## 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

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### DATE OF VISIT

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

**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

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

### INVESTIGATIONS/IMMUNIZATION

- ☐ Newborn screening as per province
- ☐ Hemoglobinopathy screen (if at risk)
- ☐ Universal newborn hearing screening (UNHS)
- ☐ If HBsAg-positive parent/sibling Hep B vaccine #1
- ☐ If HBsAg-positive parent/sibling Hep B vaccine #2
- ☐ Record Vaccines on Guide V
- ☐ Record Vaccines on Guide V

### Signature

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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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**GUIDE II: 2–6 mos**

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROWTH</strong></td>
<td>use WHO growth charts. Correct age until 24–36 months if &lt; 37 weeks gestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length</td>
<td>Weight</td>
<td>Head circ.</td>
<td>Length</td>
</tr>
<tr>
<td>2 months</td>
<td>4 months</td>
<td>6 months</td>
<td></td>
</tr>
</tbody>
</table>

**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) [600–900 mL (20–30 oz) /day]
- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified/preparation) [750–1080 mL (25–36 oz) /day]
- Discuss future introduction of solids
- Breastfeeding – introduction of solids
- Vitamin D 400 IU/day
- Formula Feeding – iron-fortified/preparation [750–1080 mL (25–36 oz) /day]
- Iron containing foods
- Fruits, vegetables and milk products (yogurt, cheese) to follow
- No honey
- Choking/safe food
- Avoid sweetened juices/liquids
- No bottles in bed

**EDUCATION AND ADVICE**

- Car seat (infant)
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)
- Electric plugs/sockets
- Carbon monoxide/Smoke detectors
- Falls (stairs, change table, unstable furniture/TV, no walkers)
- Choking/safe toys
- Pacifier use

**INJURY PREVENTION**

- Crying
- Healthy sleep habits
- Night waking
- Soothability/responsiveness
- High risk infants/assess home visit need
- Siblings
- Parenting/bonding
- Parental fatigue/postpartum depression
- Family conflict/stress
- Child care/return to work
- Family healthy active living/sedentary behaviour

**BEHAVIOUR AND FAMILY ISSUES**

- Second hand smoke
- Sun exposure/sunscreens/insect repellent
- Pesticide exposure

**ENVIRONMENTAL HEALTH**

- Teething/Dental cleaning/Fluoride
- No OTC cough/cold medicine
- Fever advice/thermometers
- Temperature control and overdressing

**DEVELOPMENT**

- Follows movement with eyes
- Coos – throught, 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 (e.g. movement/panning/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
- Eyes (red reflex)
- Corneal light reflex
- Hearing inquiry/screening
- Heart
- Hips
- Muscle tone
- Anterior fontanelle
- Eyes (red reflex)
- Corneal light reflex
- Hearing inquiry/screening
- Hips
- Muscle tone
- Anterior fontanelle
- Eyes (red reflex)
- Corneal light reflex
- Cover-uncover test & inquiry
- Hearing inquiry/screening
- Hips
- Muscle tone

**PROBLEMS AND PLANS**

**INVESTIGATIONS/IMMUNIZATION**

- Record Vaccines on Guide V
- Hemoglobin (if at risk)
- Inquire about risk factors for TB
- If Hb/Ag positive parent/sibling Hep B vaccine
- 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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# 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

<table>
<thead>
<tr>
<th></th>
<th>9 months (optional)</th>
<th>12–13 months</th>
<th>15 months (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>Weight</td>
<td>Head circ.</td>
<td>Length</td>
</tr>
</tbody>
</table>

### PARENT/CAREGIVER CONCERNS

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

### NUTRITION

1. Breastfeeding
2. Vitamin D 400 IU/day
3. Formula feeding – iron-fortified/preparation
4. [720–960 mL(24–32 oz)/day]
5. No bottles in bed
6. Cereal, meat/alternatives, fruits, vegetables
7. Cow’s milk products (e.g., yogurt, cheese, homogenized milk)
8. No honey
9. Choking/safe foods
10. Avoid sweetened juices/liquids
11. Encourage change from bottle to cup

### EDUCATION AND ADVICE

- Injury Prevention
  - Car seat (infant)
  - Carbon monoxide/Smoke detectors
  - Childproofing, including: Electric plugs/ cords
  - Falls (stairs, change table, unstable furniture/TV, no walkers)

- Health Behavior and Family Issues
  - Crying
  - Healthy sleep habits
  - Night waking
  - Parental fatigue/depression
  - Family conflict/stress
  - Sootability/responsiveness
  - High risk children/assess home visit need
  - Child care/return to work
  - Family healthy active living/sedentary behaviour

### Environmental Health

- Second hand smoke
- Sun exposure/sunscreens/insect repellent
- Serum lead if at risk

### Other Issues

- Teething/Dental cleaning/Fluoride/Dentist
- Fever advice/thermometers
- Complementary/alternative medicine
- No OTC cough/cold medicine
- Footwear

### DEVELOPMENT

1. Looks for an object seen hidden
2. Babbling
3. Responds to different people
4. Makes sounds/gestures to get attention or help
5. Sits without support
6. Stands with support when helped into standing position
7. Opposes thumb and fingers when grasps objects
8. Plays social games with you (e.g., nose touching, peek-a-boo)
9. Cries or shouts for attention
10. No parent/caregiver concerns

### PHYSICAL EXAMINATION

- Anterior fontanelle
- Eyes (red reflex)
- Corneal light reflex
- Cover-uncover test & inquiry
- Hearing inquiry/screening
- Hip

### PROBLEMS AND PLANS

- Hemoglobin (if at risk)
- Record Vaccines on Guide V

### INVESTIGATIONS/IMMUNIZATION

- If HBsAg positive mother check HBV antibodies and HBsAg (at 9 or 12 months)
- Record Vaccines on Guide V

### Signature

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**GOOD (bold type)**

Strength of recommendation is based on literature review using the classification:

- Strong (Fair (italic type))
- Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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**Evidence-based screening for**

<table>
<thead>
<tr>
<th><strong>PHYSICAL EXAMINATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.</td>
</tr>
<tr>
<td><strong>Anterior fontanelle closed</strong></td>
</tr>
<tr>
<td><strong>Eyes</strong> (red reflex)**</td>
</tr>
<tr>
<td><strong>Corneal light reflex/Cover-uncover test &amp; inquiry</strong></td>
</tr>
<tr>
<td><strong>Hearing inquiry</strong></td>
</tr>
<tr>
<td><strong>Tonnel size/Deep-disordered breathing</strong></td>
</tr>
<tr>
<td><strong>Teeth</strong></td>
</tr>
<tr>
<td><strong>Blind pressure</strong></td>
</tr>
<tr>
<td><strong>Eyes</strong> (red reflex)/Visual acuity**</td>
</tr>
<tr>
<td><strong>Corneal light reflex/Cover-uncover test &amp; inquiry</strong></td>
</tr>
<tr>
<td><strong>Hearing inquiry</strong></td>
</tr>
<tr>
<td><strong>Tonnel size/Deep-disordered breathing</strong></td>
</tr>
<tr>
<td><strong>Teeth</strong></td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
</tr>
<tr>
<td><strong>Eyes</strong> (red reflex)/Visual acuity**</td>
</tr>
<tr>
<td><strong>Corneal light reflex/Cover-uncover test &amp; inquiry</strong></td>
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<tr>
<td><strong>Hearing inquiry</strong></td>
</tr>
<tr>
<td><strong>Tonnel size/Deep-disordered breathing</strong></td>
</tr>
<tr>
<td><strong>Teeth</strong></td>
</tr>
</tbody>
</table>

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**PROBLEMS AND PLANS**

**INVESTIGATIONS/IMMUNIZATION**

Discuss immunization pain reduction strategies**

- **Record Vaccines on Guide V**
- **Record Vaccines on Guide V**
- **Record Vaccines on Guide V**

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

**GUIDE IV: 18 mo–5 yr (Ontario)**

**NAME:** ___________________  **Birth Day (d/m/y):** ___________________ **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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARENT/CAREGIVER CONCERNS**

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

**NUTRITION**

- Breastfeeding
- Homogenized milk [500–750 mL (6–24 oz) /day]
- Avoid sweetened juices/liquids
- Avoid bottles
- Breastfeeding
- Skim, 1% or 2% milk [− 500 mL (16 oz) /day]
- Avoid sweetened juices/liquids
- Gradual transition to lower fat diet
- Inquire re: vegetarian diets
- Canada's Food Guide
- Skim, 1% or 2% milk [− 500 mL (16 oz) /day]
- Avoid sweetened juices/liquids
- Inquire re: vegetarian diets
- Canada's Food Guide

**EDUCATION AND ADVICE**

**Injury Prevention**

- Car seat (child)
- Bath safety
- Choking/safe toys
- Falls (stairs, change table, unstable furniture/Tv)
- Wear from pacifier
- Car seat (child/booster)
- Carbon monoxide/smoke detectors
- Matches
- Falls (stairs, unstable furniture/Tv, trampolines)
- Bike helmets
- Firearm safety
- Water safety

**Behaviour**

- Parent/child interaction
- Discipline/parenting skills program
- Healthy sleep habits
- Parent/child interaction
- Parental fatigue/stress/depression
- Family conflict/stress
- High-risk children
- Siblings

**Family**

- Parental fatigue/stress/depression
- High-risk children
- Family healthy active living/sedentary behaviour
- Encourage reading
- Socializing/peer play opportunities
- Healthy sleep habits
- Assess child care
- jrschool needs/school readiness
- Socializing opportunities
- Encourage reading

**Environmental Health**

- Second-hand smoke
- Pesticide exposure
- Serum lead if at risk
- Sun exposure/sunscreen/insect repellent
- Second-hand smoke
- Pesticide exposure
- Sun exposure/sunscreen/insect repellent

**Other**

- Dental care/Dentist
- Toilet learning
- Dental cleaning/Fluoride/Dentist
- No pacifiers
- Complimentary/alternative medicine
- Toilet learning
- No OTC cough/cold medicine

**DEVELOPMENT**

(Inventory and observation of milestones)

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

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

- Enhanced care after Nipissing Developmental Screens (NDDS)
- List NDDS items not yet attained.
- 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 different body parts
- Tries to get your attention to show 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
- Fed self with spoon with little spilling
- Feeds self with spoon
- Turns lids off jars or turns knobs
- Plays make-believe games with actions and words
- Understands 1 and 2 step directions
- Asks and answers lots of questions (e.g., "What are you doing?")
- Walks up/down stairs alternating feet
- Encourage reading
- No parent/caregiver concerns

**PROBLEMS AND PLANS**

**INVESTIGATIONS/IMMUNIZATION**

Discuss immunization pain reduction strategies

- **Record Vaccines on Guide V**
- **Record Vaccines on Guide V**
- **Record Vaccines on Guide V**

---

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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).

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>NACI recommendations</th>
<th>Date given</th>
<th>Injection site</th>
<th>Lot number</th>
<th>Expiry date</th>
<th>Initials</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2 or 3 doses</td>
<td>dose #1</td>
<td>Injection site</td>
<td>Lot number</td>
<td>Expiry date</td>
<td>Initials</td>
<td>Comments</td>
</tr>
<tr>
<td></td>
<td>dose #2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>± dose #3 (by 8 months/0 days)</td>
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</tr>
<tr>
<td>DTaP/IPV&lt;sup&gt;3&lt;/sup&gt;</td>
<td>4 doses (2, 4, 6, 18 months)</td>
<td>dose #1</td>
<td>Injection site</td>
<td>Lot number</td>
<td>Expiry date</td>
<td>Initials</td>
<td>Comments</td>
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<tr>
<td></td>
<td>dose #2</td>
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<tr>
<td></td>
<td>dose #3 (6 months)</td>
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<td></td>
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<tr>
<td></td>
<td>dose #4 (18 months)</td>
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<tr>
<td>Pneu-Conj&lt;sup&gt;3&lt;/sup&gt;</td>
<td>4 doses (12, 4, 6, 12–15 months)</td>
<td>dose #1</td>
<td>Injection site</td>
<td>Lot number</td>
<td>Expiry date</td>
<td>Initials</td>
<td>Comments</td>
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<tr>
<td></td>
<td>dose #2</td>
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<td></td>
<td>dose #3 (6 months)</td>
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<td></td>
<td>dose #4 (12–15 months)</td>
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</tr>
<tr>
<td>Men-Conjugate&lt;sup&gt;3&lt;/sup&gt;</td>
<td>MCV-C: 1 dose at 12 months</td>
<td>MCV-C: 2 doses at 2 and 4 months only if at increased risk</td>
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<tr>
<td></td>
<td>MCV-C or MCV-4: 1 dose at 12 years or during adolescence</td>
<td>± dose #2 (4 months)</td>
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<tr>
<td></td>
<td>MCV-C: 2 doses at 2 and 4 months only if at increased risk</td>
<td>MCV-C: 1 dose at 12 months</td>
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<td></td>
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<tr>
<td></td>
<td>± dose #1 (2 months)</td>
<td>MCV-C or MCV-4: 1 dose at 12 years or during adolescence</td>
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<tr>
<td></td>
<td>± dose #3</td>
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<tr>
<td>Hepatitis B&lt;sup&gt;3&lt;/sup&gt;</td>
<td>3 doses in infancy OR 2–3 doses preteen/teen</td>
<td>dose #1</td>
<td>Injection site</td>
<td>Lot number</td>
<td>Expiry date</td>
<td>Initials</td>
<td>Comments</td>
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<tr>
<td></td>
<td>dose #2</td>
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<td></td>
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<td></td>
<td>± dose #3</td>
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</tr>
<tr>
<td>MMR or MMRV&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2 doses (12 months, 18 months OR 4 years)</td>
<td>dose #1 (12 months)</td>
<td></td>
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<td>dose #2 (18 months OR 4 years)</td>
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<tr>
<td>Varicella&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2 doses (12 months–12 years – MMRV or univalent) OR 2 doses (&gt;13 years–univalent)</td>
<td>dose #1</td>
<td>Injection site</td>
<td>Lot number</td>
<td>Expiry date</td>
<td>Initials</td>
<td>Comments</td>
</tr>
<tr>
<td></td>
<td>dose #2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTaP/IPV&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1 dose (4–6 years)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV&lt;sup&gt;3&lt;/sup&gt;</td>
<td>9–26 years, 3 doses at 0, 2, and 6 months</td>
<td>dose #1</td>
<td>Injection site</td>
<td>Lot number</td>
<td>Expiry date</td>
<td>Initials</td>
<td>Comments</td>
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<tr>
<td></td>
<td>dose #2</td>
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<td></td>
<td>dose #3</td>
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<td>dTap&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1 dose (14–16 years)</td>
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<td>Influenza&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1 dose annually (6–23 months and high risk &gt; 2 years)</td>
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<td>First yr only for &lt; 9 years – give 2 doses 1 month apart</td>
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<sup>3</sup>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 preterm infants should be evaluated using Canadian growth charts. From the 2006 World Health Organization Child Growth Standards (birth to 5 years) with measurement done at least once every 3 months (birth to 2 years) or every 6 months (≥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
    - Nutritionists
    - 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 2 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 handouts of free infant formula increase breastfeeding rates. CPS Position Statement.
  - Breastfeeding Committee for Canada
  - Ankylostomiasis and breastfeeding – CPS Position Statement
  - Infant medications when breastfeeding – JUNNET, US National Library of Medicine
    - Maternal
    - 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 formulas – 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.

- 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 atopies. CPS Position Statement.

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

- Dietary fats in infant formula: 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.

- Pacifier, About Intoxics – 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 safety measures as appropriate for the car seat model and keep each in stage as long as possible.

- Use rear-facing infant/child seat that is manufacturer approved for use up to 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 36 kg (80 lbs) and 145 cm (4’11”) 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 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 SATS, and have a choking safety plan.

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

- Poisoning: Keep medications and cleaners locked up and out of child’s reach. Have Poison Control Centre number handy. Use of 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 on 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 alternating 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 8 months of life. Room sharing is protective against SIDS.
  - Use of bed sharing may decrease risk of SIDS and should not be discouraged in the 1st year of life after breastfeeding is well established, but should be reviewed 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 URI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.

- Sun exposure/sunscreen/insect repellent: 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. OCPF review

- Lead Screening: 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 10 μg/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:
  - CPHE – 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 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 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
- Tonal sieve/short-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 at least until 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, First Nations children, low-birth-weight and premature infants, and infants fed whole cow’s milk during their first year of life.

Early Child Development and Parenting Resource System - Ontario

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ROUTE 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)

- Diphteria, 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 – HibOC (HiBITTERTM) 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 MMRV 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.
- 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): C PS 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

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

SELECTED INFECTIOUS DISEASES RECOMMENDATIONS

- 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.
- Tuberculosis – TB skin testing:
  - For up-to-date information, see Canadian TB Standards: 7th Edition 2013, PHAC TB Updates.