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

**GUIDE I: 0–1 mo**

**DATE OF VISIT**
- within 1 week
- 2 weeks (optional)
- 1 month

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
<th>Length</th>
<th>Weight</th>
<th>HC (avg 35 cm)</th>
<th>Length</th>
<th>Weight (regains BW 1–3 weeks)</th>
<th>Head Circ.</th>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
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<td>within 1 week</td>
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**PARENT/CAREGIVER CONCERNS**
- For each item discussed, indicate “✓” for no concerns, or “✗” if concerns

**NUTRITION**
- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified)/preparation
- Stool pattern and urine output

**EDUCATION AND ADVICE**
- Car seat (infant)
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)
- firearm safety

**PROBLEMS AND PLANS**
- Newborn screening as per province
- Hemoglobinopathies (screen if at risk)
- Universal newborn hearing screening (UNHS)
- If HBsAg-positive parent/sibling Hep B vaccine
- Record Vaccines on Guide V

**INVESTIGATIONS/IMMUNIZATION**
- Record Vaccines on Guide V
- If HBsAg-positive parent/sibling Hep B vaccine

**SUPPORTIVE CARE**
- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified)/preparation
- Stool pattern and urine output

**STOOL PATTERN AND URINE OUTPUT**
- No parent/caregiver concerns
- Sucks well on nipple
- No parent/caregiver concerns
- Skin (jaundice)
- Eyes (red reflex)
- Ears (TMs) Hearing inquiry/screening
- Tongue mobility
- Heart/Lungs
- Umbilicus
- Femoral pulses
- Hips
- Muscle tone
- Testicles
- Male urinary stream/foreskin care
- Patency of anus

**DEVELOPMENT**
- Sucks well on nipple
- No parent/caregiver concerns
- Skin (jaundice)
- Eyes (red reflex)
- Ears (TMs) Hearing inquiry/screening
- Tongue mobility
- Heart/Lungs
- Umbilicus
- Femoral pulses
- Hips
- Muscle tone
- Testicles
- Male urinary stream/foreskin care

**PHYSICAL EXAMINATION**
- Skin (jaundice, dry)
- Fontanelles
- Eyes (red reflex)
- Ears (TMs) Hearing inquiry/screening
- Tongue mobility
- Heart/Lungs
- Umbilicus
- Femoral pulses
- Hips
- Muscle tone
- Testicles
- Male urinary stream/foreskin care
- Patency of anus

**ENVIRONMENTAL HEALTH**
- Second hand smoke
- Sun exposure

**INJURY PREVENTION**
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)
- Car seat (infant)

**OTHER ISSUES**
- No OTC cough/cold medicine
- Inquiry on complementary/alternative medicine
- Fever/advice/thermometers

**RECORD VACCINES**
- Record Vaccines on Guide V
- If HBsAg-positive parent/sibling Hep B vaccine

**EXPOSURE TO SMOKE**
- Smoke detector
- Carbon monoxide
- Second hand smoke

**DISABILITY AND DEAFNESS**
- Family conflict/stress
- Soothability/responsiveness
- High risk infants/assess home visit need
- Siblings

**NUTRITION AND GROWTH**
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified)/preparation
- Stool pattern and urine output

**PREGNANCY/BIRTH REMARKS/APGAR**
- Risk factors/Family history:

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**Rourke Baby Record Resources**

1. General
2. Healthy Child Development
3. Immunization/Infectious Diseases
4. Other Issues
5. Environmental Health
6. Injury Prevention
7. SBP (Systolic/BP)
Past problems/Risk factors:  
Family history:

Growth

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
<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</th>
<th>Head circ.</th>
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<td>2 months</td>
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<td>4 months</td>
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<td>6 months</td>
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GROWTH: use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation

PARENT/CAREGIVER CONCERNS

For each : item discussed, indicate “✓” for no concerns, or “X” if concerns

NUTRITION

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

EDUCATION AND ADVICE

- Car seat infant
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)
- Electric plugs/cords
- Hot water <49°C/bath safety
- Falls (stairs, change table, unstable furniture/TV; no walkers)
- Choking/safe toys
- Pacifier use

INVESTIGATIONS/IMMUNIZATION

- Record Vaccines on Guide V
- Fever advice/thermometers
- Temperature control and overdressing

DEVELOPMENT

- 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

PHYSICAL EXAMINATION

- Fontanelles
- Eyes (red reflex)
- Corneal light reflex
- Hearing inquiry/screening
- Heart
- Hips
- Muscle tone

PROBLEMS AND PLANS

INVESTIGATIONS/IMMUNIZATION

Discuss immunization pain reduction strategies

Record Vaccines on Guide V

INVESTIGATIONS/IMMUNIZATION

Discuss immunization pain reduction strategies

Record Vaccines on Guide V

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

GUIDE III: 9–15 mos

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

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

DATE OF VISIT

9 months (optional) 12–13 months 15 months (optional)

<table>
<thead>
<tr>
<th>GROWTH*</th>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
<th>Length</th>
<th>Weight</th>
<th>HC (avg 47 cm)</th>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
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PARENT/CAREGIVER CONCERNS

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

NUTRITION1

☐ Breastfeeding1 Vitamin D 400 IU/day1
☐ Formula Feeding – iron-fortified/preparation1 [720–960 mL/twice–32 oz/day]1
☐ No bottles in bed
☐ Cereal, meat/alternatives, fruits, vegetables
☐ Cow’s milk products (e.g., yogurt, cheese, homogenized milk)
☐ No honey1
☐ Choking/safe foods4
☐ Avoid sweetened juices/liquids
☐ Encourage change from bottle to cup

EDUCATION AND ADVICE

Injury Prevention

☐ Car seat (infant)1
☐ Carbon monoxide/Smoke detectors4
Childproofing, including: ☐ Electric plug/sockets
☐ Falls (stairs, change table, unstable furniture/TV, no walkers)3
☐ Firearm safety3
☐ Pacifier use1
☐ Choking/safe toys1

Behaviour and Family Issues

☐ Crying2 ☐ Healthy sleep habits1 ☐ Night waking2
☐ Parental fatigue/depression2 ☐ Family conflict/stress
☐ Sootability/responsiveness
☐ High risk children/assess home visit need2
☐ Siblings2 ☐ Parenting2

Environmental Health

☐ Second hand smoke1 ☐ Sun exposure/sunscreens/insect repellent1 ☐ Serum lead if at risk1

Other Issues

☐ Teething/Dental cleaning/Fluoride/Dentist1 ☐ Complementary/alternative medicine1
☐ Fever advice/thermometers3 ☐ Encourage reading1
☐ Footwear1

DEVELOPMENT2

(Consultation 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

☐ Looks for an object seen hidden
☐ Babbles a series of different sounds (e.g., baba, dada, duh, duh)
☐ 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 (e.g., nose touching, peek-a-boo)
☐ Cries or shouts for attention
☐ No parent/caregiver concerns

Physical Examination

An appropriate age-specific physical examination is recommended at each visit.

Evidence-based screening for specific conditions is highlighted.

☐ Anterior fontanelle1
☐ Eyes (red reflex)1
☐ Corneal light reflex/Cover-uncover test & inquiry3
☐ Hearing inquiry/screening3
☐ Hip1

☐ Anterior fontanelle1
☐ Eyes (red reflex)1
☐ Corneal light reflex/Cover-uncover test & inquiry3
☐ Hearing inquiry/screening3
☐ Tonsil size/sleep-disordered breathing1
☐ Teeth1
☐ Hip1

☐ Anterior fontanelle1
☐ Eyes (red reflex)1
☐ Corneal light reflex/Cover-uncover test & inquiry3
☐ Hearing inquiry/screening3
☐ Tonsil size/sleep-disordered breathing1
☐ Teeth1
☐ Hip1

Problems and Plans

Investigations/Immunization

Discuss immunization pain reduction strategies1

☐ If HBsAg positive mother check HBV antibodies and HBsAg1 (at 9 or 12 months)
☐ Hemoglobin (if at risk)1
☐ Record Vaccines on Guide V

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

1See Rourke Baby Record Resources 1: General 2See Rourke Baby Record Resources 2: Healthy Child Development 3See Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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

**GUIDE IV: 18 mo–5 yr (National)**

| NAME: ___________________________ | Birth Day (d/m/yy): ___________ | M [ ] F [ ] |
| Gestational Age: _____ | Birth Length: ________ cm | Birth Wt: ________ g | Birth Head Circ: ________ cm |

**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>Length</td>
<td>Weight</td>
<td>Head circ.</td>
</tr>
</tbody>
</table>

**PARENT/CAREGIVER CONCERNS**

For each ☑ item discussed, indicate "✓" for no concerns, or "✗" if concerns

**NUTRITION**

- ☑ Breastfeeding1
- ☑ Vitamin D 400 IU/day
- ☑ Homogenized milk (500–750 mL/6–24 oz)/day
- ☑ Avoid sweetened juices/liquids
- ☑ No bottles

**EDUCATION AND ADVICE**

- ☑ Car seat (child)1
- ☑ Bath safety
- ☑ Choking/safe toy
- ☑ Falls (stairs, change table, unstable furniture/TV)
- ☑ Wear from pacifier1

**BEHAVIOUR**

- ☑ Parent-child interaction
- ☑ Discipline/parenting skills program2
- ☑ Healthy sleep habits2

**FAMILY**

- ☑ Parental fatigue/stress/depression2
- ☑ High-risk children2
- ☑ Healthy family active living/sedentary behaviour1
- ☑ Encourage reading2
- ☑ Socializing/peer play opportunities

**ENVIRONMENTAL HEALTH**

- ☑ Second-hand smoke1
- ☑ Pesticide exposure1
- ☑ Serum lead if at risk1
- ☑ Sun exposure/sunscreens/insect repellent1

**OTHER**

- ☑ Dental care/Dentist1
- ☑ Toilet learning2

**DEVELOPMENT**

- ☑ 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
  - 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., B D G H N W)
- ☑ Adaptive Skills
  - Removes hat/socks without help
- ☑ Toilet training

**PHYSICAL EXAMINATION**

- ☑ Anterior fontanelle closed1
- ☑ Eyes (red reflex)
- ☑ Corneal light reflex
- ☑ Tonsil size/sleep-disordered breathing1
- ☑ Teeth

| 2 years | 3 years | 4 years | 5 years |
| Combines 2 or more words | Understands 1 and 2 step directions | Understands 2 and 3 step directions, (e.g., “Pick up your hat and shoes and put them in the closet.”) | Understands 3-part directions |
|      | Adds and answers list of questions (e.g., “What are you doing?”) | Uses sentences with 5 or more words | asks and answers list of questions (e.g., “How many are there?”) |
|      | Walks backward 2 steps without support | Waits up stairs using handrail | Threws up/down stairs alternating feet |
|      | Tries to run | Twists lid off jars or turns knob | Ends buttons and zippers |
|      | Puts objects into small container | Shares some of the time | Dresses and undresses with little help |
|      | Uses toys for pretend play (e.g., give doll a drink) | Plays make-believe games with actions and words (e.g., pretending to cook a meal, fix a car) | Cooperates with adult requests most of the time |
|      | Continues to develop new skills | Turns pages one at a time | Retells the sequence of a story |
|      | No parent/caregiver concerns | Listens to music or stories for 5–10 minutes | Separates easily from parent/caregiver |

**PROBLEMS AND PLANS**

- ☑ Record Vaccines on Guide V

**INVESTIGATIONS/IMMUNIZATION**

Discuss immunization pain reduction strategies3

- ☑ Record Vaccines on Guide V

**Signature**
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).

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

Childhood Immunization Guide as per NACI Recommendations (as of December 16, 2013)

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>
</table>
| Rotavirus³       | 2 or 3 doses  
# doses varies with manufacturer |            |                |            |             |          |                      |
|                  | dose #1 (6 weeks–14 weeks/6 days)                          |            |                |            |             |          |                      |
|                  | dose #2                                                   |            |                |            |             |          |                      |
|                  | ± dose #3 (by 8 months/0 days)                             |            |                |            |             |          |                      |
| DTaP/IPV³        | 4 doses  
(2, 4, 6, 18 months)                                 |            |                |            |             |          |                      |
|                  | dose #1 (2 months)                                        |            |                |            |             |          |                      |
|                  | dose #2 (4 months)                                        |            |                |            |             |          |                      |
|                  | dose #3 (6 months)                                        |            |                |            |             |          |                      |
|                  | dose #4 (18 months)                                       |            |                |            |             |          |                      |
| Pneu-Conjug³     | 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-Conjugate³   | MCV-C: 1 dose at 12 months                                |            |                |            |             |          |                      |
|                  | MCV-C or MCV-4: 1 dose at 12 years or during adolescence  |            |                |            |             |          |                      |
|                  | MCV-C: 2 doses at 2 and 4 months only if at increased risk|            |                |            |             |          |                      |
|                  | ± dose #1 (2 months)                                       |            |                |            |             |          |                      |
|                  | ± dose #2 (4 months)                                       |            |                |            |             |          |                      |
| Hepatitis B³     | 3 doses in infancy OR  
2–3 doses preteen/teen                                 |            |                |            |             |          |                      |
|                  | dose #1                                                    |            |                |            |             |          |                      |
|                  | dose #2                                                    |            |                |            |             |          |                      |
|                  | ± dose #3                                                  |            |                |            |             |          |                      |
| MMR or MMRV³     | 2 doses (12 months, 18 months OR 4 years)                 |            |                |            |             |          |                      |
|                  | dose #1 (12 months)                                       |            |                |            |             |          |                      |
|                  | dose #2 (18 months OR 4 years)                            |            |                |            |             |          |                      |
| Varicella³       | 2 doses  
(12 months–12 years – MMRV or univalent) OR  
2 doses (>13 years–univalent) |            |                |            |             |          |                      |
|                  | dose #1                                                    |            |                |            |             |          |                      |
|                  | dose #2                                                    |            |                |            |             |          |                      |
| DTaP/IPV³        | 1 dose (4–6 years)                                        |            |                |            |             |          |                      |
| HPV³             | 9–26 years, 3 doses at  
0, 2, and 6 months                                          |            |                |            |             |          |                      |
|                  | dose #1                                                    |            |                |            |             |          |                      |
|                  | dose #2                                                    |            |                |            |             |          |                      |
|                  | dose #3                                                    |            |                |            |             |          |                      |
| dTap³            | 1 dose (14–16 years)                                      |            |                |            |             |          |                      |

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³See Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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**GROWTH**

- Important: Corrected age should be used at least until 24 to 36 months of age for premature infants born at <27 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 5 years) with measurement for length (birth to 2–3 years) or standing height (≥2 years), weight, and head circumference (birth to 2 years). CPS Position Statement WHO Growth Charts Adapted for Canada.

**NUTRITION**

- Nutrition for healthy term infants: 0-6 months
- 6-24 months
- CPS Practice Point 0-6 months
- Ontario Society of Nutrition Professionals in Public Health
- Nutrition Tips for Healthy Infants
- NutriSTEP®
- Dietitians of Canada

- 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 and helps to protect against SIDS. Maternal support (both antepartum and postpartum) increases breastfeeding and prolongs its duration. Early and frequent mother-infant contact, rooming-in, and banning of hands-free infant formula increase breastfeed duration.
  - Breastfeeding Committee for Canada
  - Ankyloglossia and breastfeeding – CPS Position Statement
  - Maternal medications when breastfeeding – JUNNET, US National Library of Medicine
  - Tongue tie
  - Weaning – CPS Position Statement

- Routine Vitamin D supplementation of 400 IU/day (800 IU/day in high-risk infants) is recommended for all breastfed infants until the diet provides a sufficient source of Vitamin D (>1–2 years). Breastfeeding mothers should continue to take Vitamin D supplements for the duration of breastfeeding. CPS Position Statement

- Infant formula – formula composition and use Alberta Health Services
- Formula preparation and handling – Health Canada

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

- Soy-based formula is not recommended for routine use in term infants as an equivalent alternative to cow’s milk formula, or for cow milk protein allergy, and is contraindicated for preterm infants. CPS Position Statement

- Colic – CPS Position Statement

- Introduction of solids should be led by the infant’s signs of readiness – a few weeks before to just after 6 months.

- Iron containing foods: At ~6 months, start iron containing foods to avoid iron deficiency. Allergenic foods: Delaying the introduction of priority food allergens is not currently recommended to prevent food allergies, including for infants at risk of atopy. CPS Position Statement

- Avoid honey until 1 year of age to prevent botulism.

- Dietary fat content: Restriction of dietary fat during the first 2 years is not recommended since it may compromise the intake of energy and essential fatty acids required for growth and development. 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 as per Canada’s Food Guide

- Vegetarian diets – CPS Position Statement

- Fish consumption: 2 servings/week of low mercury fish – Health Canada

**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.

- Parachute, About Injuries – CPS Position Statement
- Transportation in motor vehicles
- AAP article
- AAP article

- Children < 13 years should sit in the rear seat. Keep children away from all airbags. Install and follow same specifications 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 up until age 2 years. Use forward-facing child seat after 2 years for as long as manufacturer specifications will allow. After this, use booster seat up to 145 cm (49”).

- Use lap and shoulder belt in the rear middle seat for children over 8 years who are at least 136 kg (300 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 head injury or impact. CPS Position Statement

- Drowning – CPS Position Statement

- Bath safety: Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.

- Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing, lifeguards, swimming lessons, and boating 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 CPS Position Statement

- Burp: Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C.

- Poison: 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.

- 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. Ensure stability of furniture and TV. Advise against trampoline use at home. CPS Position Statement

- Safe sleeping environment: CPS Position Statement

- 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. Sleep positions should not be used. 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 secondhand smoke.

- Bed sharing: Advise against bed sharing which is associated with an increased risk for SIDS.

- Crib safety: Room sharing: Encourage putting infant in a crib, cradle or bassinet, that meets current Health Canada regulations in parents’ room for the first 6 months of life. Room sharing is protective against SIDS. CPS Position Statement

- Pressure 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 with children with chronic/recurrent otitis media. CPS Position Statement

- Firearm safety: Advice on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. CPS Position Statement

**ENVIRONMENTAL HEALTH**

- Second-hand smoke exposure: contributes to childhood illnesses such as URI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.

- 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; 6–24 months 10% DEET apply max once daily; 2–12 years 10% DEET apply max TID.

- Pesticides: Avoid pesticide exposure. Encourage pesticide-free foods. OCP review

- Lead Screening is recommended for children who: CPS article: Lead and Children
  - in the last 6 months lived in a house or apartment built before 1978;
  - 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;
  - live near point sources of lead contamination;
  - have household members with lead-related occupations or hobbies;
  - are refugees aged 6 months–6 years, within 3 months of arrival and again in 3–6 months.

- Even for blood levels less than 10μg/dL, evidence suggests an association, and perhaps partial causal relationship with lower cognitive function in children. CPS article: Lead levels in Canadian children: Do we have to review the standard?

- Websites about environmental issues:
  - CPCE – Healthy Environment for Kids
  - AAP – Council on Environmental Health

**OTHER**

- Advice parents against using OTC cough/cold medications, Restricting Cough and Cold Medicines in Children
- 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. CPS Position Statement
- Homeopathy – CPS Position Statement
- 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. CPS Position Statement
- Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. CPS Position Statement

- Dental Care:
  - Dental Cleaning: As excessive
  - swelling of toothpaste by young
  - children may result in dental
  - fluorosis, children 3–6 years of age
  - should be supervised during brushing
  - and only use a small amount (e.g.,
  - pea-sized portion) of fluoridated
  - toothpaste twice daily. Children under
  - 3 years of age should have their
  - teeth and gums brushed twice daily by
  - an adult using either water (if low risk
  - for tooth decay) or a rice grain sized
  - portion of fluoridated toothpaste (if
  - at caries risk).

- Systemic fluoride and/or fluoride varnish should be considered based on caries risk assessment. American Academy Of Pediatric Dentistry Assessment tool. CDA Position Statement

- To prevent early childhood caries: avoid sweetened juices/liquids and constant sipping of milk or natural juices in both bottle and cup.

**PHYSICAL EXAMINATION**

- Fontanelles – The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.

- Mystic tone – Physical assessment for spasticity, rigidity, and hypotonia should be performed.

- Inspect tongue mobility for ankyloglossia. CPS Position Statement

- Corneal light reflex/cover–uncover test & inquiry for strabismus

- With the child focusing on a light source, then quickly uncover. The test is abnormal if the uncovered eye “wanders” OR if the covered eye moves when uncovered.

- Visual inquiring/screening: CPS Position Statement

- Check Red Reflex for serious oculic disorders such as retinoblastoma and cataracts.

- Cononal 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.

- 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 audiologic testing should be performed in all high-risk infants, including those with normal UNHS. Older children should be screened if clinically indicated.

- Inspect tongue mobility for ankyloglossia. CPS Position Statement

- Tonsil/sleeve–sleep-disordered breathing – Screen for sleep problems (behavioural sleep problems and snoring in the presence of sleep-disordered breathing which warrants assessment re obstructive sleep apnea. AAP article

- Muscle tone – Physical assessment for spasticity, rigidity, and hypotonia should be performed.

- Hips – There is insufficient evidence to recommend routine 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. AAP article

**INVESTIGATIONS/SCREENING**

- Anemia screening: All infants from high-risk groups for iron deficiency anemia require screening between 6 and 12 months of age, e.g., Lower SES; 2-3 years. First Nations children; low-birth-weight and premature infants, and infants fed whole cow’s milk during their first year of life.

- Hemoglobinopathy screening: Screen all neonates from high-risk groups: Asian, African & Mediterranean

- Universal newborn hearing screening (UNHS) effectively identifies infants with congenital hearing loss and allows for early intervention outcomes. CPS Position Statement

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Early Child Development and Parenting Resource System – National

**Universal Screening**

- 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)

**Parents**

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

**Primary Concern**

- **Hearing/Speech/Language**
  - 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

- **Motor/Vision/Cognitive/Self-help Skills**
  - Paediatrician
  - Developmental Paediatrician
  - Child Development Specialized Assessment Team
  - Children’s Centre Treatment
  - 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

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

**Intervention Treatment**

- Public Health, Dental Services, Child care, Family Resource Programs, Community Parks and Recreation programs, Schools, Child Protection Services

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ROUTINE IMMUNIZATION


- Provincial/territorial immunization schedules may differ based on funding differences. Provincial/territorial immunization schedules are available at the [Public Health Agency of Canada](https://www.phac-aspc.gc.ca/)

- Additional information for parents on vaccinations can be accessed through:
  - CPS Parent website
  - AAP article [Responding to Parental Refusals of Immunization of Children](https://www.aap.org/policy/immunization/refusal.pdf)

- Information for physicians on vaccine safety:
  - Presentation on vaccinations: [First Shots, Best Shot: Childhood vaccines at work in Canada](https://www.cps.ca/)
  - CPS Canada’s eight-step vaccine safety program: [Vaccine literacy](https://www.cps.ca/vaccine-literacy)

- Immunization pain reduction strategies: During vaccination, pain reduction strategies with good evidence include breastfeeding or use of sweet-tasting solutions, use of the least painful vaccine brand, and consideration of topical anaesthetics. [CMAJ article Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline](https://www.cma.jami/CMD/98/46)

VACCINE NOTES (Adapted from NACI website: December 16, 2013)

- **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 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 – HBc (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 and high uptake rates, this second dose of MMR 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. The need for a second dose of mumps and rubella vaccine is not established but may benefit (given for convenience as MMR). MMR and varicella vaccines should be administered concurrently, at different sites if the MMR/combined MMR/varicella 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 2 doses of varicella vaccine (univalent varicella or MMRV). Unvaccinated individuals ≥ 13 years who have not had varicella should receive two doses at least 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 MMRV/combined MMR/varicella is not available, or separated by at least 4 weeks. [CPS Position Statement](https://www.cps.ca/vaccine-literacy)

- **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 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. For infants born to chronic carrier mothers, the first dose should be given at birth (with Hepatitis B immune globulin). (See also SELECTED INFECTIOUS DISEASES RECOMMENDATIONS below.)

- **Pneumococcal conjugate vaccine 13-valent (Pnu-Conj):** Recommended schedule, number of doses and subsequent use of 23 valent polysaccharide pneumococcal vaccine depend on the age of the child, previous administration of <7 or ≥10 valent vaccine, if at high risk for pneumococcal disease, and when vaccination is begun. Consult NACI guidelines for maximizing coverage up to 59 months of age.

- **Meningococcal conjugate vaccine (MCV):** [CPS Position Statement](https://www.cps.ca/vaccine-literacy) – Monovalent vaccine to Type C (MCV-C) is indicated for all ages, and quadravalent to Types A/CYW/4 (MCV-4) for age 2 years and over. Recommended vaccine, schedule and number of doses of meningococcal vaccine depend on the age of the child and vary between provinces/territories. Possible schedules include:
  - MCV-C: 1 dose at 12 months
  - MCV-C: 2 doses at 2 and 4 months if at increased risk
  - MCV-C or MCV-4 booster dose should also be given at 12 years of age or during adolescence.

- **Diphtheria, Tetanus, acellular Pertussis vaccine – adult/adolescent formulation (dTap):** a combined adsorbed “adult type” preparation for use in people ≥ 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:** 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. Live attenuated influenza vaccine can be used at age 2 years and above, if no contraindication.

- **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 RotarTeq (3 doses). Dose #1 is given between 6 weeks and 14 weeks/6 days with a minimum interval of 4 weeks between doses. Maximum age for the last dose is 8 months/0 days. [CPS Position Statement](https://www.cps.ca/vaccine-literacy)

SELECTED INFECTIOUS DISEASES RECOMMENDATIONS

[CPS position statements](https://www.cps.ca/resources/publications/cps-position-statements) of the Infectious Diseases and Immunization Committee

- **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 and follow-up immune status at 9–12 months for HBV antibodies and HBsAg. 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 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.