Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

**GUIDE I**

**DATE OF VISIT**

<table>
<thead>
<tr>
<th>within 1 week</th>
<th>2 weeks (optional)</th>
<th>1 month (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Height</td>
</tr>
<tr>
<td>Weight</td>
<td>HC (avg 35 cm)</td>
<td>Weight</td>
</tr>
<tr>
<td>Head Circ.</td>
<td>Height</td>
<td>Head Circ.</td>
</tr>
</tbody>
</table>

**PARENTAL CONCERNS**

<table>
<thead>
<tr>
<th>NUTRITION*</th>
<th>breastfeeding (exclusive)*</th>
<th>vitamin D 400 IU/day*</th>
<th>Stool pattern and urine output</th>
</tr>
</thead>
<tbody>
<tr>
<td>breastfeeding*</td>
<td>vitamin D 400 IU/day*</td>
<td>Stool pattern and urine output</td>
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**EDUCATION AND ADVICE**

<table>
<thead>
<tr>
<th>Injury Prevention</th>
<th>Sleep position/bed sharing/room sharing*</th>
<th>Crib safety*</th>
<th>Firearm safety/removal*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car seat (infant)*</td>
<td>Hot water &lt;49°C*</td>
<td>Choking/safe toys*</td>
<td></td>
</tr>
<tr>
<td>Carbon monoxide/Smoke detectors*</td>
<td>Parental fatigue/postpartum depression*</td>
<td>Siblings</td>
<td></td>
</tr>
<tr>
<td>Behaviour and family issues</td>
<td>Parenting/bonding</td>
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</table>

**DEVELOPMENT**

<table>
<thead>
<tr>
<th>Physical Examination</th>
<th>Developmental Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin (jaundice, dry)</td>
<td>Skin (jaundice, dry)</td>
</tr>
<tr>
<td>Fontanelles</td>
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</tr>
<tr>
<td>Eyes (red reflex)*</td>
<td>Eyes (red reflex)*</td>
</tr>
<tr>
<td>Ears (TM) Hearing inquiry/screening*</td>
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</tr>
<tr>
<td>Heart/Lungs</td>
<td>Heart/Lungs</td>
</tr>
<tr>
<td>Umbilicus</td>
<td>Umbilicus</td>
</tr>
<tr>
<td>Femoral pulses</td>
<td>Femoral pulses</td>
</tr>
<tr>
<td>Hips*</td>
<td>Hips*</td>
</tr>
<tr>
<td>Muscle tone*</td>
<td>Muscle tone*</td>
</tr>
<tr>
<td>Testicles</td>
<td>Testicles</td>
</tr>
<tr>
<td>Male urinary stream/foreskin care</td>
<td>Male urinary stream/foreskin care</td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
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<th>Developmental Milestones</th>
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</tbody>
</table>

**PROBLEMS AND PLANS**

<table>
<thead>
<tr>
<th>Problems and Plans</th>
<th>Plan</th>
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</thead>
<tbody>
<tr>
<td>PKU, Thyroid</td>
<td>Plan</td>
</tr>
<tr>
<td>Hemoglobinopathy screen (if at risk)*</td>
<td>Plan</td>
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</tbody>
</table>

**IMMUNIZATION**

<table>
<thead>
<tr>
<th>Immunization Record</th>
<th>Plan</th>
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<tbody>
<tr>
<td>Record on Guide V: Immunization Record</td>
<td>Plan</td>
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</tbody>
</table>

**financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.**
GROWTH
- Important: Corrected age should be used at least until 24 to 36 months of age for premature infants born at <37 wks gestation.
- Measuring growth: The growth of all full term infants, both breastfed and non-breastfed, and premature infants should be evaluated using growth charts from the 2006 World Health Organization Child Growth Standards (birth to 5 years) with measurement of recumbent length (birth to 2 years) or standing height (≥ 2 years), weight, and head circumference (birth to 2 years).

NUTRITION
- Pediatric nutrition guidelines – Nutrition for Healthy Term Infants
  - www.hc-sc.gc.ca/fn-an/pub/ah/nit/nftinfannut_e.html
  - http://www.cps.ca/english/statements/CP/cp00-01-01.htm
- 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 up to two years and beyond unless contraindicated. Breastfeeding reduces gastrointestinal and respiratory infections. Maternal support (both antenatal 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 400 IU/day (800 IU/day in northern communities) is recommended for all full term infants until the diet provides a sufficient source of Vitamin D (~1 year of age). Formulas may only supply a portion of the recommended daily vitamin D intake if less than 1000 mL (33 oz) is consumed daily.
  - Breastfeeding - www.cps.ca/english/statements/NATbreastfeedingMar05.htm
  - Weaning - www.cps.ca/english/statements/PP/weaning04-01-01.htm
  - Vitamin D - www.cps.ca/english/statements/IL/infantvitD07-01.htm
  - Colic - www.cps.ca/english/statements/NutritionNoteSept03.htm
- Ankyloglossia and breastfeeding - www.cps.ca/english/statements/CP/cp02-02.htm
- Maternal medications when breastfeeding: Medications and Mothers' Milk, T. Hale (2008)
- Motherisk – www.motherisk.org
- Milk consumption range is consistent only if is provided as an approximate guide.
- Soy-based formula is not recommended for routine use in infants as an equivalent alternative to cow’s milk formula, and is contraindicated for preterm infants.

www.cps.ca/english/statements/IL/InfantSoyConcern.htm
- Transition to lower fat diet: A gradual transition from the high-fat infant diet to a lower-fat diet begins after age 2 years as per Canada’s Food Guide.
- Encourage a healthy diet at pre-school age: www.hc-sc.gc.ca/fn-an/infant-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, choking, burns, poisoning, and falls.

- Transportation in motor vehicles: www.cps.ca/english/statements/IP/IP08-01-01.htm
- Children < 13 years should sit in the rear seat. Keep children away from all airbags.
- Install and follow size recommendations as per specific car seat model and keep child in each stage as long as possible.
  - Use rear-facing infant seat until at least year of age AND 10 kg (22 lb).
  - Use forward-facing child seat from at least 1 year of age AND 10 - 22 kg (22 - 48 lb) and up to 122 cm (48”). Maximum height may vary with car seat model.
  - Use booster seat from at least 18 - 36 kg (40 - 80 lb) and up to 145 cm (4’9”).
  - Use lap and shoulder belt in the rear seat for older children over 8 yrs who are at least 36 kg (80 lb) and 145 cm (4’9”) and fit vehicle restraint system.
- Bicycle: wear bike helmets. Replace if heavy impact or sign of damage.
- Drowning: www.cps.ca/english/statements/IP/IP03-01-01.htm
  - Bath safety: Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.
  - Use water safety: Supervise infants in the bathtub, including in-tub pooring, lifeguards.
  - Swimming lessons, and hoating safety to decrease the risk of drowning.
- Choking: Avoid hard, small and round, smooth and sticky solid foods until age 3 years. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys.
- Burns: Install smoke detectors in the home at very young.
  - Keep hot water at a temperature < 49°C.
- Poisoning: Keep medications and cleaners locked up and out of child’s reach. Have Poison Control Centre number handy. Use of species is contraindicated in children.
- Falls: Assess home for hazards- never leave baby alone on change table or other high surface; use window guards and stair gates. Baby walkers are banned in Canada and should never be used. Advise against trampoline use at home. www.cps.ca/english/statements/IP/IP07-01.htm
- 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.
  - Bed sharing: Advise against bed sharing.
  - Room sharing: Encourage putting infant in a crib that meets current Canadian safety regulations in parents’ room for the first 6 months of life. Room sharing is protective against SIDS.
- Firearm safety/rearm: 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/statements/InjuryPrevention.htm

OTHER
- Second-hand smoke exposure: contributes to childhood illnesses such as URI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.
- Advise parents against using OTC cough/cold medications
- Complementary and alternative medication (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/CP/cp05-01-01.htm
  - Homeopathy - www.cps.ca/english/statements/CP/cp05-01-01.htm
  - Purifier use may decrease risk of SIDS and should not be discouraged in the 1st year of life after breastfeeding is well established, but should be restricted in children with chronic/recurrent otitis media.
  - www.cps.ca/english/statements/CP/cp05-01-01.htm
- Fever advice/thermometers: Fever ≥ 38°C in an infant < 3 months needs urgent evaluation.
  - Ibuprofen and acetaminophen are both effective antipyretics. Acetaminophen remains the first choice for antipyresis under 6 months of age; thereafter ibuprofen or acetaminophen may be used. Alternating acetaminophen with ibuprofen for fever control is not recommended in primary care settings as this may encourage fever phobia, and the potential risks of medication error outweigh measurable clinical benefit.
  - Temperature measurement - www.cps.ca/english/statements/CP/cp00-01-01.htm
- Footwear: Shoes are for protection, not correction. Walking barefoot develops good toes gripping and muscular strength – http://www.cps.ca/english/statements/CP/footwearChildren.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
  - www.motherisk.org
- 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% DEET apply max once daily; 2-12 yrs 10% DEET apply max TID.
  - Pesticides: Avoid pesticide exposure. Encourage pesticide-free foods.
- 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.
- Even for blood levels less than 45 µg/dl, evidence suggests an association and a partial social relationship with lower cognitive function in children.

- Websites about environmental issues:
  - CPHE - www.envirohealthforkids.ca
  - Health and housing - www.ccmhc.gc.ca/cps/bs/hs/housing/index.cfm
  - Environmental health section of CDC - www.cdc.gov/mode/éviter/9000ellec/8000e044

Dental Care:
- Dental Cleaning: Fluoridated toothpaste should be used twice per day with a minimum amount of water used to rinse the toothbrush.
  - As excessive swallowing of toothpaste by young children may result in dental fluorosis, children under 6 years of age should be supervised during brushing and only use a small amount (e.g. pea-sized portion) of toothpaste. Children under 3 years of age should have their teeth brushed by an adult using only a smear of toothpaste.
  - Fluoride supplements are not recommended under 6 yrs of age unless the child is considered at high risk for dental caries. www.cda-adc.ca/files/position_statements/fluorides.pdf
  - To prevent early childhood caries: avoid sweetened liquids and constant sipping of milk or natural juices in both bottle and cup.

PHYSICAL EXAMINATION
- Vision screening: www.cps.ca/english/statements/CP/cp09-02.htm
  - Children < 13 years at high risk 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 uncovered eye "wanders" or if the covered eye "wanders" OR if the covered eye moves when uncovered.
  - Hearing screening/inquiry: Universal newborn hearing screening (UNHS) effectively identifies infants with congenital hearing loss & allows for early intervention. Any parental concerns about hearing acuity or language delay should prompt a rapid referral for hearing assessment. Formal audiology testing should be performed in all high-risk infants, including those with normal UNHS. Children older than 3 years should be screened if clinically indicated.
- Corneal light reflex/cover-uncover test & 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 uncovered eye "wanders" OR if the covered eye moves when uncovered.

Other:
  - Retinoblastoma and other serious ocular diseases such as retinoblastoma and cataracts.
- Adenotonsillar hypertrophy and presence of sleep-disordered breathing warrant assessment re.
### Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

**GUIDE II**

**DATE OF VISIT**

<table>
<thead>
<tr>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
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<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Head circ.</td>
</tr>
<tr>
<td>Height</td>
<td>Weight</td>
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</tr>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Head circ.</td>
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</tbody>
</table>

**GROWTH** Correct percentiles until 24-36 months if < 37 weeks gestation

**PARENTAL CONCERNS**

**NUTRITION**

- Breastfeeding (exclusive)*
- Vitamin D 400 IU/day*
- Formula Feeding (iron-fortified) [600-900 mL (20-30 oz)/day]*
- Breastfeeding (exclusive)*
- Vitamin D 400 IU/day*
- Formula Feeding (iron-fortified) [750-1080 mL (25-36 oz)/day]*
- Breastfeeding – initial introduction of solids
  - Vitamin D 400 IU/day*
  - Formula Feeding – iron-fortified [750-1080 mL (25-36 oz)/day]*
- No bottles in bed
- Avoid sweetened liquids
- Iron containing foods (cereals, meat, egg yolk, tofu)
- Fruits and vegetables to follow
- No egg white, nut products, or honey
- Choking/safe food*

**EDUCATION AND ADVICE**

- Car seat (infant)*
- Sleep position/bed sharing/room-sharing/crib safety
- Electric plug/screws Carbon monoxide/Smoke detectors
- Falls (stairs, walkers, change table)*
- Poisons; PCC#*
- Hot water <49°C/Bath safety
- Choking/safe toys*

- Sleeping/crying/Night waking**
- Parenting/bonding
- Parental fatigue/postpartum depression**

- Second hand smoke*
- Teething/Dental cleaning/Fluoride*
- Fever advice/thermometers*
- Sun exposure/sunscreens/insect repellent*
- No OTC cough/cold medn*

- Encourage reading**
- Temperature control and overdressing
- OTC/complementary/alternative medicine*
- Peticide exposure*
- Pacifier use*

**DEVELOPMENT**

(Enquiry and observation of milestones)

Tasks are set after the time of normal milestone acquisition.

**PROBLEMS AND PLANS**

Inquire about risk factors for TB

**IMMUNIZATION**

Provincial guidelines vary

Record on Guide V: Immunization Record

| Signature | Signature | Signature |

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: Good (bold type); Fair (italic type); Consensus (plain type).

(*) 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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### GUIDE III

#### Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

<table>
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<tr>
<th>DATE OF VISIT</th>
<th>9 months (optional)</th>
<th>12-13 months</th>
<th>15 months (optional)</th>
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<tbody>
<tr>
<td><strong>GROWTH</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Height</td>
<td>Weight</td>
<td>Head circ.</td>
</tr>
<tr>
<td>Correct percentiles until 24-36 months if &lt; 37 weeks gestation</td>
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</table>

#### PARENTAL CONCERNS

| NUTRITION<sup>2</sup> |  
|------------------------|<sup>3</sup> |
| Breastfeeding<sup>2</sup>*/Vitamin D 400 IU/day<sup>2</sup>*  
| Formula Feeding - iron-fortified [720-960 mL (24-32 oz) /day]<sup>2</sup>*  
| No bottles in bed  
| Avoid sweetened liquids  
| Cereal, meat/alternatives, fruits, vegetables  
| 1st introduction cow’s milk products  
| No egg white, nut products, or honey  
| Choking/safe foods<sup>2</sup>* |  
| Breastfeeding<sup>2</sup>*  
| Homogenized milk  
| Encourage standard cup instead of bottle [500-750 mL (16-24 oz) /day]<sup>2</sup>*  
| Appetite reduced  
| Choking/safe foods<sup>2</sup>* |  
| Breastfeeding<sup>2</sup>*  
| Homogenized milk  
| Encourage standard cup instead of bottle [500-750 mL (16-24 oz) /day]<sup>2</sup>*  
| Choking/safe foods<sup>2</sup>* |

#### EDUCATION AND ADVICE

|  
| Injury Prevention |
| Car seat (infant)<sup>2</sup>*  
| Carbon monoxide/Smoke detectors<sup>2</sup>*  
| Childproofing, including: Electric plug/wires  
| Behaviour and family issues  
| Sleeping/crying/Night waking<sup>2</sup>**  
| Parenting<sup>2</sup>**  
| Other Issues  
| Second hand smoke<sup>2</sup>*  
| Fever advice/thermometers<sup>2</sup>*  
| Environmental health including:  
| Sun exposure/sunscreens/insect repellent<sup>2</sup>* |

|  
| Poisons*: PCC#*  
| Hot water < 45 °C bath safety<sup>2</sup>*  
| Choking/safe toys<sup>2</sup>*  
| High risk children/assess home visit need<sup>2</sup>**  
| Siblings  
| Family conflict/stress  
| Child care<sup>2</sup>/return to work  
| Choking/safe foods<sup>2</sup>*  
| No OTC cough/cold medn<sup>2</sup>*  
| Pacifier use<sup>2</sup>*  
| Footwear<sup>2</sup>*  
| Choking/safe toys<sup>2</sup>*  
| Firearm safety/removal<sup>2</sup>*  
| Fever advice/thermometers<sup>2</sup>*  
| Active healthy living/screen time<sup>2</sup>* |

#### DEVELOPMENT™ (Inquiry and observation of milestones)

| Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation |
| if attained  
| if not attained |

| Physical Examination |
| Look for an object seen hidden  
| Babble a series of different sounds (eg. bab, duhah)  
| Responds differently to different people  
| Makes sounds/gestures to get attention or help  
| Sits without support  
| Stands with support when helped into standing position  
| Opposes thumb and fingers when grasps objects  
| Plays social games with you (eg. nose touching, peek-a-boo)  
| Cries or shouts for attention  
| No parent/caregiver concerns  
| Responds to own name  
| Understands simple requests, eg. Where is the ball?  
| Makes at least 1 consonant/vowel combination  
| Says 3 or more words (do not have to be clear)  
| Crawls or ‘bunt’ shuffles  
| Pulls to stand/walks holding on  
| Shakes distress when separated from parent/caregiver  
| Follows your gaze to jointly reference an object  
| No parent/caregiver concerns  
| Says 5 or more words (words do not have to be clear)  
| Picks up and eats finger foods  
| Walks sideways holding onto furniture  
| Shows fear of strange people/places  
| Crawls up a few stairs/steps  
| Tries to squat to pick up toys from the floor  
| No parent/caregiver concerns |

| Immunization |
| Provincial guidelines vary  
| Record on Guide V: Immunization Record  
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Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: Good (bold type); Fair (italic type); Consensus (plain type).  
(*) 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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## Past problems/Risk factors:

<table>
<thead>
<tr>
<th>Family history:</th>
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## Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

### GUIDE IV (National)

**DATE OF VISIT**

<table>
<thead>
<tr>
<th>18 months</th>
<th>2-3 years</th>
<th>4-5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Head circ.</td>
</tr>
</tbody>
</table>

### PARENTAL CONCERNS

**NUTRITION**

- Breastfeeding*
- Homogenized milk
- No bottles [500-750 mL(16-24 oz)/day]*

**EDUCATION AND ADVICE**

**Injury Prevention**

- Car seat (child)*
- Child safety*
- Choking/safe toys*

**Behaviour**

- Parent/child interaction
- Discipline/Parenting skills program**

**Family**

- Parental fatigue/stress/depression**
- High-risk children**

**Other**

- Socializing/peer play opportunities
- Wean from pacifier*
- Dental care/Dentist*
- Toilet learning**
- Encourage reading**

Environmental health including:

| Sun exposure/sunscreens/insect repellent * | Pesticide exposure * |

### DEVELOPMENT**

(Monitoring and observation of milestones)

- Social/Emotional
- Child’s behaviour is usually manageable
- Interested in other children
- Usually easy to soothe
- Comes for comfort when distressed

- Communication Skills
- Points to several different body parts
- Tries to get your attention to show you something
- Turns/responds when name is called
- Points to what he/she wants

- Physical tasks
- Looks for toy when asked or pointed in direction
- Imitates speech sounds and gestures
- Says 20 or more words (words do not have to be clear)
- Produces 4 consonants, e.g. R D G H N W

- Motor Skills
- Walks alone
- Feeds self with spoon with little spills

- Adaptive Skills
- Removes hat/socks without help
- No parent/caregiver concerns

- 2 years
- Combines 2 or more words
- Understands 1 and 2 step directions
- Walks backward 2 steps without support
- Tries to run
- Puts objects into small container
- Uses toys for pretend play (e.g. give doll a drink)
- Continues to develop new skills
- No parent/caregiver concerns

- 3 years
- Understands 2 and 3 step directions (e.g. “Pick up your hat and shoes and put them in the closet.”)
- Uses sentences with 5 or more words
- Walks up stairs using handrail
- Twists lids off jars or turns knobs
- Shares some of the time
- Plays make-believe games with actions and words (e.g. pretending to cook a meal, fix a car)
- Turns pages one at a time
- Listens to music or stories for 5 - 10 minutes
- No parent/caregiver concerns

- 4 years
- Understands 3 part directions
- Asks and answers lots of questions (e.g., “What are you doing?”)
- Walks up/down stairs alternating feet
-Undoes buttons and zippers
- Tries to comfort someone who is upset
- No parent/caregiver concerns

- 5 years
- Counts out loud or on fingers to answer “How many are there?”
- Speaks clearly in adult-like sentences most of the time
- Throws and catches a ball
- Hops on 1 foot several times
- Dresses and undresses with little help
- Cooperates with adult requests most of the time
- Retells the sequence of a story
- Separates easily from parent/caregiver
- No parent/caregiver concerns

### PHYSICAL EXAMINATION

Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.

- if normal
- X if abnormal

### PROBLEMS AND PLANS

### IMMUNIZATION

Provincial guidelines vary

- Record on Guide V: Immunization Record
- Record on Guide V: Immunization Record
- Record on Guide V: Immunization Record

Signature

Signature

Signature

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care.: Good (bold type), Fair (italic type), Consensus (plain type).

(*) 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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DEVELOPMENT

Manoeuvres 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 consideration for further developmental assessment, as does parental or caregiver concern about development at any stage.

- "Best Start" website contains resources for maternal, newborn, and early child development - www.beststart.org/
- OCP Healthy Child Development: Improving the Odds publication is a toolkit for primary healthcare providers - www.cfc.ca/English/OCP/CME/HCDMainproC/default.asp?s=1
- www.cdc.gov/nlbiddl/chidren_screen_provided.htm
- Centre of Excellence for Early Childhood Development: www.child-encyclopedia.com

BEHAVIOUR

Crying: Excessive crying may be caused by behavioral or physical factors or be the upper limit of the normal spectrum. Evaluation of these etiological factors and of the burden for parents is essential and raises awareness of the potential for the shaken baby syndrome.

Shaken baby syndrome: www.cps.ca/english/statements/P/P/p01-01.htm

Swaddling: Proper swaddling of the infant for the first 6 months of life may promote longer sleep periods but could be associated with adverse events (hyperthermia, SIDS, or development of hip dysplasia) if misapplied. A swaddled infant must always be placed supine with free movement of hips and legs, and the head uncovered.

- http://pediatrics.aappublications.org/cgi/reprint/120/4/e1097

PARENTING/DISCIPLINE

Inform parents that warm, responsive, flexible & consistent discipline techniques are assoc with positive child outcomes. Over reactive, inconsistent, & coercive discipline is assoc with negative child outcomes.

- www.cps.ca/english/statements/P/P/pp04-01.htm
- www.cfc.ca/English/OCP/CME/HCDMainproC/default.asp?s=1 (section 3)

Refer parents of children at risk of, or showing signs of, behavioral or conduct problems to community resources to structured parenting programs which have been shown to increase positive parenting, improve child compliance, and reduce general behavior problems. Access community resources to non-parental child care.

- www.cps.ca/english/statements/C/CP/p08-02.htm
- www.cps.ca/english/statements/C/CP/p2009-01.htm
- Well Beings: www.caringforkids.cps.ca/wellbeings/index.htm

LITERACY

Encourage parents to read to their children within the first few months of life and to limit TV, video and computer games to provide more opportunities for reading.

- http://www.epub.ca/English/OCFP/CME/babyrec/user/download_182.pdf?
- http://www paediatrics.aap.org/cgi/content/abstract/105/4/S1/92

AUTISM SPECTRUM DISORDER

Specific screening for ASD at 18 – 24 months using the M-CHAT should be performed on all children with any of the following: failed items on the social/emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician. If the M-CHAT is abnormal, use the M-CHAT Follow-up Interview to reduce the false positive rate and avoid unnecessary referrals and parental concern. The M-CHAT tool and follow-up interview are found at: www.mchatscreen.com


### Areas of concern
- Parent/family issues
- Social emotional
- Communication skills
- Motor skills
- Adaptive skills
- Sensory impairment (problems with vision or hearing)
- Need for additional assessment (more than one developmental area affected)

### Central ‘HUB’ Number if available: (varies in each community)
Local children’s Service 0-6 Years, Public Health, Parenting Centres

### Parents
- Infant Hearing Program
- Preschool Speech Language Services
- Specialized medical services (e.g. otolaryngology)
- Services for the deaf and hard of hearing
- Services for speech and language concerns

### Hearing/Speech/Language
- Paediatrician
- Developmental Paediatrician
- Child Development Specialized Assessment Team
- Children’s Treatment Centre
- Infant Development Program
- Specialized medical services (e.g. ophthalmology)
- Services for the blind and visually impaired
- Services for physical and developmental disabilities
- Specialized Child care programming
- Community Care Resources

### Motor/Vision/Cognitive/Self-help Skills
- Children’s Mental Health Services
- Infant Development Program

### Social/Emotional/Behavioural/Mental health/High-risk family
- Children’s Mental Health Services
- Infant Development Program

### Universal Screening

**Primary Concern**

**Intervention Treatment**

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### Childhood Immunization Record as per NACI Recommendations
(as of July 28, 2009)

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

Provincial guidelines are available online: [www.phac-aspc.gc.ca/im/ptimprog-progimpt/table-1_e.htm](http://www.phac-aspc.gc.ca/im/ptimprog-progimpt/table-1_e.htm)

#### Guide V

**NAME:** ___________________________  **Birth Day (d/m/yr):** _______________________  **M | F |**

<table>
<thead>
<tr>
<th>Date given</th>
<th>NACI recommendations</th>
<th>Injection site</th>
<th>Lot number</th>
<th>Expiry date</th>
<th>Initials</th>
<th>Comments</th>
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<tr>
<td>DTaP/IPV/ Hib</td>
<td>4 doses (2, 4, 6, 18 months)</td>
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<tr>
<td></td>
<td>dose #2 (4 months)</td>
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<tr>
<td></td>
<td>dose #3 (6 months)</td>
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<tr>
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<td>dose #4 (18 months)</td>
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<tr>
<td>Pneu-Conj</td>
<td>4 doses (2, 4, 6, 12-15 months)</td>
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<tr>
<td></td>
<td>dose #1 (2 months)</td>
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<td></td>
<td>dose #2 (4 months)</td>
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<tr>
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<td>dose #3 (6 months)</td>
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<td>dose #4 (12-15 months)</td>
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<td>Men-Conjugate</td>
<td>Men-C-C:2-3 doses under 12 mos (2-11 mos) AND booster dose between 12-24 months OR Men-C-C: 1 dose at 12 months</td>
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<td></td>
<td>Men-C or Men-C-ACWY: 1 dose at 12 years or during adolescence</td>
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<td></td>
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<tr>
<td>Hepatitis B</td>
<td>3 doses in infancy OR 2-3 doses preteen/teen</td>
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<td>dose #1</td>
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<tr>
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<td>± dose #2</td>
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<tr>
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<td>± dose #3</td>
<td></td>
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<tr>
<td>MMR</td>
<td>2 doses (12 months, 18 months or 4 years)</td>
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<td></td>
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<tr>
<td></td>
<td>dose #1 (12 months)</td>
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<tr>
<td></td>
<td>dose #2 (18 months OR 4 years)</td>
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<tr>
<td>Varicella</td>
<td>1 dose (12 months - 12 years) OR 2 doses ≥ 13 years</td>
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<td></td>
<td>± dose #2</td>
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<tr>
<td>DTaP/IPV</td>
<td>1 dose (4-6 years)</td>
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<tr>
<td>HPV</td>
<td>In females 9 - 26 years, 3 doses at 0, 2, and 6 months.</td>
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<tr>
<td></td>
<td>dose #1</td>
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<td></td>
<td>dose #3</td>
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<tr>
<td>dTap</td>
<td>1 dose (14-16 years)</td>
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<tr>
<td>Influenza</td>
<td>1 dose annually (6-23 months and high risk &gt; 2 years) First year only for &lt; 9 years - give 2 doses one month apart</td>
<td></td>
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</tr>
</tbody>
</table>

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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-cni/

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/progimpt/table-1_e.html

Additional information for parents on vaccinations can be accessed through: http://www.caringforkids.cps.ca/immunization/index.htm and http://pediatrics.aappublications.org/cgi/reprint/115/5/1428

VACCINE NOTES (Adapted from NACI website: July 28, 2009)

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 ≥ 1 dose of DPT (whole cell) vaccine (e.g., recent immigrants).

Haemophilus influenza 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 - HibOC (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 (≥ 6 mos) to ensure high uptake rates. MMR and varicella vaccines should be administered concurrently (at different sites if the combined MMR/varicella vaccine is not available) 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 ≥ 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 if the combined MMR/varicella vaccine is not available) 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. Recommended vaccine, schedule and number of doses of pneumococcal vaccine depend on the age of the child and vary between provinces/territories. Possible schedules include:

- Men-C: 2 - 3 doses under 12 mos of age AND booster dose between 12 - 24 mos age.
- Men-C: 1 dose at 12 mos of age.

Meningococcal conjugate vaccine (Men-C): Monovalent vaccine to Type C (Men-C-C) is indicated for all ages, and quadrivalent to Types A/C/W/Y (Men-C-ACWY) for age 2 yrs and over. Recommended vaccine, schedule and number of doses of meningococcal vaccine depend on the age of the child and vary between provinces/territories.

- Men-C-C or Men-C-ACWY booster dose should also be given at 12 yrs of age or during adolescence.

Influenza vaccine: 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 within 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.

Rotavirus vaccine: Universal rotavirus vaccine is being considered by NACI and CPS. AAP recommendation - http://aapredbook.aappublications.org/resources/2009_0-6yrs_Schedule_FINAL.pdf

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/AB 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.

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