder using the Checklist for Autism in Toddlers (CHAT) - Journal of Autism and Developmental Disorders 2001;31(2).</p> <ul style="list-style-type: none"> - www.beststart.org/resources/healthy_child_dev.pdf HCD_complete.pdf (appendix L) 	

EARLY CHILD DEVELOPMENT AND PARENTING RESOURCE SYSTEM



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

NAME: _____ Birth Date (d-m-yr): _____ M [] F []

Childhood Immunization Record as per NACI Recommendations (as of March 2006)

For additional information, refer to the National Advisory Committee on Immunization website: www.phac-aspc.gc.ca/naci-ccni/

Provincial guidelines are available online: www.phac-aspc.gc.ca/inv/ptimprog-progimpt/table-1_e.html

Date given	NACI recommendations	Injection site	Lot number	Expiry date	Initials	Comments
DTaP/IPV/ Hib	4 doses (2, 4, 6, 18 months) dose #1 (2 months)					
	dose #2 (4 months)					
	dose #3 (6 months)					
	dose #4 (18 months)					
Pneu-Conj	4 doses (2, 4, 6, 12-15 months) dose #1 (2 months)					
	dose #2 (4 months)					
	dose #3 (6 months)					
	dose #4 (12-15 months)					
Men-Conj	3 doses (2, 4, 6 months) OR 1 dose (12 months OR 14-16 years)					
Hepatitis B	3 doses in infancy OR 2-3 doses preteen/teen dose #1					
	dose #2					
	± dose #3					
MMR	2 doses (12 months, 18 months OR 4 years) dose #1 (12 months)					
	dose #2 (18 months OR 4 years)					
Varicella	1 dose (12 months - 12 years) OR 2 doses ≥ 13 years dose #1					
	± dose #2					
DTaP/IPV	1 dose (4-6 years)					
dTap	1 dose (14-16 years)					
Influenza	1 dose annually (6-23 months and high risk > 2 years) First year only for < 9 years - give 2 doses one month apart					
Other						

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ROUTINE IMMUNIZATION

National Advisory Committee on Immunization (NACI) recommended immunization schedules for infants, children and youth can be found at the following website: www.phac-aspc.gc.ca/naci-ccni/.

Provincial/territorial immunization schedules may differ based on funding differences. For provincial territorial immunization schedules, see Canadian Nursing Coalition on Immunization chart on the website of the Public Health Agency of Canada: www.phac-aspc.gc.ca/im/ptimprog-progiuptable-1_e.html.

For review, see "Immunization update 2005: Stepping forward" available on-line at www.cps.ca/english/statements/ID/PIDNotelmmunization2005.htm.

Vaccine Notes (Adapted from NACI):

Diphtheria, Tetanus, acellular Pertussis and inactivated Polio virus vaccine (DTaP-IPV): DTaP-IPV vaccine is the preferred vaccine for all doses in the vaccination series, including completion of the series in children < 7 years who have received \geq 1 dose of DPF (whole cell) vaccine (e.g., recent immigrants).

Haemophilus influenzae type b conjugate vaccine (Hib): Hib schedule shown is for the Haemophilus b capsular polysaccharide – PRP conjugated to tetanus toxoid (Act-HIBTM) or the Haemophilus b oligosaccharide conjugate - HbOC (HibTITERTM) vaccines. This vaccine may be combined with DTaP in a single injection.

Measles, Mumps and Rubella vaccine (MMR): A second dose of MMR is recommended, at least 1 month after the first dose for the purpose of better measles protection. For convenience, options include giving it with the next scheduled vaccination at 18 months of age or at school entry (4-6 years) (depending on the provincial/territorial policy), or at any intervening age that is practical. The need for a second dose of mumps and rubella vaccine is not established but may benefit (given for convenience as MMR). The second dose of MMR should be given at the same visit as DTaP-IPV (\pm Hib) to ensure high uptake rates. MMR and varicella vaccines should be administered concurrently (at different sites) or separated by at least 4 weeks.

Varicella vaccine: Children aged 12 months to 12 years who have not had varicella should receive one dose of varicella vaccine. Unvaccinated individuals \geq 13 years who have not had varicella should receive two doses at least 28 days apart. Varicella and MMR vaccines should be administered concurrently (at different sites) or separated by at least 4 weeks.

Hepatitis B vaccine (Hep B): Hepatitis B vaccine can be routinely given to infants or preadolescents, depending on the provincial/territorial policy. For infants born to chronic carrier mothers, the first dose should be given at birth (with Hepatitis B immune globulin), otherwise the first dose can be given at 2 months of age to fit more conveniently with other routine infant immunization visits. The second dose should be administered at least 1 month after the first dose, and the third at least 2 months after the second dose, but again may fit more conveniently into the 4- and 6-month immunization visits. A two-dose schedule for adolescents is an option. (See also SELECTED INFECTIOUS DISEASES RECOMMENDATIONS below.)

Pneumococcal conjugate vaccine - 7-valent (Pneu-Conj): Recommended schedule, number of doses and subsequent use of 23 valent polysaccharide pneumococcal vaccine depend on the age of the child, if at high risk for pneumococcal disease, and when vaccination is begun.

Meningococcal C conjugate vaccine (Men-Conj): Recommended schedule and number of doses of meningococcal vaccine depend on the age of the child. If the provincial/territorial policy is to give Men-Conj after 12 months of age, 1 dose is sufficient.

Diphtheria, Tetanus, acellular Pertussis vaccine - adult/adolescent formulation (dTap): a combined adsorbed "adult type" preparation for use in people \geq 7 years of age, contains less diphtheria toxoid and pertussis antigens than preparations given to younger children and is less likely to cause reactions in older people. This vaccine should be used in individuals > 7 years receiving their primary series of vaccines.

Influenza vaccine (Flu): Recommended for all children between 6 and 23 months of age, and for older high-risk children. Previously unvaccinated children up to 9 years of age require 2 doses with an interval of at least 4 weeks. The second dose is not required if the child has received one or more doses of influenza vaccine during the previous immunization season.

SELECTED INFECTIOUS DISEASES RECOMMENDATIONS

See CPS position statements of the Infectious Diseases and Immunization Committee: www.cps.ca/english/publications/InfectiousDiseases.htm.

- **Hepatitis B immune globulin and immunization:**
 Infants with HBsAg-positive parents or siblings require Hepatitis B vaccine at birth, at 1 month, and 6 months of age.
 Infants of HBsAg-positive mothers also require Hepatitis B immune globulin at birth.

 Hepatitis B vaccine should also be given to all infants from high-risk groups, such as:
 - infants where at least one parent has emigrated from a country where Hepatitis B is endemic;
 - infants of mothers positive for Hepatitis C virus;
 - infants of substance-abusing mothers.
- **Human Immunodeficiency Virus type 1 (HIV-1) maternal infections:**
 Breastfeeding is contraindicated for an HIV-1 infected mother even if she is receiving antiretroviral therapy.
- **Hepatitis A or A/B combined (when Hepatitis B vaccine has not been previously given):**
 These vaccines should be considered when traveling to countries where Hepatitis A or B are endemic.
- **Tuberculosis - TB skin testing:**
 TB skin testing should be done if the infant is living with anyone being investigated or treated for TB. TB skin testing should also be considered in high-risk groups, including Aboriginal people, immigrants and long-term travellers from areas with a high prevalence of TB.