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

**Guide I: 0–1 mo**

**NAME:** ___________________________  **Birth Day (d/m/yy):** __________ M | F | 

**Gestational Age:** __________ cm  **Birth Weight:** _________ g

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
<th>DATE OF VISIT</th>
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**DATE OF VISIT**  ________/________/20_____

<table>
<thead>
<tr>
<th>Length</th>
<th>Weight (birth)</th>
<th>Weight (regains BW 1–3wks)</th>
<th>Head Circ.</th>
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**DATE OF VISIT**  ________/________/20_____

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<thead>
<tr>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
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</tbody>
</table>

### PARENT/CAREGIVER CONCERNS

- **Motorized vehicles/Car seat**
- **Carbon monoxide/Smoke detectors**
- **Firearm safety**
- **Hot water <49°C/Bath safety**
- **Choking/Safe toys**
- **Pacifier use**
- **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**
- **Falls (stairs, change table)**

### NUTRITION

- **Breastfeeding (exclusive)**
- **Vitamin D 400 IU/day**
- **Formula Feeding (iron-fortified)/preparation**

**For each item discussed, indicate “√” for no concerns, or “×” if concerns**

### INVESTIGATIONS/SCREENING

- **Hemoglobinopathy screen (if at risk)**
- **Newborn screening as per province**
- **Universal newborn hearing screening (UNHS)**
- **If HBsAg-positive parent/sibling Hep B vaccine #2**

### PHYSICAL EXAMINATION

- **Fontanelles**
- **Eyes (red reflex)**
- **Tongue mobility**
- **Heart/Lungs**
- **Abdomen/Femoral pulses**
- **Hips**
- **Testicles/Genitalia**
- **Patency of anus**
- **Muscle tone**

**An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.**

**Injury Prevention**

<table>
<thead>
<tr>
<th>Motorized vehicles/Car seat</th>
<th>Carbon monoxide/Smoke detectors</th>
<th>Firearm safety</th>
<th>Hot water &lt;49°C/Bath safety</th>
<th>Choking/Safe toys</th>
<th>Pacifier use</th>
<th>Safe sleep (position, room sharing, avoid bed sharing, crib safety)</th>
<th>Falls (stairs, change table)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Crying</strong></td>
<td><strong>Healthy sleep habits</strong></td>
<td><strong>Night waking</strong></td>
<td><strong>Soothing/Responsiveness</strong></td>
<td><strong>Parenting/Bonding</strong></td>
<td><strong>Siblings</strong></td>
<td><strong>Physical fatigue/Postpartum depression</strong></td>
<td><strong>High risk infants/Assess home visit need</strong></td>
</tr>
<tr>
<td><strong>Sun exposure</strong></td>
<td><strong>Other issues</strong></td>
<td><strong>No OTC cough/Cold medicine</strong></td>
<td><strong>Inquiry on complementary/Alternative medicine</strong></td>
<td><strong>Temperature control and overdressing</strong></td>
<td><strong>Fever advice/Thermometers</strong></td>
<td><strong>Supervised tummy time while awake</strong></td>
<td></td>
</tr>
</tbody>
</table>

### DEVELOPMENT

- **Motorized vehicles/Car seat**
- **Carbon monoxide/Smoke detectors**
- **Firearm safety**
- **Hot water <49°C/Bath safety**
- **Choking/Safe toys**
- **Pacifier use**
- **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**
- **Falls (stairs, change table)**

**Tasks are set after the time of normal milestone acquisition.**

- **Sucks well on nipple**
- **Sucks well on nipple**
- **No parent/caregiver concerns**
- **Focuses gaze**
- **Startles to loud noise**
- **Calm when comforted**
- **Sucks well on nipple**
- **No parent/caregiver concerns**

### PROBLEMS AND PLANS/CURRENT & NEW REFERRALS

- **Motorized vehicles/Car seat**
- **Carbon monoxide/Smoke detectors**
- **Firearm safety**
- **Hot water <49°C/Bath safety**
- **Choking/Safe toys**
- **Pacifier use**
- **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**
- **Falls (stairs, change table)**

**Discuss immunization pain reduction strategies**

**Record Vaccines on Guide V**

- **Newborn screening as per province**
- **Hemoglobinopathy screen (if at risk)**
- **Universal newborn hearing screening (UNHS)**
- **If HBsAg-positive parent/sibling Hep B vaccine #2**

### SIGNATURE

*See RBR parent web portal for corresponding parent resources [www.rourkebabyrecord.ca](http://www.rourkebabyrecord.ca)*

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at [www.rourkebabyrecord.ca](http://www.rourkebabyrecord.ca)

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

Financial support has been provided by the Government of Ontario. For fair use authorization, see [www.rourkebabyrecord.ca](http://www.rourkebabyrecord.ca)
**Family history:**

- Can be comforted & calmed by touching/rocking
- Encourage reading
- Reaches/grasps objects

**Weight**

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
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<th>DATE OF VISIT</th>
<th>________</th>
<th>/20</th>
<th>DATE OF VISIT</th>
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<tbody>
<tr>
<td>2 months</td>
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<td>4 months</td>
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<td></td>
<td>6 months</td>
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</table>

**GROWTH** Use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation.

<table>
<thead>
<tr>
<th>Length</th>
<th>Weight</th>
<th>Head circ.</th>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
<th>Length</th>
<th>Weight (oz BW)</th>
<th>Head Circ.</th>
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</thead>
<tbody>
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</table>

**NUTRITION**

- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified)/preparation- [600–900 mL(20–30 oz) /day]

**EDUCATION AND ADVICE** Repeat discussion of items is based on perceived risk or need.

- Injury Prevention
- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified)/preparation- [750–1080 mL(25–36 oz) /day]
- Discuss future introduction of solids

**PHYSICAL EXAMINATION** An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- Follows movement with eyes
- Coos – throaty, gurgling sounds
- Lifts head up while lying on tummy
- Can be comforted & calmed by touching/rocking
- Sequences 2 or more sucks before swallowing/breathing
- Smiles responsively
- No parent/caregiver concerns

**PROBLEMS AND PLANS** CURRENT & NEW REFERRALS E.g., medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social-determinants resources

**INVESTIGATIONS** SCREENING AND IMMUNIZATION Discuss immunization pain reduction strategies

- Hemoglobin (If at risk)
- Inquire about risk factors for TB
**Past problems/Risk factors:**

- Falls (stairs, change table, unstable furniture/TV, no walkers)
- Motorized vehicles
- Says 5 or more words (words do not have to be clear)
- Cow's milk products (e.g., yogurt, cheese, homogenized milk)
- Says 3 or more words (do not have to be clear)
- No parent/caregiver concerns

**Behavioral and Family Issues**

- Head Circ.
  - Shows fear of strange people/places
- Pesticide exposure
  - Tonsil size
  - Sleep-disordered breathing
- Iron containing foods
- Homogenized milk [500–750 mLs (16–24 oz)/day]
- Sits without support
- Inquire re: vegetarian diets
- Siblings
  - Head Circ.
  - Opposes thumb and fingers when grasps objects
  - Hips
  - Hot water < 49
  - Family healthy active living/sedentary behaviour/
  - 2
  - Cries or shouts for attention
- Weight
  - Independent/self-feeding
  - Avoid juices/sweetened liquids
- Appetite reduced
- Hearing inquiry/screening
- Promote open cup instead of bottle
  - Choking/safe foods
  - Inquire re: vegetarian diets
  - Independent/self-feeding

**GROWTH**

- Use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

**PARENT/CAREGIVER CONCERNS**

**NUTRITION**

For each item discussed, indicate "X" for no concerns, or "" for concerns

- Breastfeeding
  - Vitamin D 400 IU/day
- Formula Feeding – iron-fortified/preparation
  - [720–960 mLs (24–32 oz) day]
- Iron containing foods, fruits, vegetables
- Cow's milk products (e.g., yogurt, cheese, homogenized milk)
- Encourage change from bottle to cup
- Eats a variety of textures
  - No honey
  - Avoid juices/sweetened liquids
  - No bottles in bed
  - Independent/self-feeding
  - Choking/safe foods

**INJURY PREVENTION**

- Poisoning; PCC#1
- Hot water < 49°C/bath safety
- Carbon monoxide/Smoke detectors
- Motorized vehicle/Carseat

**Childproofing, including:**

- Falls (stairs, change table, unstable furniture/TV, no walkers)
- Electric plugs/Cords
  - Choking/safe toys

**SCREENING**

- Crying
  - Healthy sleep habits
- Night waking
  - Soothability/Responsiveness
- Siblings
  - Encourage reading
- Parenting
  - Family conflict/Stress
- Child care
  - Return to work
- Parental fatigue/Depression
- High risk children/assess home visit need
- Family healthy active living/sedentary behaviour/monitor time
  - Inquire re difficulty making ends meet or feeding your family

**EDUCATION AND ADVICE**

Repeat discussion of items is based on perceived risk or need

**DEVELOPMENT**

Inquiry and observation of milestones

Absence of any item suggests consideration for further assessment of development.

- NB—Correct for age if < 37 weeks gestation

**PHYSICAL EXAMINATION**

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- Anterior fontanelle
- Corneal light reflex/Cover-uncover test & inquiry
  - Hearing inquiry/screening
  - Hips (limited hip abd'n)
- Eyes (red reflex)
- Anterior fontanelle
- Corneal light reflex/Cover-uncover test & inquiry
  - Hearing inquiry/screening
  - Teets
  - Tonsil size/Sleep-disordered breathing
  - Hips (limited hip abd'n)

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS**

- E.g., medical specialist, dietitian, speech, audiologist, PT, OT, eyes, dental, social-determinants resources

**INVESTIGATIONS/SCREENING AND IMMUNIZATION**

Discuss immunization pain reduction strategies

- Record Vaccines on Guide V

- If HBsAg positive mother check HBV antibodies and HBsAg (at 9 or 12 months)
  - Hemoglobin (if at risk)
  - Blood lead if at risk

**SIGNATURE**
**Family history:**
- Tonsil size/Sleep-disordered breathing
- Healthy sleep habits
- Carbon monoxide/BMI
- 1–4 years
- Breastfeeding
- Tonsil size/Sleep-disordered breathing
- 4–5 years
- Breastfeeding
- Tonsil size/Sleep-disordered breathing
- Undoes buttons and zippers
- Eyes (red reflex)/Visual acuity
- 2–3 years
- Breastfeeding
- Uses sentences with 5 or more words
- Canada's Food Guide
- Puts objects into small container
- No bottles
- Walks backward 2 steps without help
- Discipline/Parenting skills programs
- 1
- Understands 1 and 2 step directions
- Tonsil size/Sleep-disordered breathing
- Weight
- Inquire re difficulty making ends meet or feeding your family
- 2
- Tries to get your attention to show you something
- Interested in other children
- Corneal light reflex/Cover-uncover test & inquiry
- 1–2 years
- Twists lids off jars or turns knobs
- 1
- 2–3 years
- Hops on 1 foot several times
- Dental cleaning/Fluoride/Dentist
- 1
- Understands 3-part directions
- Understands 1 and 2 step directions
- Tonsil size/Sleep-disordered breathing
- History
- Tonsil size/Sleep-disordered breathing
- Avoid juices/sweetened liquids
- Speaks clearly in adult-like voice
- 1
- Avoid juices/sweetened liquids
- Discipline/Parenting skills programs
- 1
- Understands 1 and 2 step directions
- Tonsil size/Sleep-disordered breathing
- Growth, Nutrition, Injury Prevention, Environment, Other
- Absence of any item suggests consideration for further assessment of development

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

**GUIDE IV: 18 mo–5 yr (National)**

**DATE OF VISIT** / /20_____

**NAME:** _______________________

Birth Day (d/m/yy): _____________________ M | F | |

Gestational Age: ____________
Birth Length: ____________ cm
Birth Wt: ____________ g
Birth Head Circ: ____________ cm

**PARENT/CAREGIVER CONCERNS**

**NUTRITION**

- For each item discussed, indicate "Y" for no concerns, or "X" if concerns

**EDUCATION AND ADVICE**

**Injury Prevention**

- Motorized vehicles/Car seat (child/booster)
- Bike helmets

**Behaviour**

- Parent/Child interaction
- Healthy sleep habits

**Family**

- High-risk children
- Parental fatigue/Depression

**Environment Health**

- Second-hand smoke
- Sun exposure

**Other**

- Dental cleaning/Fluoride/Dentist
- Toilet learning

**DEVELOPMENT**

Absence of any item suggests consideration for further assessment of development.

**PHYSICAL EXAMINATION**

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS**

- E.g. medical specialist, dietitian, speech, audiologist, PT, OT, eyes, dental; social-determinants resources

**INVESTIGATIONS/SCREENING**

- Bloody stool if at risk

**SIGNATURE**

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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www.rourkebabyrecord.ca

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For additional information, refer to the National Advisory Committee on Immunization website. Provincial guidelines vary and are available at the Public Health Agency of Canada (PHAC).

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

Guide V: Immunization

**Canadian Immunization Guide** as per NACI Recommendations (as of October 2016)

NAME: ____________________________________________   Birth Day (d/m/yy): _____________________  M | F |

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>NACI recommendations</th>
<th>Date given</th>
<th>Injection site</th>
<th>Lot number</th>
<th>Expiry date</th>
<th>Initials</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus³</td>
<td>2 or 3 doses # doses varies with manufacturer</td>
<td>dose #1 (6 weeks–14 weeks/6 days)</td>
<td></td>
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<td></td>
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<tr>
<td>DTaP/IPV⁴</td>
<td>4 doses (2, 4, 6, 18 months)</td>
<td>dose #1 (2 months)</td>
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<td>dose #2 (4 months)</td>
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<td></td>
<td></td>
<td>dose #3 (6 months)</td>
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<td></td>
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<td>dose #4 (18 months)</td>
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<tr>
<td>HIB³</td>
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<td>dose #1 (2 months)</td>
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<td></td>
<td></td>
<td>dose #2 (4 months)</td>
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<td></td>
<td></td>
<td>± dose #3 (6 months)</td>
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<td></td>
<td></td>
<td>dose #4 (12–15 months)</td>
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<tr>
<td>Pneu-C-13³</td>
<td>3 or 4 doses (2, 4, ±6, 12–15 months)</td>
<td>dose #1 (2 months)</td>
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<td></td>
<td></td>
<td>dose #2 (4 months)</td>
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<tr>
<td>Men-Conjugate²</td>
<td>MCV-C: 1 dose at 12 months</td>
<td>MCV-C: 2 doses at 2 and 4 months only if at increased risk</td>
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<tr>
<td></td>
<td>MCV-C or MCV-4:1 dose at 12 years or during adolescence</td>
<td>± dose #1 (2 months)</td>
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<td></td>
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<td>± dose #2 (4 months)</td>
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<td></td>
<td>If at increased risk:</td>
<td>MCV-C: 1 dose at 12 months</td>
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<tr>
<td></td>
<td>- MCV-C: 3 doses at 2, 4 &amp; 12 months</td>
<td>MCV-C or MCV-4: 1 dose at 12 years or during adolescence</td>
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<td></td>
<td>- MCV-4: at 2 years or older</td>
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<td></td>
<td>- 4CMenB: at 2 months or older</td>
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<tr>
<td>Hepatitis B³</td>
<td>3 doses in infancy OR 2–3 doses preteen/teen</td>
<td>dose #1</td>
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<td></td>
<td>Can be combined with Hep A vaccine</td>
<td>dose #2</td>
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<td></td>
<td>± dose #3</td>
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<tr>
<td>MMR²</td>
<td>2 doses (12 months, 18 months OR 4 years)</td>
<td>dose #1 (12 months)</td>
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<tr>
<td></td>
<td></td>
<td>dose #2 (18 months OR 4 years)</td>
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</tr>
<tr>
<td>Varicella³</td>
<td>2 doses (12 months–12 years – MMRV or univalent) OR 2 doses (&gt;13 years–univalent)</td>
<td>dose #1</td>
<td></td>
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<tr>
<td></td>
<td>DTaP/IPV³</td>
<td>1 dose (4–6 years)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTaP³</td>
<td>1 dose (14–16 years)</td>
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<td></td>
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<tr>
<td>Influenza³</td>
<td>1 dose annually</td>
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<td></td>
<td>6–69 months and high risk &gt; 5 years</td>
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<tr>
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<td>First yr only for &lt; 9 years – give 2 doses 1 month apart</td>
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<tr>
<td>HPV</td>
<td>Starting at 9 years of age, as per provincial/territorial guidelines</td>
<td>dose #1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>dose #2</td>
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<td></td>
<td>± dose #3</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

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³Resources 3: Immunization

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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. Unexplained injuries (e.g. fractures, bruising, burns) or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.

- Transportation in motorized vehicles including cars, ATVs, snowmobiles, etc.:
  - Child passenger safety (AAP) [Preventing ATV Injuries (CPS) Snowmobile safety (CPS)]
  - 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/child seat that is manufacturer approved for use until at least age 2 years.
  - Use forward-facing child seat after 2 years for as long as manufacturer specifications will allow.
  - After this, use booster seat for children 18-36 kg (40-80 lbs) and up to 145 cm (4’9”).
  - Use lap and shoulder belt in the rear middle seat for children over 8 years who are at least 36 kg (80 lb) and 145 cm (4’9”) and fit vehicle restraint system.
  - Bicycle: wear bike helmets and advocate for helmet legislation for all ages. Replace if heavy impact or damage. Bicycle helmet legislation (CPS)

- Drowning:
  - Prevention of drowning (AAP) [Bathing young children in the bathtub. Do not use infant bath rings or bath seats. Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.]

- Choking:
  - Avoid, avoid small and round, smooth and sticky solid foods until age 3 years. Encourage child to remain seated while eating and drinking. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys. Preventing choking and suffocation in children (CPS)

- Falls:
  - Assess home hazards – never leave a young child alone in the bathtub. Do not use infant bath rings or bath seats.
  - Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.

- Nutrition: For healthy term infants (NHTI): 0-6 months 6-24 months
  - Management for an infant/child is as long as they are breastfed. Breastfeeding mothers should continue to take Vitamin D supplements for the duration of breastfeeding.

NUTRITION: For healthy term infants (NHTI): 0-6 months 6-24 months

- Formula composition and use
  - Milk consumption range is consensus only & is provided as an approximate guide.

- Dental Cleaning:
  - Avoid artificial sweeteners in foods and beverages.
  - Use fluoride toothpaste for children aged 6 months to 6 years.
  - Use a soft-bristled toothbrush and a small amount of toothpaste.

- Pesticide Exposure in Children (AAP)
  - Pesticides are regularly used on crops and in the home to control insects.

- Preventing mosquito and tick bites
  - Wear long-sleeved shirts and long pants. Use insect repellent: DEET (10-30%) for those > 6 months of age. No DEET in < 6 months.

- Respiratory illnesses, SIDS and neuro-behavioural disorders.
  - Offer smoking cessation resources.

- Stop smoking and/or reduce second-hand smoke exposure, which contributes to childhood development.

- Dietary fat content:
  - It may compromise the intake of energy and essential fatty acids, required for growth and development.

- Dietetic interventions for colic (CPS)
  - Discourage the use of homemade infant formulas.

- Soy-based formulas (CPS) [Vegetarian diets in children and adolescents (CPS)]
  - It is recommended for children who:
    - Have severe cow’s milk allergy

- Introduction of solids should be led by the infant’s signs of readiness.

- Juice consumption to a maximum of 1/2 cup (125 mL) per day.

- Milk consumption range is consensus only & is provided as an approximate guide.

- Corrected age should be used at least until 24 to 36 months of age for premature infants and calculation of BMI (2–5 years)

- Fever advice/thermometers: Fever ≥ 38°C

- Fever temperature measurement (CPS)

- Lead: There is no safe level of lead exposure in children. Evidence suggests that low blood lead levels can have adverse health effects on a child’s cognitive function.

- Parental coaching
  - Joint statement on safe sleep (CPS/CFSIDS/CICH/HC/PHAC)

- Room sharing is protective against SIDS.

- Healthy infants should be positioned on their backs for sleep.

- Counsel parents on the dangers of other contributory causes of SIDS such as bed sharing, overheating, maternal smoking or second-hand smoke.

- Positional plagiocephaly: While supine for sleep, the orientation of the infant’s head should be varied to prevent positional plagiocephaly. Breastfeeding positioners should not be used.

- Aquariums and fish tanks are contraindicated for infants.

- Avoid all sweetened fruit drinks, sport drinks, energy drinks and soft-drinks: restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day.

- Other contributory causes of SIDS:
  - Maternal smoking
  - Maternal or paternal alcohol use
  - Maternal use of drugs
  - Women of reproductive age (NHTI): (0-6 months) standing height (≥ 2 years), weight, head circumference (birth to 2 years) and calculation of BMI (2-5 years)

- WHO Growth Charts Adapted for Canada (ICG) [Growth Monitoring (CPS)]

- Optimal growth monitoring (CPS)

- Injuries in children (AAP) [Preventing ATV Injuries (CPS) Snowmobile safety (CPS)]

- Vascular access: Avoid infection sites.

- See: RBR parent web portal for corresponding resources

GROWTH

- Important: Corrected age should be used at least until 24 to 36 months of age for premature infants born at < 37 weeks gestation.

- Measuring growth: The growth of all term infants, both breastfed and non-breastfed, and preterm infants should be evaluated using Canadian growth charts from the 2006 World Health Organization Child Growth Standards (birth to 24 months) or measurement of recumbent length (birth to 24 months) or standing height (≥ 2 years), weight, head circumference (birth to 2 years) and calculation of BMI (2-5 years)

NUTRITION: For healthy term infants (NHTI): 0-6 months 6-24 months

- Nutrition STEPBEP: Overview NHTI 0-6 months (CPS) Nutrition Guidelines D6 years (OSNPH)

- Diarrhea in Children (CPS)

- Information for Volunteers (CPS)

- Dietetic interventions for colic (CPS)

- Intermittent supervision of solid foods while in infants.

- Avoid all sweetened fruit drinks, sport drinks, energy drinks and soft-drinks: restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day.

- Colic: Dietary interventions for colic (CPS)

- Other contributory causes of SIDS:
  - Maternal smoking
  - Maternal or paternal alcohol use
  - Maternal use of drugs
  - Women of reproductive age (NHTI): (0-6 months) standing height (≥ 2 years), weight, head circumference (birth to 2 years) and calculation of BMI (2-5 years)

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DISCLAIMER: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support has been provided by the Government of Ontario. For fair use authorization, see www.rourkebabycord.ca.
BEHAVIOUR

Excessive crying may be caused by behavioural or physical factors or be the upper limit of the normal spectrum. Caregiver frustration with infant crying can lead to child maltreatment/inflicted injury (head injury, fractures, bruising). The Period of Purging哭泣, Prevention of child maltreatment.

Assess healthy sleep habits: Normal sleep (quantity and quality for age) is associated with normal development and leads to better health outcomes. Sleepinng behaviour (EEG).

Recommended sleep duration per 24 hrs: 12-14 hrs (infants 4–12 months); 11-14 hrs (1–2 yrs); 10-13 hrs (3–5 yrs); 9-12 hrs (6–12 yr); 8-10 hrs (13–18 yr). Turn off computer/TV screens 60 minutes before bedtime. No computer/TV screens in bed. Recommended amount of sleep (AASM)

Night waking: 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 reinforceurs, keeping morning awakening time consistent, and rewarding good sleep behaviour has been shown to reduce the prevalence of night waking, especially when this counselling begins in the first 3 weeks of life. Behaviour modification & sleep (MM). Sleep problems & night wakings (Sleep)

PARENTING/DISCIPLINE

Inform parents that warm, responsive, flexible & consistent discipline techniques are associated with positive child outcomes. Over reactive, inconsistent, cold & coercive techniques are associated with negative child outcomes. Use any physical punishment including spanking should be discouraged in all ages. Effective discipline for children (PS)

Refer parents of children at risk of, or showing signs of, behavioural or conduct problems to structured parenting programs which have been shown to increase positive parenting, improve child compliance, and reduce general behaviour problems. Access community resources to determine the most appropriate and available research-structured programs. Parenting skills (ECDU).

e.g., The Incredible Year (Part I, Part II).

HIGH RISK INFANTS/CHILDREN/PARENTS/CAREGIVERS/FAMILIES

• Maternal depression: Physicians should have a high awareness of maternal depression, which is a risk factor for the socio-emotional and cognitive development of children. Although less studied, prenatal, obstetrical, and social factors may compound the maternal-infant issues. Maternal depression and child development (PS)

• Fetal alcohol spectrum disorder (FASD). Fetal alcohol syndrome (FAS) (PS)

• Adoption/Foster care: Children newly adopted or entering foster care are a high risk population with special needs for health supervision. Foster Care (PS); Transracial Adoption (PS)

• Immigrants/refugees: Caring for kids now to Canada (PS); CORH/Clinical Guidelines

• Aboriginal children: Social determinants of health (SDH): Inquiry about impact of poverty: “Do you have difficulty in making ends meet? Do you have trouble feeding your family?” Social determinants of health (PS)

• Prevention of child maltreatment:
  - Risk factors for child maltreatment:
    - Parent (low socio-economic status, maternal age < 19 years, single parent family, non-biological parents, abused as child, substance abuse, lack of social support, unplanned pregnancy or negative parental attitude towards pregnancy).
    - Family (spousal violence, poor marital relations, poor child-parent relationship, unhappy family life).
    - Child (behaviour problems, disability).
    - Discuss with parents of preschoolers teaching names of genitalia, appropriate and inappropriate touch, and normal sexual behaviour for age.

  Exposure to personal violence and other forms of violence has significant impact on physical and emotional well-being of children.

  - Assess home visit need: 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 teenage parents to prevent physical abuse and/or neglect. Child maltreatment interventions (PS). Bruises in suspected maltreatment cases (PS).

  • Child maltreatment interventions (PS)
    - Brains in suspected maltreatment cases (PS)
    - Transport infants to hospital (PS)
    - Insure: 7 strategies for ending violence against children (WHO)

NONPARENTAL CHILD CARE

Inquire about current child care arrangements. High quality child care is associated with improved paediatric outcomes in all children.

Factors enhancing quality child care include: practitioner general education and specific training: group size and child/staff ratio; licensing and registration/accreditation; infection control and injury prevention; and emergency procedures.

- Health implications of children in child care centres (PS): Part A and Part B
- Guide to child-care in Canada (PS); Well-Being

LITERACY

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

- Read, speak, sing, promoting literacy (PS)
- Literacy Promotion (AAP)
- Reading aloud to children: the evidence (Arch Dis Child)

FAMILY HEALTHY ACTIVE LIVING/SEDENTARY BEHAVIOUR/SCREEN TIME

Encourage increased physical activity, with parents as role models, through interactive floor-based play for infants and a variety of activities for young children, and decreased sedentary pastimes.

- Media use – Counsel on appropriate screen time: <2 years avoid; 2–4 years <1 h/day. Less is better.
- Educational and prosocial programming is better.
- Healthy active living (PS).
- CSEP guidelines

INVESTIGATIONS/SCREENING

ANAEMIA: Screen all infants/children from high-risk groups for iron deficiency anemia requiring screening between 6 and 18 months of age. E.g. Lower SES; Asian; First Nations children; low-birth-weight and premature infants; infants/children fed whole cow’s milk before 9 months of age or at quantities > 750 ml/day, or if iron containing foods are not provided.


Tuberculosis – TB skin testing: for up-to-date information, see Tuberculosis (Gov’t Canada) Canadian TB Standards 2nd Edition 2013

MANNERS: Manners are based on evidence-based literature on milestone acquisition. Evidence-based milestones (PS). 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
- Improving the Odds: Healthy Child Development (OCDP) toolkit for primary healthcare providers
- Centre of Excellence for Early Childhood Development Encyclopedia on Early Childhood Development
- Getting it right at 18 months (PS). Measuring in support of early childhood development (PS)

TOILET LEARNING

The process of toilet learning has changed significantly over the years and within different cultures. In Western culture, a child-centred approach is recommended, where the timing and methodology of toilet learning is individualized as much as possible.

- Toileting learning (PS). Toilet-training strategy (PS): Part A Part B

AUTISM SPECTRUM DISORDER

Specific screening for ASD at 18–24 months should be performed on all children with any of the following: failed items on the socio-emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician. Use the revised M-CHAT-R/F and if abnormal, use the follow-up M-CHAT-R/F to “reduce the false-positive rate and avoid unnecessary referrals and parental concern. Electronic M-CHAT-R/F is available.

PHYSICAL EXAMINATION

• Juvetice: Bilirubin testing (total and conjugated) if persists beyond 2 weeks of age.
• Neonatal hyperbilirubinemia Guidelines (PS). Newborn screening for bilary atresia (AAP).
• Bruising: Unexplained bruising warrants evaluation re child maltreatment or medical illness.
• Check blood pressure at risk – High blood pressure in children (NH Working Group)
• Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
• Vision inquiriescreening: Vision screening (PS)
• Check red reflex for serious ocular diseases such as retinoblastoma and cataracts.
• Concerned: light reflexes/correct/uncorrect test & inquiry for strambismus: 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.
• Check visual acuity at age 3–5 years.
• Hearing inquiry/screening: 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. Older children should be screened if clinically indicated.
• Look for any signs of ankyloglossia. Ankyloglossia and breastfeeding (PS)
• Check neck for torticollis.
• Tongue size/sleep-disordered breathing: Screen for sleep problems. Behavioural sleep problems and snoring in the presence of sleep-disordered breathing warrants assessment re obstructive sleep apnea (OSA): OSA (AAP).
• Muscle tone: Physical assessment for spasticity, rigidity, and hypotonia should be performed.
• Hips: There is insufficient evidence to recommend routine diagnostic imaging for screening for developmental dysplasia of the hips, but examination of the hips should be included until at least one year, or until the child can walk. Screening for developmental hip dysplasia (USPTF)
• Dental: Examine for problems including dental caries, oral soft tissue infections or pathology and for normal teeth eruption sequence.
VACCINE NOTES
(Adapted websites of NACI and the Canadian Immunization Guide October 2016)

- **Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine and Haemophilus influenzae B (DTaP-IPV-Hib)**: DTaP-IPV-Hib vaccine may be used for all doses in the vaccination series in children < 2 years of age, and for completion of the series in children < 5 years old who have received ≥ 1 dose of DPT (whole cell vaccine) (e.g., recent immigrants).  
- **Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine, Haemophilus influenzae B and Hepatitis B (Hep B) (DTaP-IPV-Hib-Hep B)** is used for 3 of the 4 initial doses in some jurisdictions with routine infant Hep B vaccination programs.  
- **Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine (DTaP-IPV) may be used up to age 7 years and for completion of the series in incompletely immunized children 5-7 years old (healthy children ≥ 5 years of age do not require Hib vaccine).**  
- **Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV) Vaccine**: A quadrivalent vaccine containing less pertussis and diphtheria antigen than the preparations given to younger children and less likely to cause local reactions, is used for the preschool booster at 4-6 years of age in some jurisdictions and should be used in all individuals > 7 years of age receiving or completing their primary series.  
- **Diphtheria, Tetanus, acellular Pertussis vaccine – (dTap):** is used for booster doses in people ≥ 7 years of age. All adults should receive at least one dose of pertussis containing vaccine (excluding the adolescent booster). Immunization with dTap is also offered to pregnant women (≥ 26 weeks of gestation) who have not received an adult dose of pertussis vaccine, to provide immediate protection to infants less than 6 months of age. In an outbreak situation it may be offered regardless of immunization history.  
- **Haemophilus influenzae type b conjugate vaccine (Hib):** Hib is usually given as a combined vaccine (DTaP-IPV-Hib above). If required and not given in combination, Hib is available as Haemophilus b capsular polysaccharide – PRP conjugated to tetanus toxoid (Act-HIBTM or HibercenTM). The number of doses required depends on the age at vaccination and underlying health status.  
- **Rotavirus vaccine:** Universal rotavirus vaccine is recommended by NACI and CPS. Two oral vaccines are currently authorized for use in Canada: Rotarix (2 doses) and Rotavac (3 doses). Dose #1 is given between 6 weeks and 14 weeks of age with a minimum interval of 4 weeks between doses. Maximum age for the last dose is 8 months of age. Recommendations for the use of rotavirus vaccines in infants (CPS)  
- **Measles, Mumps and Rubella vaccine (MMR) and MMR-varicella (MMRv):** The first dose is given at 12-15 months and a second dose should be given with the 18 month or preschool dose of DTaP-IPV (± Hib) (depending on the provincial/territorial policy) or at any intervening age that is practical but at least 4 weeks after the first if MMR, or 3 months after the first if MMR. If MMR is not used, 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 2 doses of varicella vaccine (univalent varicella or MMRv). Unvaccinated individuals ≥ 13 years who have not had varicella should receive two doses at 28 days apart (univalent varicella only). Consult NACI guidelines for recommended options for catch-up varicella vaccination. Varicella and MMR vaccines should be administered concurrently; at different sites if the MMR [combined MMR/varicella] vaccine is not available, or separated by at least 4 weeks. Preventing varicella (CPS)  
- **Hepatitis B vaccine (Hep B):** - Hepatitis B vaccine can be routinely given to infants or preadolescents, depending on the provincial/territorial policy. The first dose can be given at 1 month, or at 2 months of age if 3 doses are to be given (due to movement or other health care 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. Alternatively, Hep B can be administered as DTaP-IPV-Hib-Hep B vaccine in infants, with the first dose at 2 months of age. A two-dose schedule for adolescents is an option.

- **For high-risk children, 3 or 4 doses of higher dose of monovalent hepatitis B vaccine is recommended for immunocompromised children, chronic liver disease, and chronic renal failure.**
- **For infants born to a mother with acute or chronic hepatitis B (HBsAg-positive), the first dose of Hep B vaccine should be given at birth (with Hepatitis B immune globulin, below) and repeat doses of vaccine at 1 and 6 months of age. Premature infants of birthweight less than 2,000 grams, born to HB-infected mothers, require four doses of HB vaccine at 0, 1, 2, and 6 months. The last dose should not be given before 6 months of age. Infants of HBsAg-positive mothers also require Hepatitis B immune globulin at birth and follow-up immune status at 9–12 months for HBV antibodies and HBsAg.**
- **Infants with HBsAg-positive fathers, siblings or other household contacts require Hepatitis B vaccine at birth, and at 1 month, and 6 months of age.**
- **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.  
- **Children in other high risk groups, if not vaccinated in infancy, should be vaccinated as soon as the risk factor is recognized. See Hepatitis B chapter in the Canadian Immunization Guide for a list of high risk groups.**
- **Hepatitis A or A/B combined (HAB - when Hepatitis B vaccine has not been previously given):**  
  - Children 6 months and older in high-risk groups should receive 2 doses of the hepatitis A vaccine given 6-36 months apart (depending on product used). HAB is the preferred vaccine for individuals with indications for immunization against both hepatitis A and hepatitis B, who are ≥12 months unless medical condition indicates high dose Hep B vaccine required.  
  - These vaccines should also be considered when travelling to countries where Hepatitis A or B are endemic.  
- **Pneumococcal vaccine:** (Pneu-C-13) should be used, and if not available, either unadjuvanted or adjuvanted trivalent (QIV) should be used; for those less than 2 years old, any MCV-4 may be used for older children. A routine booster dose with MCV-4 or MCV-3 is recommended at approximately 12 years of age. High risk children require boosters at 5 year intervals.  
- **Meningococcal vaccine:** - Canadian children should be immunized with a MCV-C at 12 months of age, or earlier depending on provincial/territorial vaccine programs; suggested one dose at 12 months of age.  
  - MCV-4 (A, C, Y, W) should be given to children two months of age and older who are at increased risk for meningococcal disease or who have been in close contact with a case of invasive meningococcal A,C,Y or W disease. MCV-4 CRM (MenveoTM) should be used for those less than 2 years old; any MCV-4 may be used for older children.  
  - A routine booster dose with MCV-4 or MCV-3 is recommended at approximately 12 years of age. High risk children require boosters at 5 year intervals.  
- **Respiratory syncytial virus (RSV) vaccine:** Palivizumab (Synagis) prophylaxis during RSV season for children with chronic lung disease, congenital heart disease or born preterm. Preventing hospitalizations for respiratory syncytial virus infection (CPS)