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Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance — GUIDE I: 0–1 mo

NAME: _____ Birth Day (d/m/yy): _____ M [ ] F [ ]

Gestational Age: _____ Birth Length: _____ cm Birth Wt: _____ g Head Circ:_____ cm Discharge Wt:_____ g

DATE OF VISIT	within 1 week			2 weeks (optional)			1 month		
GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	**Length**	**Weight**	**HC** (avg 35 cm)	**Length**	**Weight** (regains BW 1–3 weeks)	**Head Circ.**	**Length**	**Weight**	**Head Circ.**
PARENT/CAREGIVER CONCERNS									
For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns									
NUTRITION[1]	❍ **Breastfeeding (exclusive)**[1] ❍ **Vitamin D 400 IU/day**[1] ❍ *Formula Feeding (iron-fortified)/preparation*[1] [150 mL(5 oz)/kg/day[1]] ❍ Stool pattern and urine output			❍ **Breastfeeding (exclusive)**[1] ❍ **Vitamin D 400 IU/day**[1] ❍ *Formula Feeding (iron-fortified)/preparation*[1] [150 mL(5 oz) /kg/day[1]] ❍ Stool pattern and urine output			❍ **Breastfeeding (exclusive)**[1] ❍ **Vitamin D 400 IU/day**[1] ❍ *Formula Feeding (iron-fortified)/preparation*[1] [450–750 mL(15–25 oz) /day[1]] ❍ Stool pattern and urine output		
EDUCATION AND ADVICE Injury Prevention	❍ **Car seat (infant)**[1] ❍ Carbon monoxide/*Smoke detectors*[1]	❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1] ❍ *Hot water <49°C*[1]	❍ Choking/safe toys[1]	❍ *Pacifier use*[1]			❍ **Firearm safety**[1]		
Behaviour and family issues	❍ Crying[2] ❍ Parenting/bonding	❍ **Healthy sleep habits**[2] ❍ Parental fatigue/postpartum depression[2]	❍ **Night waking**[2]	❍ Soothability/responsiveness ❍ Family conflict/stress			❍ **High risk infants/assess home visit need**[2] ❍ Siblings		
Environmental Health	❍ **Second hand smoke**[1]	❍ Sun exposure[1]							
Other Issues	❍ **No OTC cough/cold medicine**[1] ❍ *Temperature control and overdressing*	❍ *Inquiry on complementary/alternative medicine*[1] ❍ Fever advice/thermometers[1]							
DEVELOPMENT[2] (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				❍ Sucks well on nipple ❍ *No parent/caregiver concerns*			❍ *Focuses gaze* ❍ *Startles to loud noise* ❍ *Calms when comforted* ❍ Sucks well on nipple ❍ *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.	❍ *Skin (jaundice, dry)* ❍ Fontanelles[1] ❍ **Eyes (red reflex)**[1] ❍ *Ears (TMs) Hearing inquiry/screening*[1] ❍ Tongue mobility[1] ❍ Heart/Lungs ❍ Umbilicus ❍ Femoral pulses ❍ Hips[1] ❍ Muscle tone[1] ❍ Testicles ❍ Male urinary stream/foreskin care ❍ Patency of anus			❍ *Skin (jaundice, dry)* ❍ Fontanelles[1] ❍ **Eyes (red reflex)**[1] ❍ *Ears (TMs) Hearing inquiry/screening*[1] ❍ Tongue mobility[1] ❍ Heart/Lungs ❍ Umbilicus ❍ Femoral pulses ❍ Hips[1] ❍ Muscle tone[1] ❍ Testicles ❍ Male urinary stream/foreskin care			❍ *Skin (jaundice)* ❍ Fontanelles[1] ❍ **Eyes (red reflex)**[1] ❍ **Corneal light reflex**[1] ❍ *Hearing inquiry/screening*[1] ❍ Tongue mobility[1] ❍ Heart ❍ Hips[1] ❍ Muscle tone[1]		
PROBLEMS AND PLANS									
INVESTIGATIONS/IMMUNIZATION **Discuss immunization pain reduction strategies**[3]	❍ **Newborn screening as per province** ❍ **Hemoglobinopathy screen (if at risk)**[1] ❍ **Universal newborn hearing screening (UNHS)**[1] ❍ **If HBsAg-positive parent/sibling Hep B vaccine #1**[3] ❍ **Record Vaccines on Guide V**			❍ **Record Vaccines on Guide V**			❍ **If HBsAg-positive parent/sibling Hep B vaccine #2**[3] ❍ **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
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development [3]see Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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Past problems/Risk factors:	Family history:

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance — GUIDE II: 2–6 mos

NAME: _____ Birth Day (d/m/yy): _____ M [ ] F [ ]

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

DATE OF VISIT	2 months			4 months			6 months		
GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	**Length**	**Weight**	**Head circ.**	**Length**	**Weight**	**Head Circ.**	**Length**	**Weight** (x2 BW)	**Head Circ.**
PARENT/CAREGIVER CONCERNS									
For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns									
NUTRITION[1]	❍ **Breastfeeding (exclusive)**[1] ❍ **Vitamin D 400 IU/day**[1] ❍ *Formula Feeding (iron-fortified)/preparation*[1] [600–900 mL(20–30 oz) /day[1]]			❍ **Breastfeeding (exclusive)**[1] ❍ **Vitamin D 400 IU/day**[1] ❍ *Formula Feeding (iron-fortified)/preparation*[1] [750–1080 mL(25–36 oz) /day[1]] ❍ Discuss future introduction of solids[1]			❍ **Breastfeeding**[1] **– introduction of solids** ❍ **Vitamin D 400 IU/day**[1] ❍ *Formula Feeding – iron-fortified/preparation*[1] [750–1080 mL(25–36 oz) /day[1]] ❍ **Iron containing foods**[1] **(iron fortified infant cereals, meat, tofu, legumes, poultry, fish, whole eggs)** ❍ Fruits, vegetables and milk products (yogurt, cheese) to follow ❍ No honey[1] ❍ Choking/safe food[1] ❍ Avoid sweetened juices/liquids ❍ No bottles in bed		
EDUCATION AND ADVICE Injury Prevention	❍ **Car seat (infant)**[1] ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1] ❍ **Poisons**[1]**; PCC#**[1] ❍ **Firearm safety**[1] ❍ *Electric plugs/cords* ❍ Carbon monoxide/*Smoke detectors*[1] ❍ *Hot water <49°C/bath safety*[1] ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1] ❍ Choking/safe toys[1] ❍ *Pacifier use*[1]								
Behaviour and family issues	❍ Crying[2] ❍ **Healthy sleep habits**[2] ❍ **Night waking**[2] ❍ Soothability/responsiveness ❍ **High risk infants/assess home visit need**[2] ❍ Siblings ❍ Parenting/bonding ❍ Parental fatigue/postpartum depression[2] ❍ Family conflict/stress ❍ *Child care*[2]/return to work ❍ **Family healthy active living/sedentary behaviour**[2]								
Environmental Health	❍ **Second hand smoke**[1] ❍ Sun exposure/sunscreens/insect repellent[1] ❍ *Pesticide exposure*[1]								
Other Issues	❍ Teething/**Dental cleaning/Fluoride**[1] ❍ **No OTC cough/cold medicine**[1] ❍ Fever advice/thermometers[1] ❍ *Temperature control and overdressing* ❍ *OTC/complementary/alternative medicine*[1] ❍ *Encourage reading*[2]								
DEVELOPMENT[2] (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	❍ *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*			❍ *Follows a moving toy or person with eyes* ❍ *Responds to people with excitement (leg movement/ panting/vocalizing)* ❍ *Holds head steady when supported at the chest or waist in a sitting position* ❍ *Holds an object briefly when placed in hand* ❍ *Laughs/smiles responsively* ❍ *No parent/caregiver concerns*			❍ *Turns head toward sounds* ❍ *Makes sounds while you talk to him/her* ❍ *Vocalizes pleasure and displeasure* ❍ *Rolls from back to side* ❍ *Sits with support (e.g., pillows)* ❍ *Reaches/grasps objects* ❍ *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.	❍ Fontanelles[1] ❍ **Eyes (red reflex)**[1] ❍ **Corneal light reflex**[1] ❍ *Hearing inquiry/screening*[1] ❍ Heart ❍ Hips[1] ❍ Muscle tone[1]			❍ Anterior fontanelle[1] ❍ **Eyes (red reflex)**[1] ❍ **Corneal light reflex**[1] ❍ *Hearing inquiry/screening*[1] ❍ Hips[1] ❍ Muscle tone[1]			❍ Anterior fontanelle[1] ❍ **Eyes (red reflex)**[1] ❍ **Corneal light reflex/Cover-uncover test & inquiry**[1] ❍ *Hearing inquiry/screening*[1] ❍ Hips[1] ❍ Muscle tone[1]		
PROBLEMS AND PLANS									
INVESTIGATIONS/IMMUNIZATION **Discuss immunization pain reduction strategies**[3]	❍ **Record Vaccines on Guide V**			❍ **Record Vaccines on Guide V**			❍ *Hemoglobin (If at risk)*[1] ❍ Inquire about risk factors for TB ❍ **If HBsAg-positive parent/sibling Hep B vaccine #3**[3] ❍ **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
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development [3]see Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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Past problems/Risk factors:	Family history:

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)		
GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	Length	Weight	Head circ.	Length	Weight (x3 BW)	HC (avg 47cm)	Length	Weight	Head Circ.
PARENT/CAREGIVER CONCERNS									

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

NUTRITION[1]	❍ **Breastfeeding[1]/Vitamin D 400 IU/day[1]** ❍ *Formula Feeding – iron-fortified/preparation[1]* [720–960 mLs(24–32 oz) /day[1]] ❍ No bottles in bed ❍ Cereal, meat/alternatives, fruits, vegetables ❍ Cow's milk products (e.g., yogurt, cheese, homogenized milk) ❍ No honey[1] ❍ Choking/safe foods[1] ❍ Avoid sweetened juices/liquids ❍ Encourage change from bottle to cup	❍ **Breastfeeding[1]** ± Vitamin D 400 IU/day[1] ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]] ❍ Appetite reduced ❍ Choking/safe foods[1] ❍ Avoid sweetened juices/liquids ❍ Promote open cup instead of bottle ❍ Inquire re: vegetarian diets[1]	❍ **Breastfeeding[1]** ± Vitamin D 400 IU/day[1] ❍ Homogenized milk **[500–750 mLs(16–24 oz) /day[1]]** ❍ Choking/safe foods[1] ❍ Avoid sweetened juices/liquids ❍ Promote open cup instead of bottle ❍ Inquire re: vegetarian diets[1]
EDUCATION AND ADVICE Injury Prevention	❍ **Car seat (infant)[1]** ❍ Carbon monoxide/*Smoke detectors[1]* Childproofing, including: ❍ *Electric plugs/cords*	❍ **Poisons[1]; PCC#[1]** ❍ *Hot water <49°C/bath safety[1]* ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)[1]*	❍ **Firearm safety[1]** ❍ *Pacifier use[1]* ❍ Choking/safe toys[1]
Behaviour and Family Issues	❍ Crying[2] ❍ **Healthy sleep habits[2]** ❍**Night waking[2]** ❍ Soothability/responsiveness ❍ **High risk children/assess home visit need[2]** ❍ Siblings ❍ *Parenting[2]* ❍ Parental fatigue/depression[2] ❍ Family conflict/stress ❍ *Child care[2]*/return to work ❍ **Family healthy active living/sedentary behaviour[2]** ❍ *Pesticide exposure[1]*		
Environmental Health	❍ **Second hand smoke[1]** ❍ Sun exposure/sunscreens/insect repellent[1] ❍ *Serum lead if at risk[1]*		
Other Issues	❍ Teething/**Dental cleaning/Fluoride/Dentist[1]** ❍ Fever advice/thermometers[1]	❍ *Complementary/alternative medicine[1]* ❍ *Encourage reading[2]*	❍ **No OTC cough/cold medicine[1]** ❍ Footwear[1]
DEVELOPMENT[2] (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	❍ *Looks for an object seen hidden* ❍ *Babbles a series of different sounds (e.g., baba, duhduh)* ❍ *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*	❍ *Responds to own name* ❍ *Understands simple requests, (e.g., Where is the ball?)* ❍ *Makes at least 1 consonant/vowel combination* ❍ *Says 3 or more words (do not have to be clear)* ❍ *Crawls or 'bum' shuffles* ❍ *Pulls to stand/walks holding on* ❍ *Shows 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*
PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	❍ Anterior fontanelle[1] ❍ **Eyes (red reflex)[1]** ❍ **Corneal light reflex/Cover-uncover test & inquiry[1]** ❍ *Hearing inquiry/screening[1]* ❍ Hips[1]	❍ Anterior fontanelle[1] ❍ **Eyes (red reflex)[1]** ❍ **Corneal light reflex/Cover-uncover test & inquiry[1]** ❍ *Hearing inquiry/screening[1]* ❍ **Tonsil size/sleep-disordered breathing[1]** ❍ Teeth[1] ❍ Hips[1]	❍ Anterior fontanelle[1] ❍ **Eyes (red reflex)[1]** ❍ **Corneal light reflex/Cover-uncover test & inquiry[1]** ❍ *Hearing inquiry/screening[1]* ❍ **Tonsil size/sleep-disordered breathing[1]** ❍ Teeth[1] ❍ Hips[1]
PROBLEMS AND PLANS			
INVESTIGATIONS/IMMUNIZATION **Discuss immunization pain reduction strategies[3]**	❍ **If HBsAg positive mother check HBV antibodies and HBsAg[3] (at 9 or 12 months)** ❍ *Hemoglobin (If at risk)[1]* ❍ **Record Vaccines on Guide V**		❍ **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
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development [3]see Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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Canadian Paediatric Society / Société canadienne de pédiatrie — The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada — Dietitians of Canada / Les diététistes du Canada

Past problems/Risk factors:	Family history:

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	18 months			2–3 years			4–5 years	
GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	**Length**	**Weight**	**Head circ.**	**Height**	**Weight**	**HC** if prior abN	**Height**	**Weight**
PARENT/CAREGIVER CONCERNS								

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

	18 months	2–3 years	4–5 years
NUTRITION[1]	❍ **Breastfeeding**[1] ± Vitamin D 400 IU/day[1] ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]] ❍ Avoid sweetened juices/liquids ❍ No bottles	❍ Breastfeeding[1] ❍ Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day[1]] ❍ Avoid sweetened juices/liquids ❍ *Gradual transition to lower fat diet*[1] ❍ Inquire re: vegetarian diets[1] ❍ Canada's Food Guide[1]	❍ Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day[1]] ❍ Avoid sweetened juices/liquids ❍ Inquire re: vegetarian diets[1] ❍ Canada's Food Guide[1]
EDUCATION AND ADVICE Injury Prevention	❍ **Car seat (child)**[1] ❍ *Bath safety*[1] ❍ Choking/safe toys[1] ❍ *Falls (stairs, change table, unstable furniture/TV)*[1] ❍ *Wean from pacifier*[1]	❍ **Car seat** (child/booster)[1] ❍ **Bike helmets**[1] ❍ **Firearm safety**[1] ❍ Carbon monoxide/*smoke detectors*[1] ❍ Matches ❍ *Water safety*[1] ❍ *Falls (stairs, unstable furniture/TV, trampolines)*[1]	
Behaviour	❍ Parent/child interaction ❍ *Discipline/Parenting skills programs*[2] ❍ **Healthy sleep habits**[2]	❍ Parent/child interaction ❍ *Discipline/parenting skills programs*[2] ❍ **High-risk children**[2] ❍ Parental fatigue/depression[2] ❍ Family conflict/stress ❍ Siblings	
Family	❍ Parental fatigue/stress/depression[2] ❍ **High-risk children**[2] ❍ **Family healthy active living/sedentary behaviour**[1] ❍ *Encourage reading*[2] ❍ Socializing/peer play opportunities	❍ **Healthy sleep habits**[2] ❍ **Assess child care** /*preschool needs*/school readiness[2] ❍ **Family healthy active living/sedentary behaviour**[2] ❍ Socializing opportunities ❍ *Encourage reading*[2]	
Environmental Health	❍ **Second-hand smoke**[1] ❍ *Pesticide exposure*[1] ❍ *Serum lead if at risk*[1] ❍ Sun exposure/sunscreens/insect repellent[1]	❍ **Second-hand smoke**[1] ❍ *Pesticide exposure*[1] ❍ *Serum lead if at risk*[1] ❍ Sun exposure/sunscreens/insect repellent[1]	
Other	❍ **Dental care/Dentist**[1] ❍ Toilet learning[2]	❍ **Dental cleaning/Fluoride/Dentist**[1] ❍ *No pacifiers*[1] ❍ *Complementary/alternative medicine*[1] ❍ Toilet learning[2] ❍ **No OTC cough/cold medicine**[1]	
DEVELOPMENT[2] (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	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)* Motor Skills ❍ *Walks alone* ❍ *Feeds self with spoon with little spilling* 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 An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	❍ Anterior fontanelle closed[1] ❍ **Eyes (red reflex)**[1] ❍ **Corneal light reflex/Cover-uncover test & inquiry**[1] ❍ Hearing inquiry ❍ **Tonsil size/sleep-disordered breathing**[1] ❍ Teeth[1]	❍ *Blood pressure* ❍ **Eyes (red reflex)/Visual acuity**[1] ❍ **Corneal light reflex/Cover-uncover test & inquiry**[1] ❍ Hearing inquiry ❍ **Tonsil size/sleep-disordered breathing**[1] ❍ Teeth[1]	❍ *Blood pressure* ❍ **Eyes (red reflex)/Visual acuity**[1] ❍ **Corneal light reflex/Cover-uncover test & inquiry**[1] ❍ Hearing inquiry ❍ **Tonsil size/sleep-disordered breathing**[1] ❍ Teeth[1]
PROBLEMS AND PLANS			
INVESTIGATIONS/IMMUNIZATION **Discuss immunization pain reduction strategies**[3]	❍ **Record Vaccines on Guide V**	❍ **Record Vaccines on Guide V**	❍ **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

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

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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

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

NAME: _____ Birth Day (d/m/yy): _____ M [ ] F [ ]

Vaccine	NACI recommendations	Date given	Injection site	Lot number	Expiry date	Initials	Comments
Rotavirus[3] 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/IPV/[3] 4 doses (2, 4, 6, 18 months) Hib[3]	dose #1 (2 months)						
	dose #2 (4 months)						
	dose #3 (6 months)						
	dose #4 (18 months)						
Pneu-Conj[3] 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-Conjugate[3] 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	MCV-C: 2 doses at 2 and 4 months only if at increased risk ± dose #1 (2 months) ± dose #2 (4 months)						
	MCV-C: 1 dose at 12 months						
	MCV-C or MCV-4: 1 dose at 12 years or during adolescence						
Hepatitis B[3] 3 doses in infancy OR 2–3 doses preteen/teen	dose #1						
	dose #2						
	± dose #3						
MMR or MMRV[3] 2 doses (12 months, 18 months OR 4 years)	dose #1 (12 months)						
	dose #2 (18 months OR 4 years)						
Varicella[3] 2 doses (12 months–12 years – MMRV or univalent) OR 2 doses (>13 years–univalent)	dose #1						
	dose #2						
DTaP/IPV[3]	1 dose (4–6 years)						
HPV[3] 9–26 years, 3 doses at 0, 2, and 6 months	dose #1						
	dose #2						
	dose #3						
dTap[3]	1 dose (14–16 years)						
Influenza[3] 1 dose annually (6–23 months and high risk > 2 years) First yr only for < 9 years – give 2 doses 1 month apart							
Other							

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[3]see 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 <37 weeks gestation.
- *Measuring growth* – The growth of all term infants, both breastfed and non-breastfed, and preschoolers should be evaluated using Canadian growth charts from the 2006 World Health Organization Child Growth Standards (birth to 5 years) with measurement of recumbent 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 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 handouts of free infant formula increase breastfeeding rates.
  - Breastfeeding Committee for Canada
  - Ankyloglossia and breastfeeding – CPS Position Statement
  - Maternal medications when breastfeeding – TOXNET, US National Library of Medicine
  - Motherisk
  - 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

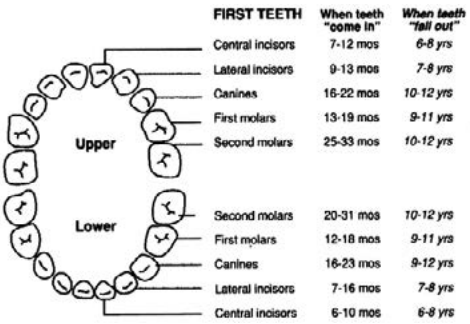
- **Transportation in motor vehicles**: AAP article
- Children < 13 years should sit in the rear seat. Keep children away from all airbags.
  Install and follow size recommendations as per specific car seat model and keep child in each stage as long as possible.
  Use rear-facing infant/child seat that is manufacturer approved for use until 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 (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. 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, lifejackets, 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 minimum age recommendations, and remove loose parts and broken toys.
- *Burns*: Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C.
- **Poisons:** Keep medicines and cleaners locked up and out of child's reach. Have Poison Control Centre number handy. *Use of ipecac is contraindicated in children*.
- *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 positioners 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 second-hand 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 bassinette, that meets current Health Canada regulations in parents' room for the first 6 months of life. Room sharing is protective against SIDS.
- *Pacifier 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. CPS Position Statement
- **Firearm safety: Advise 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 URTI, 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. OCFP review
- *Lead Screening* is recommended for children who: CFP 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 10ug/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:
  - CPCHE – Healthy Environment for Kids
  - AAP – Council on Environmental Health

OTHER

- Advise 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 swallowing 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.
- Vision inquiry/screening: CPS Position Statement
  - Check **Red Reflex** for serious ocular diseases such as retinoblastoma and cataracts.
  - **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.
  - 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.
- Inspect tongue mobility for ankyloglossia. CPS Position Statement
- **Tonsil size/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; Asian; 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 & Mediteranean.
Universal newborn hearing screening (UNHS) effectively identifies infants with congenital hearing loss and allows for early intervention & improved outcomes. CPS Position Statement

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DEVELOPMENT

Maneuvers are based on the Nipissing District Development Screen™ 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
- OCFP Healthy Child Development: Improving the Odds publication: toolkit for primary healthcare providers
- Centre of Excellence for Early Childhood Development Encyclopedia on Early Childhood Development
- CPS Position Statements: Getting it right at 18 months Measuring in support of early childhood development

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.

Abusive head trauma: CPS Position Statement

National Center on Shaken Baby Syndrome

Assess healthy sleep habits: Normal sleep (quality and quantity for age) is associated with normal development and leads to better health outcomes. National Sleep Foundation, Children and Sleep

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 reinforcers, 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.

MJA article PubMed article

Swaddling: Proper swaddling of the infant for the first 2 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.

AAP article

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. CPS Position Statement

- OCFP Toolkit, Improving the Odds: Healthy Child Development (section 3)

Refer parents of children at risk of, or showing signs of, behavioral 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.

(e.g., The Incredible Years, Right from the Start, COPE program) CEECD Parenting Skills

FAMILY HEALTHY ACTIVE LIVING/SEDENTARY BEHAVIOUR

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.

- CPS Position Statement CSEP guidelines for physical activity and sedentary behaviour
- *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.

PARENTAL/FAMILY ISSUES – HIGH RISK INFANTS/CHILDREN

- 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, paternal factors may compound the maternal-infant issues. CPS Position Statement
- Fetal alcohol spectrum disorder (FASD). CPS Position Statement
- Adoption/Foster care – Children newly adopted or entering foster care are a high risk population with special needs for health supervision. CPS Position Statement
- Prevention of child maltreatment – USPSTF current recommendations
  - 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 teenaged parents to prevent physical abuse and/or neglect. CMAJ article
  - Risk factors for physical abuse: low SES; young maternal age (<19 years); single parent family; parental experiences of own physical abuse in childhood; spousal violence; lack of social support; unplanned pregnancy or negative parental attitude towards pregnancy.
  - Risk factors for sexual abuse: living in a family without a natural parent; growing up in a family with poor marital relations between parents; presence of a stepfather; poor child-parent relationships; unhappy family life.

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.

- CPS Position Statement: Health implications of children in child care centres Part A and Part B
- CPS guide to child-care in Canada Well Beings

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 social/emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician.

Use the revised M-CHAT-R, 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 is available.

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. CPS Position Statement

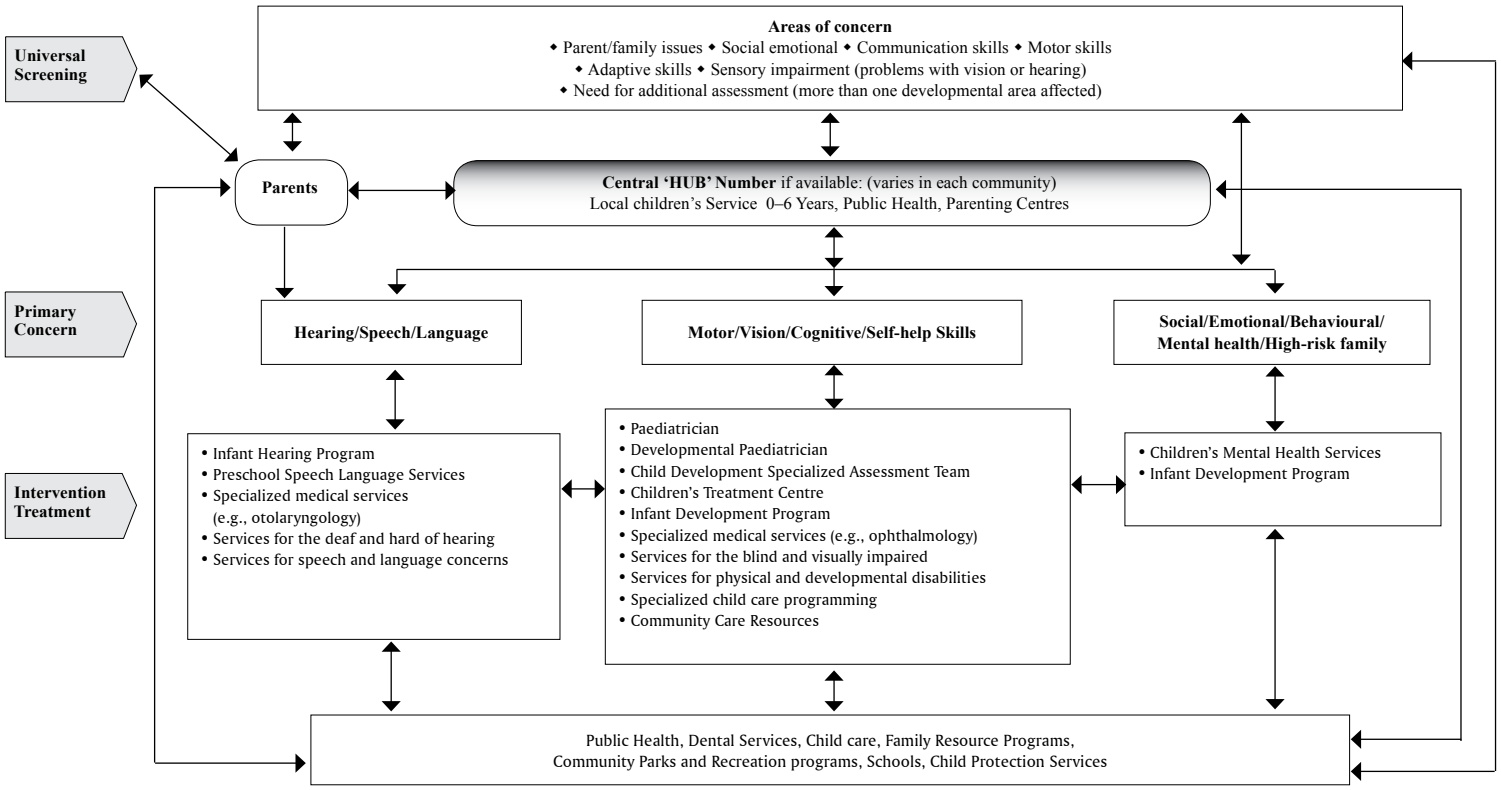
- CPS article

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. CPS Position Statement

- AAP article Literacy Promotion in Primary Care Pediatrics: Can We Make a Difference?
- BMJ article Reading aloud to children: the evidence

Early Child Development and Parenting Resource System – National



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ROUTINE IMMUNIZATION

- **See the** Canadian Immunization Guide **for recommended immunization schedules for infants, children and youth from the** National Advisory Committee on Immunization (NACI)
- **Provincial/territorial immunization schedules** may differ based on funding differences. Provincial/territorial immunization schedules are available at the Public Health Agency of Canada.
- Additional information for parents on vaccinations can be accessed through:
  - CPS Parent website
  - AAP article Responding to Parental Refusals of Immunization of Children
- Information for physicians on vaccine safety:
  - Presentation on vaccinations: First Shots, Best Shot: Childhood vaccines at work in Canada
  - CPS Canada's eight-step vaccine safety program: Vaccine literacy
  - CPS Position Statement Autism spectrum disorder: No causal relationship with vaccines
- **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

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 – HbOC (HibTITERTM) vaccines. This vaccine may be combined with DTaP in a single injection.
- **Measles, Mumps and Rubella vaccine (MMR):** A second dose of MMR is recommended, at least 1 month after the first dose, for the purpose of better measles protection. For convenience 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 MMRV [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] vaccine is not available, or separated by at least 4 weeks. CPS Position Statement
- **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 (Pneu-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 – Monovalent vaccine to Type C (MCV-C) is indicated for all ages, and quadravalent to Types A/C/W/Y (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

  OR

  MCV-C: 2 doses at 2 and 4 months if at increased risk AND booster dose at 12 months

  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 RotaTeq (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

SELECTED INFECTIOUS DISEASES RECOMMENDATIONS

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 A/B combined (when Hepatitis B vaccine has not been previously given):**
  These vaccines should be considered when traveling to countries where Hepatitis A or B are endemic.
- **Tuberculosis – TB skin testing:**
  For up-to-date information, see Canadian TB Standards: 7th Edition 2013 PHAC TB Updates

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