







NATIONAL GUIDE IA WITHIN ONE WEEK VISIT

Gestational Age: g harge Weight: g until 24–36 months if < 37 weeks gestation Weight h ○ item discussed below, indicate "✓" for no con	Head Circ. (avg 35 cm) cerns, or "X" if concerns.	
harge Weight: g until 24–36 months if < 37 weeks gestation Weight	_	
until 24–36 months if < 37 weeks gestation. Weight	_	
Weight	_	
Weight	_	
-	_	
h ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.	
n ♥ Item discussed below, Indicate * ↑ * for no con	cerns, or "X" if concerns.	
O Urine output and Stool pattern/acholic stools	2	
u of the war is because on managiness was a need. Duranties in	dunium marint multura	llu safa sana
		ily sale care.
	Environmental Hea	lth ¹
O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-	cigs/Cannabis exposure
○ Crying/Soothability/Colic ²	O Pesticide exposure	1
O Parental fatigue/ Depression²	○ Sun exposure ¹	
	Other Issues ¹	
	O Supervised tummy	time while awake ¹
	O No OTC cough/cold	
		•
_	O Fever advice/Therm	ometers ¹
-		
	O Urine output and Stool pattern/acholic stools on of items is based on perceived need. Practice incining behaviours and routines that promote early to Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ²	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² Parent-infant interaction/ Parenting skills programs² Encourage reading, singing and speaking to infant² 2nd hand smoke/E- Supersicide exposure Sun exposure¹ Supervised tummy No OTC cough/cold Inquiry on complement alternative medicine Fever advice/Therm











	of milestones, listed below in the following order: gi	
lestone, loss of attained milestones or parer	f typical milestone acquisition. Further assessment c stal concern.	d for any missed visits. Parental familiarity with
Moves arms and legs Sucks well on nipple DMMENTS	Sequences 2 or more sucks before swallowing/breathing	 ○ Startles to sounds ○ No parent/caregiver concerns²
HYSICAL EXAMINATION ² appropriate age-specific physical examinati	on is recommended at each visit. Evidence-based scr	eening for specific conditions is highlighted.
Fontanelles ² Skin (jaundice ²) Eyes/Red reflex ² Ears/TMs-Hearing inquiry/screening ² Neck/Torticollis ² Intact palate (inspection/palpation) ²	 Tongue mobility if breastfeeding problems² Heart/Lungs Abdomen/Umbilicus² Femoral pulses Hips (Ortolani)² Testicles/Genitalia 	 Male urinary stream/Foreskin care Spine (dimple/sinus)²/Patency of anus² Muscle tone/Developmental reflexes: Moro, hand grasp²
OMMENTS		
SSESSMENT AND PLANS / CURRENT g. medical specialist, breastfeeding supports ar	AND NEW REFERRALS4 nd services, dietitian, speech, audiology, PT, OT, eyes, de	ental, social determinants resources
	IMMUNIZATION ³ Record vaccines administer	
Newborn screening as per province Hemoglobinopathy screen (if at risk) ²	Universal newborn hearing screening (UNInitiate Hep B vaccine series if risk identification	
OMMENTS		

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







NATIONAL GUIDE IB

AME:			Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
irth Day (d/m/yy):// 20	0 M 🗆 F 🖂	Gestational Age:		
irth Length: cm	Birth Weight:	g		
irth Head Circumference:	cm Discharge Weig	ht: g		
		1–36 months if < 37 weeks gestation		
Length	Weight (regains BW 1–3 weeks)	Head Circ.	
PARENT / CAREGIVER CONC	ERNS For each O item d	iscussed below, indicate "√" for no co	ncerns, or "X" if concerns.	
NUTRITION1				
O Breastfeeding (exclusive) ¹	O Formula	a feeding/preparation 1	O Urine output and Sto	nol nattern/
O Vitamin D 400 IU/day ¹		0 mL (5 oz)/kg/day]	acholic stools ²	oor pattern,
COMMENTS	- 3			
		ns is based on perceived need. Practic		urally safe care.
Injury Prevention ¹	<u> </u>	iours and routines that promote early		IAL-1
O Motorized vehicle safety/Car		unctioning & Behaviour issues ² y sleep habits ² /Night waking ²	Environmental Hea	i tn • -cigs/Cannabis exposure
O Safe sleep (position, room sha		Soothability/Colic ²	O Pesticide exposure	•
avoid bed sharing, crib safety		Il fatigue/ Depression²	O Sun exposure 1	
○ Firearm safety ¹		Stress/Inquire re: difficulty	Other Issues ¹	
O Pacifier use 1	•	g ends meet or food insecurity ²	Other issues: O Supervised tummy	timo while awake1
O Hot water <49°C/Bath safety1		-infant interaction/Parenting	O No OTC cough/cold	
○ Falls (stairs, change table)		rograms ²	○ Inquiry on compleme	
O Carbon monoxide/Smoke detec	tors 1 O Encour	age reading, singing and	alternative medicine	•
O Choking/Safe toys 1	speaki	ng to infant ²	O Fever advice/Thermo	
	O High ris	k infants/Assess home visit need ²		
COMMENTS				









NATIONAL GUIDE IB 2 WEEK VISIT

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

ME:		
n Day (d/m/yy):// 20	M 🗆 F 🗆	
VELOPMENT ² Inquiry and observation	n of milestones, listed below in the following order: gr	ross motor, fine motor, communication, cognitiv
ial-emotional Tasks are set after the time	of typical milestone acquisition. Further assessment of	of development is merited by the absence of any
lestone, loss of attained milestones or pare rticular milestones may be culturally depe	ental concern.	d for any missed visits. Parental familiarity with station.
Moves arms and legs	○ Sequences 2 or more sucks before	○ Startles to sounds
Sucks well on nipple	swallowing/breathing	○ No parent/caregiver concerns ²
MMENTS		
IYSICAL EXAMINATION ²		
	tion is recommended at each visit. Evidence-based scro	eening for specific conditions is highlighted.
Fontanelles 2	O Tongue mobility if breastfeeding problems ²	○ Testicles/Genitalia
Skin (jaundice ²)	O Heart/Lungs	O Male urinary stream/Foreskin care
Eyes/Red reflex ²	O Abdomen/Umbilicus 2	O Spine (dimple/sinus) ² /Patency of anus ²
Ears/TMs–Hearing inquiry/screening ²	O Femoral pulses	O Muscle tone/Developmental reflexes:
Neck/Torticollis ²	O Hips (Ortolani) ²	Moro, hand grasp 2
Intact palate (inspection/palpation) ²		
OMMENTS		
SSESSMENT AND PLANS / CURREN g. medical specialist, breastfeeding supports a	T AND NEW REFERRALS4 and services, dietitian, speech, audiology, PT, OT, eyes, de	ental, social determinants resources
VESTIGATIONS / SCREENING ² ANI	D IMMUNIZATION ³ Record vaccines administer	red, address hesitancy and missing vaccines.
Newborn screening as per province Hemoglobinopathy screen (if at risk) ²	 Universal newborn hearing screening (UN) Initiate Hep B vaccine series if risk identification 	HS) ²
MMENTS		
SNATURE		DATE OF VISIT / /20

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

¹NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other ²NOTES 2: Family, Behaviour, Development, P/E, Investigations ³NOTES 3: Immunization ⁴NOTES 4: ECD Resources System and Table **Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only**.

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NATIONAL GUIDE IC 1 MONTH VISIT

AME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family histor
rth Day (d/m/yy):// 20	M F Gestational Age:	
th Length: cm	Birth Weight: g	
th Head Circumference: cm	Discharge Weight: g	
	age until 24–36 months if < 37 weeks gestation.	
ength	Weight	Head Circ.
ARENT / CAREGIVER CONCERNS Fo	or each ${f O}$ item discussed below, indicate " ${f \checkmark}$ " for no con	cerns, or "X" if concerns.
NUTRITION1	1	
O Breastfeeding (exclusive) ¹ O Vitamin D 400 IU/day ¹	 Formula feeding/preparation¹ [450–750 mL (1 Urine output and Stool pattern/acholic stools 	
COMMENTS	of the output and stool pattern, actions stools	_
DUCATION AND ADVICE Repeat disc	cussion of items is based on perceived need. Practice in parenting behaviours and routines that promote early	clusive, anti-racist, culturally safe care. relational health (FRH).
njury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/
Safe sleep (position, room sharing,	O Crying/Soothability/Colic ²	Cannabis exposure 1
avoid bed sharing, crib safety) ¹ Firearm safety ¹	 Parental fatigue/Depression² Family Stress/Inquire re: difficulty 	O Pesticide exposure ¹ O Sun exposure ¹
o Pacifier use 1	making ends meet or food insecurity ²	,
Hot water <49°C/Bath safety 1	O Parent-infant interaction/Parenting	Other Issues ¹
Falls (stairs, change table)	skills programs ²	 Supervised tummy time while awake No OTC cough/cold medicine¹
Carbon monoxide/ <i>Smoke detectors</i> 1	O Encourage reading, singing and	○ Inquiry on complementary/alternative
Choking/Safe toys ¹	speaking to infant ²	medicine ¹
	O High risk infants/Assess home visit need ²	O Fever advice/Thermometers 1
OMMENTS		









NATIONAL GUIDE IC 1 MONTH VISIT

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

ME:		
n Day (d/m/yy):// 20 M	□ F □	
VELOPMENT2 Inquiry and observation o	of milestones, listed below in the following order: gro	oss motor, fine motor, communication, cognitiv
ial-emotional. Tasks are set after the time of	typical milestone acquisition. Further assessment of	development is merited by the absence of any
estone, loss of attained milestones or parent ticular milestones may be culturally depend	tal concern. ⁴ Ensure milestones have been achieved ent. NB–Correct for age until 2 yrs if < 37 weeks gest	tor any missed visits. Parental familiarity with ation.
Focuses gaze	○ Cries to express needs	○ No parent/caregiver concerns ²
Startles to loud noise	O Calms when comforted	
DMMENTS		
IYSICAL EXAMINATION2 appropriate age-specific physical examinatio	n is recommended at each visit. Evidence-based scre	ening for specific conditions is highlighted.
Sentinel injuries (bruising, subconjunctival	○ Eyes/Red reflex ²	O Neck/Torticollis ²
hemorrhages, intra-oral) 2	○ Hearing inquiry/screening ²	O Heart/Lungs/Abdomen
Fontanelles ²	O Intact palate (inspection/palpation) ²	O Hips (Ortolani) ²
Skin (jaundice ²)	O Tongue mobility if breastfeeding problems ²	O Muscle tone ²
DMMENTS		
SSESSMENT AND PLANS / CURRENT		a dantal assial datamainanta massimas
j. medical specialist, breastfeeding supports a	and services, dietitian, speech, audiology, PT, OT, eye	s, dental, social determinants resources
VESTIGATIONS / SCREENING2 AND L	IMMUNIZATION ³ Record vaccines administere	nd address hositancy and missing vassings
		ed, address nesitancy and missing vaccines.
Follow-up Hep B vaccine status as indicate	eu-	
MMENTS		
		, , , , , , , , , , , , , , , , , , , ,
GNATURE		DATE OF VISIT / /20

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

NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other 2NOTES 2: Family, Behaviour, Development, P/E, Investigations 3NOTES 3: Immunization 4NOTES 4: ECD Resources System and Table Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.

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NATIONAL GUIDE IIA 2 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20	M F Gestational Age:	
irth Length: cm	Birth Weight: g	
irth Head Circumference: cm		
GROWTH1 use <u>WHO growth charts</u> . Correct age u	ntil 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
_	_	
PARENT / CAREGIVER CONCERNS For 6	each ${f O}$ item discussed below, indicate " ${f \checkmark}$ " for no co	ncerns, or "X" if concerns.
NUTRITION ¹		
O Breastfeeding (exclusive) ¹	○ Formula feeding/preparation ¹ [600–900 mL (20_30 oz)/dav]
O Vitamin D 400 IU/day ¹	• Acholic stools ²	20–30 02)/day]
COMMENTS	S Actions stools	
COMMENTS		
EDUCATION AND ADVICE Repeat discus	sion of items is based on perceived need. Practice i	nclusive, anti-racist, culturally safe care.
Observe, discuss, model, and praise specific p	arenting behaviours and routines that promote ear	y relational health (ERH).
Observe, discuss, model, and praise specific p Injury Prevention ¹	arenting behaviours and routines that promote earl Family functioning & Behaviour issues ²	ly relational health (ERH). Environmental Health ¹
Observe, discuss, model, and praise specific p Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ²	ly relational health (ERH). Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure
Observe, discuss, model, and praise specific p Injury Prevention Motorized vehicle safety/Car seat Safe sleep (position, room sharing,	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ²	y relational health (ERH). Environmental Health ¹ 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure ¹
 Observe, discuss, model, and praise specific p Injury Prevention¹ Motorized vehicle safety/Car seat¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ 	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ²	y relational health (ERH). Environmental Health 2 and hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent 1
Observe, discuss, model, and praise specific p Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ O Poisons/Ingestions ¹ ; PCC# ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty	y relational health (ERH). Environmental Health 2 and hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Other Issues
Observe, discuss, model, and praise specific p Injury Prevention Motorized vehicle safety/Car seat Safe sleep (position, room sharing, avoid bed sharing, crib safety) Poisons/Ingestions Firearm safety	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ²	y relational health (ERH). Environmental Health 2 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake
Observe, discuss, model, and praise specific p Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ O Poisons/Ingestions ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty	y relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride
Observe, discuss, model, and praise specific p Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ O Poisons/Ingestions ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Hot water <49°C/Bath safety ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting	y relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething No OTC cough/cold medicine No OTC cough/cold medicine
Observe, discuss, model, and praise specific p Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ O Poisons/Ingestions ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Hot water <49°C/Bath safety ¹ O Electric plugs/Cords	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories,	Py relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride No OTC cough/cold medicine Complementary/alternative medicine
Observe, discuss, model, and praise specific p Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ O Poisons/Ingestions ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Hot water <49°C/Bath safety ¹ O Electric plugs/Cords	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories,	y relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething No OTC cough/cold medicine No OTC cough/cold medicine
Observe, discuss, model, and praise specific p Injury Prevention ¹ Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Poisons/Ingestions ¹ ; PCC# ¹ Firearm safety ¹ Pacifier use ¹ Hot water <49°C/Bath safety ¹ Electric plugs/Cords Falls (stairs, change table, unstable furniture,	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ²	Py relational health (ERH). Environmental Health 2 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride No OTC cough/cold medicine Complementary/alternative medicine
Observe, discuss, model, and praise specific p Injury Prevention Motorized vehicle safety/Car seat Safe sleep (position, room sharing, avoid bed sharing, crib safety) Poisons/Ingestions1; PCC#1 Firearm safety1 Pacifier use1 Hot water <49°C/Bath safety1 Electric plugs/Cords Falls (stairs, change table, unstable furniture, TV, no walkers)1 Carbon monoxide/Smoke detectors1	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/	y relational health (ERH). Environmental Health 2 and hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride No OTC cough/cold medicine Complementary/alternative medicine
Observe, discuss, model, and praise specific p Injury Prevention Motorized vehicle safety/Car seat Safe sleep (position, room sharing, avoid bed sharing, crib safety) Poisons/Ingestions1; PCC#1 Firearm safety Pacifier use1 Hot water <49°C/Bath safety1 Electric plugs/Cords Falls (stairs, change table, unstable furniture, TV, no walkers)1	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ²	y relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride No OTC cough/cold medicine Complementary/alternative medicine









NATIONAL GUIDE IIA 2 MONTH VISIT

AME:			
rth Day (d/m/yy):// 20 N	1 🗆 F 🗆		
PEVELOPMENT2 Inquiry and observation of	of milestanes listed below in the following of	rdor: gross motor fine motor commun	vication cognitive
ocial-emotional. Tasks are set <u>after</u> the time of	typical milestone acquisition. Further asses	sment of development is merited by th	ne absence of any
nilestone, loss of attained milestones or paren articular milestones may be culturally depend	tal concern. Ensure milestones have been a	achieved for any missed visits. Parental	familiarity with
Lifts head up while lying on tummy	• Smiles responsively	cens gestation.	
Follows movement with eyes	• Can be comforted & calmed by touching	g/rocking	
Turns head towards sounds	○ No parent/caregiver concerns ²	·	
COMMENTS			
HYSICAL EXAMINATION ²			
n appropriate age-specific physical examinati	ion is recommended at each visit. Evidence-	based screening for specific conditions	is highlighted.
Sentinel injuries (bruising, subconjunctival	○ Eyes/Red reflex ²	O Heart/Lungs/Abdomen	
hemorrhages, intra-oral) ²	• Hearing inquiry/screening ²	O Hips (Ortolani) ²	
Fontanelles ²	O Neck/Torticollis ²	O Muscle tone ²	
Skin (jaundice ²)			
OMMENTS			
SSESSMENT AND PLANS / CURRENT A	AND NEW REFERRALS ⁴		
g. medical specialist, breastfeeding supports		Γ, OT, eyes, dental, social determinants	resources
NVESTIGATIONS / SCREENING ² AND II	MMIINIZATION3 Posord vassinos admi	sistand address besitancy and miss	ing vaccinos 3
IVESTIGATIONS/ SCREENING- AND II	MMONIZATION Record vaccines admi	nstereu, aduress nesitancy and mis	sing vaccines.
OMMENTS			
IGNATURE		DATE OF VISIT/	/20







NATIONAL GUIDE IIB 4 MONTH VISIT

	☐ F ☐ Gestational Age:	Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
irth Length: cm Bi	rth Weight: g	
GROWTH 1 use <u>WHO growth charts</u> . Correct ago	e until 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For ea	ch ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.
NUTRITION ¹ O Breastfeeding (exclusive) ¹ O Vitamin D 400 IU/day ¹	○ Formula feeding/preparation ¹ [750–1080 mL (25–36 oz)/day] phasis on iron containing and allergenic foods ¹
EDUCATION AND ADVICE Repeat discussi Observe, discuss, model, and praise specific par	on of items is based on perceived need. Practice inc enting behaviours and routines that promote early	clusive, anti-racist, culturally safe care. relational health (ERH).
EDUCATION AND ADVICE Repeat discussi Observe, discuss, model, and praise specific par Injury Prevention ¹ Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Poisons/Ingestions ¹ ; PCC# ¹ Firearm safety ¹ Pacifier use ¹ Hot water <49°C/Bath safety ¹ Electric plugs/Cords Falls (stairs, change table, unstable furniture/TV, no walkers) ¹ Carbon monoxide/Smoke detectors ¹ Choking/Safe toys ¹	on of items is based on perceived need. Practice incenting behaviours and routines that promote early Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ² Child care ² /Return to work Assess home visit need ²	clusive, anti-racist, culturally safe care. relational health (ERH). Environmental Health¹ 2 2nd hand smoke/E-cigs/Cannabis exposure¹ Pesticide exposure¹ Sun exposure/Sunscreens/Insect repellent¹ Other Issues¹ Supervised tummy time while awake¹ Teething¹/Dental cleaning/Fluoride¹ No OTC cough/cold medicine¹ Complementary/alternative medicine¹ Fever advice/Thermometers¹









NATIONAL GUIDE IIB 4 MONTH VISIT

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

ME:					
h Day (d/m/yy):// 20 M	_ F _				
EVELOPMENT2 Inquiry and observation of ial-emotional. Tasks are set <u>after</u> the time of t estone, loss of attained milestones or parent ticular milestones may be culturally depende	typical milestone acquisit al concern. 4 Ensure miles	ion. Further assessment tones have been achiev	t of development is merit red for any missed visits.	ted by the abs	ence of any
Lifts head and chest in prone position	<u> </u>			vement/pantin	a/ vocalizina
lolds an object briefly when placed in hand		Responds to people with excitement (leg movement/panting/vocalizingCoos responsively			
Follows a moving toy or person with eyes past r	midline	○ No parent/caregiver concerns ²			
DMMENTS					
HYSICAL EXAMINATION ²					
n appropriate age-specific physical examinatio		n visit. Evidence-based s		ditions is high	lighted.
Sentinel injuries (bruising, subconjunctival	○ Eyes/Red reflex ²		O Neck/Torticollis ²		
hemorrhages, intra-oral) ²	O Hearing inquiry/scree	_	O Hips (limited hip	abd'n)	
Anterior fontanelle ²	O Heart/Lungs/Abdom	nen	O Muscle tone ²		
SSESSMENT AND PLANS / CURRENT Ag. medical specialist, breastfeeding supports and			dental, social determinant	ts resources	
VESTIGATIONS / SCREENING ² AND IN	IMUNIZATION ³ Recor	d vaccines administer	ed, address hesitancy a	ınd missing v	accines. ³
DMMENTS					
SNATURE			DATE OF VISIT	/	/20

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

NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other 2NOTES 2: Family, Behaviour, Development, P/E, Investigations 3NOTES 3: Immunization 4NOTES 4: ECD Resources System and Table Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.

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NATIONAL GUIDE IIC 6 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
	I □ F □ Gestational Age:	
	irth Weight: g	
	iitii weigiit g	
Birth Head Circumference: cm		
GROWTH1 use <u>WHO growth charts</u> . Correct ag	on until 24 26 months if 427 works montation	
Length	Weight (x2 BW)	Head Circ.
Length	weight (x2 bw)	nead Circ.
PARENT / CAREGIVER CONCERNS For ea	ach $oldsymbol{\circ}$ item discussed below, indicate " \checkmark " for no cor	cerns, or "X" if concerns.
NUTRITION ¹		
O Breastfeeding – introduction of solids ¹	O Iron containing foods (meat, wild game,	O Avoid juice and food/beverages high
○ Vitamin D 400 IU/day ¹	fish, legumes, tofu, whole eggs,	in sugar or salt ¹
○ Formula feeding/preparation1	iron-fortified infant cereal) ¹	O Choking/Safe food ¹
[750–1080 mL (25–36 oz)/day]	O Allergenic foods	O No honey ¹
O Fruits, vegetables, and milk products	(especially eggs and peanut products) ¹	O No bottles in bed
(yogurt, cheese)		O Inquire about vegetarian, vegan and other diets 1
COMMENTS		
	ion of items is based on perceived need. Practice in	
	renting behaviours and routines that promote early	
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
O Safe sleep (position, room sharing,	O Crying/Soothability/Colic ²	O Pesticide exposure ¹
avoid bed sharing, crib safety) ¹ O Poisons/Ingestions ¹ ; PCC# ¹	 Parental fatigue/Depression² Family Stress/Inquire re: difficulty 	○ Sun exposure/Sunscreens/Insect repellent ¹
O Firearm safety ¹	making ends meet or food insecurity ²	Other Issues ¹
O Pacifier use ¹	O Parent-infant interaction/	O Supervised tummy time while awake ¹
O Hot water <49°C/Bath safety1	Parenting skills programs ²	O Teething ¹ /Dental cleaning/Fluoride ¹
○ Electric plugs/Cords	O Encourage reading, telling stories,	O No OTC cough/cold medicine ¹
O Falls (stairs, change table, unstable furniture/	singing to/with infant ²	 Complementary/alternative medicine¹ Fever advice/Thermometers¹
TV, no walkers)1	O Family healthy active living/	• Level advice/ Highliometels.
O Carbon monoxide/Smoke detectors ¹	Sedentary behaviour/Screen time ²	
O Choking/Safe toys ¹	○ <i>Child care</i> ² /Return to work	
	O Assess home visit need ²	
COMMENTS		







NATIONAL GUIDE IIC 6 MONTH VISIT

AME:		
irth Day (d/m/yy):/ 20 M	□ F □	
social-emotional. Tasks are set <u>after</u> the time of t milestone, loss of attained milestones or parent.	typical milestone acquisition. Further assessmer	gross motor, fine motor, communication, cognitive, of development is merited by the absence of any eved for any missed visits. Parental familiarity with gestation.
 Rolls from back to side Sits with support with head and neck control Reaches/grasps objects with both hands/ no hand preference 	 No persistent closed/fisted hands Hears sounds & laughs when spoken to 	 Vocalizes pleasure and displeasure with good eye contact No parent/caregiver concerns²
COMMENTS		
PHYSICAL EXAMINATION ² An appropriate age-specific physical examinatio	n is recommended at each visit. Evidence-based	screening for specific conditions is highlighted.
 Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral)² Anterior fontanelle² Eyes/Red reflex² COMMENTS	 Hearing inquiry/screening² Corneal light reflex/ Cover-uncover test & inquiry² Teeth/Caries risk assessment² 	 Heart/Lungs/Abdomen Hips (limited hip abd'n)² Muscle tone²/No head lag/ Developmental reflexes gone²
ASSESSMENT AND PLANS / CURRENT A E.g. medical specialist, breastfeeding supports a	ND NEW REFERRALS4 and services, dietitian, speech, audiology, PT, OT,	eyes, dental, social determinants resources
INVESTIGATIONS / SCREENING2 AND IM	MMUNIZATION3 Record vaccines administe	ered, address hesitancy and missing vaccines. ³
O Anemia/iron deficiency screening (if at risk) ²	O Inquire about risk factors for TB ²	Follow-up Hep B vaccine status as indicated ³
COMMENTS		
SIGNATURE		DATE OF VISIT / /20



Rourke Baby Record: 2024 Evidence-Based Infant/Child Health Maintenance





NATIONAL GUIDE IIIA 9 MONTH VISIT

www.rourkebabyrecord.ca ©2024 Drs. L Rourke, D Leduc at	nd J Rourke. Revised May 18, 2024	ONE VISIT PER TWO PAGES FORMAT (PAGE 1 OF
NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20 M		
	th Weight: g	
Birth Head Circumference: cm	g	
Birti Head Circumierencetin		
GROWTH ¹ use <u>WHO growth charts</u> . Correct age until	24–36 months if < 37 weeks gestation	
Length	Weight	Head Circ.
PARENT / CARECIVER CONCERNS -		W. W. C.
PARENT / CAREGIVER CONCERNS For each	h \odot item discussed below, indicate " \checkmark " for no cond	terns, or "X" if concerns.
NUTRITION ¹		
○ Breastfeeding ¹ /Vitamin D 400 IU/day ¹	Avoid juice and food/beverages high in	O No bottles in bed
O Formula feeding/preparation ¹	sugar or salt 1	O Eats a variety of textures
[720–960 mLs (24–32 oz)/day]	At 9-12 mos, add 3.25% MF cow milk –	O No honey ¹
O Iron containing foods ¹ , Allergenic foods ¹ ,	max 500-720 mLs (16-24 oz)/day	O Independent/self-feeding/Family meals 1
fruits, vegetables	O Choking/Safe foods ¹	O Inquire about vegetarian, vegan and other diets 1
	O Encourage change from bottle to cup	
COMMENTS		
EDUCATION AND ADVICE S		
	n of items is based on perceived need. Practice inc nting behaviours and routines that promote early	
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
○ Safe sleep (position, avoid bed sharing,	O Crying/Soothability ²	O Pesticide exposure ¹
crib safety) ¹	O Parental fatigue/ Depression ²	O Sun exposure/Sunscreens/Insect repellent 1
O Poisons/Ingestions (e.g. safe storage	O Family Stress/Inquire re: difficulty making	Other Issues ¹
of cannabis) ¹ ; PCC# ¹	ends meet or food insecurity ²	O Teething ¹ /Dental cleaning/Fluoride/
O Firearm safety ¹	O Parent-infant interaction/	Dentist ¹
O Pacifier use ¹	Parenting skills programs ²	○ No OTC cough/cold medicine ¹
O Bath safety ¹ /Burns ¹	O Encourage reading, telling stories,	○ Complementary/alternative medicine ¹
O Carbon monoxide/ <i>Smoke detectors</i> ¹	singing to/with child ² O Family healthy active living/	O Fever advice/Thermometers ¹
Childproofing, including:	Sedentary behaviour/Screen time ²	○ Footwear ¹
O Falls (stairs, change table, unstable furniture/	○ Child care ² /Return to work	
TV, no walkers) ¹ O Electric plugs/Cords	O Assess home visit need ²	
O Choking/Safe toys ¹		
COMMENTS		









NATIONAL GUIDE IIIA 9 MONTH VISIT

AME:		_
rth Day (d/m/yy):/ 20 M	_ F _	
ocial-emotional. Tasks are set <u>after</u> the time of	typical milestone acquisition. Further assessm al concern. 4 Ensure milestones have been ach	er: gross motor, fine motor, communication, cognitive, ent of development is merited by the absence of any ieved for any missed visits. Parental familiarity with is gestation.
O Stands with support when helped into standing position O Sits without support O Uses both hands/no hand preference O Uses fingers to "rake" food toward self	 Babbles repeated consonant sounds (e.g. babababa) Looks for an object seen hidden Plays social games with you (e.g. nose touching, peek-a-boo) 	 Responds differently to different people Shows distress when separated from parent/caregiver No parent/caregiver concerns²
PHYSICAL EXAMINATION2 An appropriate age-specific physical examinatio	on is recommended at each visit. Evidence-base	ed screening for specific conditions is highlighted.
D Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral) ² D Anterior fontanelle ² D Eyes/Red reflex ²	 Hearing inquiry/screening² Corneal light reflex/ Cover-uncover test & inquiry² Teeth/Caries risk assessment² 	 Heart/Lungs/Abdomen Hips (limited hip abd'n)² Muscle tone²
ASSESSMENT AND PLANS / CURRENT A	ND NEW DEFENDALSA	
g. medical specialist, breastfeeding supports a		T, eyes, dental, social determinants resources
		tered, address hesitancy and missing vaccines. ³
O If HBsAg positive mother check HBV antiboo O Blood lead if at risk ¹ COMMENTS	dies and HBsAg ³ (at 9 or 12 months)	○ Anemia/iron deficiency screening (If at risk) ²
IGNATURE		DATE OF VISIT / /20







NATIONAL GUIDE IIIB 12-13 MONTH VISIT ONE VISIT PER TWO PAGES FORMAT (PAGE 1 OF 2)

NAME:		Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
	I □ F □ Gestational Age:		
	irth Weight: g		
Birth Head Circumference: cm	<u> </u>		
circumcienceem			
GROWTH ¹ use <u>WHO growth charts</u> . Correct age un	til 24_36 months if < 37 weeks destation		
Length	Weight (x3 BW)	Head Circ. (avg 47 cm)	
Length	weight (x3 bw)	riead Circ. (avg 47 Ciii)	
PARENT / CAREGIVER CONCERNS For each	ch ○ item discussed below, indicate "✓" for no concerns	or "X" if concerns.	
NUTRITION1			
O Breastfeeding ¹ /Vitamin D 400 IU/day ¹	Q No bottles in bed		
O 3.25% MF cow milk – max 500-600 mLs (16-2	20 oz)/day ¹ • Independent/self-	feeding/Family meals1	
O Avoid juice and food/beverages high in s	·	vith a variety of textures.	
○ Choking/Safe foods ¹	O Inquire about vego	etarian, vegan and other die	_{2ts} 1
O Promote open cup instead of bottle			
COMMENTS			
	ion of items is based on perceived need. Practice i		ly safe care.
	renting behaviours and routines that promote ear		
Injury Prevention ¹	Family functioning & Behaviour issues ²		
O Motorized vehicle safety/Car seat ¹	 Healthy sleep habits²/Night waking² Crying/Soothability² 		-cigs/Cannabis exposure ¹
O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹	O Parental fatigue/Depression ²	Pesticide exposureSun exposure/Sunsci	
O Firearm safety ¹	O Family Stress/Inquire re: difficulty making		reens/insect repellent
O Pacifier use 1	ends meet or food insecurity ²	Other issues	
O Bath safety ¹ /Burns ¹	O Parent-infant interaction/	O Teething ¹ /Dental clo	eaning/Fluoride/
O Carbon monoxide/Smoke detectors ¹	Parenting skills programs ²	Dentist ¹	
Childproofing, including:	O Encourage reading, telling stories,	O No OTC cough/cold	
• Falls (stairs, change table, unstable furniture/	singing to/with child ²	Complementary/alterFever advice/Thermo	
TV, no walkers) ¹	O Family healthy active living/	O Footwear ¹	mercis.
Electric plugs/Cords	Sedentary behaviour/Screen time ²	→ i ootwear	
O Choking/Safe toys ¹	○ <i>Child care</i> ² /Return to work		
	O Assess home visit need ²		
COMMENTS			









NATIONAL GUIDE IIIB 12-13 MONTH VISIT

O Crawls or 'bum' shuffles O Uses both hands equally O Uses fingers to rake food with thumb against side of curled index finger O Babbles a series of different sounds and occasional words O Responds to own name OMMENTS HYSICAL EXAMINATION2 In appropriate age-specific physical examination is recommended at each visit. Evidence-based	nt of development is merited by the absence of any eved for any missed visits. Parental familiarity with gestation. ple requests, (e.g. "Where is the ball?") estures with eye contact to get attention e to jointly reference an object caregiver and has stranger anxiety iver concerns ² d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
cial-emotional. Tasks are set after the time of typical milestone acquisition. Further assessmer lestone, loss of attained milestones or parental concern. Ensure milestones have been achie rticular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks. Pulls to stand/walks holding on	nt of development is merited by the absence of any eved for any missed visits. Parental familiarity with gestation. ple requests, (e.g. "Where is the ball?") estures with eye contact to get attention e to jointly reference an object caregiver and has stranger anxiety iver concerns ² d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
Pulls to stand/walks holding on Crawls or 'bum' shuffles Uses both hands equally Uses fingers to rake food with thumb against side of curled index finger Babbles a series of different sounds and occasional words Responds to own name DMMENTS HYSICAL EXAMINATION2 Lappropriate age-specific physical examination is recommended at each visit. Evidence-based	estures with eye contact to get attention e to jointly reference an object caregiver and has stranger anxiety ever concerns ² d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
Crawls or 'bum' shuffles Uses both hands equally Uses fingers to rake food with thumb against side of curled index finger Babbles a series of different sounds and occasional words Responds to own name OMMENTS HYSICAL EXAMINATION2 Tappropriate age-specific physical examination is recommended at each visit. Evidence-based	estures with eye contact to get attention e to jointly reference an object caregiver and has stranger anxiety ever concerns ² d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
Uses both hands equally Uses fingers to rake food with thumb against side of curled index finger Babbles a series of different sounds and occasional words Responds to own name OMMENTS HYSICAL EXAMINATION2 appropriate age-specific physical examination is recommended at each visit. Evidence-based	e to jointly reference an object caregiver and has stranger anxiety over concerns ² d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
Uses fingers to rake food with thumb against side of curled index finger Babbles a series of different sounds and occasional words Responds to own name MMENTS AYSICAL EXAMINATION2 appropriate age-specific physical examination is recommended at each visit. Evidence-based	d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
Babbles a series of different sounds and occasional words Responds to own name MMENTS HYSICAL EXAMINATION2 appropriate age-specific physical examination is recommended at each visit. Evidence-based	d screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
Responds to own name MMENTS HYSICAL EXAMINATION2 appropriate age-specific physical examination is recommended at each visit. Evidence-based	screening for specific conditions is highlighted. O Heart/Lungs/Abdomen O Hips (limited hip abd'n) ²
HYSICAL EXAMINATION2 a appropriate age-specific physical examination is recommended at each visit. Evidence-based	Heart/Lungs/AbdomenHips (limited hip abd'n)²
HYSICAL EXAMINATION2 n appropriate age-specific physical examination is recommended at each visit. Evidence-based	Heart/Lungs/AbdomenHips (limited hip abd'n)²
appropriate age-specific physical examination is recommended at each visit. Evidence-based	 Heart/Lungs/Abdomen Hips (limited hip abd'n)²
	Heart/Lungs/AbdomenHips (limited hip abd'n)²
Anterior fontanelle ² O Corneal light reflex/	O Hips (limited hip abd'n) ²
Eyes/Red reflex ² Cover-uncover test & inquiry ²	
Hearing inquiry/screening ² • Cover-uncover test a inquiry- Hearing inquiry/screening ² • Tonsil size/Sleep-disordered breathing ²	• () Muscle tone4
• Teeth/Caries risk assessment ²	• Muscle tone
DMMENTS	
SSESSMENT AND PLANS / CURRENT AND NEW REFERRALS4 g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT,	, eyes, dental, social determinants resources
VESTIGATIONS / SCREENING ² AND IMMUNIZATION ³ Record vaccines administe	<u> </u>
If HBsAg positive mother check HBV antibodies and HBsAg ³ (at 9 or 12 months) Blood lead if at risk ¹ MMENTS	○ Anemia/iron deficiency screening (If at risk) ²
GNATURE	DATE OF VISIT/ /20







NATIONAL GUIDE IIIC 15 MONTH VISIT

		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
	☐ F ☐ Gestational Age:	
	:h Weight: g	
Birth Head Circumference: cm		
CDOWTHI WILL IN CO.		
GROWTH ¹ use <u>WHO growth charts</u> . Correct age		lu te:
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For each	:h $oldsymbol{\bigcirc}$ item discussed below, indicate " \checkmark " for no col	ncerns, or "X" if concerns.
NUTRITION ¹		
O Breastfeeding ¹ /Vitamin D 400 IU/day ¹	O Promote open cup	instead of bottle
3.25% MF cow milk – max 500-600 mLs (16-2	•	_
O Avoid juice and food/beverages high in su	-	eeding/Family meals ¹
O Choking/Safe foods ¹	O Inquire about vege	tarian, vegan and other diets 1
COMMENTS		
EDUCATION AND ADVICE 2		
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific pare	on of items is based on perceived need. Practice ir enting behaviours and routines that promote earl	oclusive, anti-racist, culturally safe care. y relational health (ERH).
Observe, discuss, model, and praise specific pare	enting behaviours and routines that promote earl	iclusive, anti-racist, culturally safe care. y relational health (ERH). Environmental Health ¹
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific pare Injury Prevention Motorized vehicle safety/Car seat Motorized vehicle safety/Car seat	on of items is based on perceived need. Practice in the promote early behaviours and routines that promote early functioning & Behaviour issues? • Healthy sleep habits²/Night waking²	y relational health (ERH). Environmental Health ¹
Observe, discuss, model, and praise specific pare Injury Prevention ¹	enting behaviours and routines that promote earl Family functioning & Behaviour issues ²	y relational health (ERH). Environmental Health ¹
Observe, discuss, model, and praise specific pare Injury Prevention O Motorized vehicle safety/Car seat 1	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ²	y relational health (ERH). Environmental Health ¹ O 2nd hand smoke/E-cigs/Cannabis exposure
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making	v relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent
Observe, discuss, model, and praise specific pare Injury Prevention O Motorized vehicle safety/Car seat O Poisons/Ingestions (e.g. safe storage of cannabis) Firearm safety O Pacifier use O Pacifier use	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ²	relational health (ERH). Environmental Health 2 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues The inverse of the supposure of the supposu
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Bath safety ¹ /Burns ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/	y relational health (ERH). Environmental Health¹ ○ 2nd hand smoke/E-cigs/Cannabis exposure³ ○ Pesticide exposure¹ ○ Sun exposure/Sunscreens/Insect repellent¹
Observe, discuss, model, and praise specific pare Injury Prevention O Motorized vehicle safety/Car seat O Poisons/Ingestions (e.g. safe storage of cannabis) Firearm safety O Pacifier use O Pacifier use	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ²	v relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Teething 1/Dental cleaning/Fluoride/
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Bath safety ¹ /Burns ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parenting skills programs ² Encourage reading, telling stories,	v relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Teething 1/Dental cleaning/Fluoride/ Dentist Dentist
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Bath safety ¹ /Burns ¹ O Carbon monoxide/Smoke detectors ¹ Childproofing, including: O Falls (stairs, change table, unstable furniture/	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child ²	v relational health (ERH). Environmental Health ¹ 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure ¹ Sun exposure/Sunscreens/Insect repellent ¹ Other Issues ¹ Teething ¹ /Dental cleaning/Fluoride/ Dentist ¹ No OTC cough/cold medicine ¹
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Bath safety ¹ /Burns ¹ O Carbon monoxide/Smoke detectors ¹ Childproofing, including: O Falls (stairs, change table, unstable furniture/ TV, no walkers) ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child ² Family healthy active living/Sedentary	Prelational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Teething 1/Dental cleaning/Fluoride/ Dentist No OTC cough/cold medicine Complementary/alternative medicine
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Bath safety ¹ /Burns ¹ O Carbon monoxide/Smoke detectors ¹ Childproofing, including: O Falls (stairs, change table, unstable furniture/	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child ² Family healthy active living/Sedentary behaviour/Screen time ²	Prelational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Teething Dentist No OTC cough/cold medicine Complementary/alternative medicine Fever advice/Thermometers
Observe, discuss, model, and praise specific pare Injury Prevention ¹ O Motorized vehicle safety/Car seat ¹ O Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹ O Pacifier use ¹ O Bath safety ¹ /Burns ¹ O Carbon monoxide/Smoke detectors ¹ Childproofing, including: O Falls (stairs, change table, unstable furniture/ TV, no walkers) ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child ² Family healthy active living/Sedentary behaviour/Screen time ² Child care ² /Return to work	Prelational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Teething Dentist No OTC cough/cold medicine Complementary/alternative medicine Fever advice/Thermometers
Observe, discuss, model, and praise specific pare Injury Prevention ¹ Motorized vehicle safety/Car seat ¹ Poisons/Ingestions (e.g. safe storage of cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Pacifier use ¹ Bath safety ¹ /Burns ¹ Carbon monoxide/Smoke detectors ¹ Childproofing, including: Falls (stairs, change table, unstable furniture/ TV, no walkers) ¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child ² Family healthy active living/Sedentary behaviour/Screen time ²	Prelational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Teething Dentist No OTC cough/cold medicine Complementary/alternative medicine Fever advice/Thermometers









NATIONAL GUIDE IIIC 15 MONTH VISIT

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

IAME:				
irth Day (d/m/yy):// 20_	M 🗆 F 🗆			
DEVELOPMENT² Inquiry and obsocial-emotional. Tasks are set <u>after</u> the milestone, loss of attained milestone particular milestones may be culturated.	the time of typical milestone acques or parental concern. 4 Ensure m	uisition. Further assessment c nilestones have been achieve	of development is merite d for any missed visits. Pa	d by the absence of any
 Stands up alone Walks sideways holding onto furnit Crawls up a few stairs/steps Uses mature pincer grasp with pads COMMENTS		Turns pages in a boaSays 5 or more wordsShows fear of strangNo parent/caregiver	(words do not have to be cle e people/places	ar)
PHYSICAL EXAMINATION ² An appropriate age-specific physical	examination is recommended at	t each visit. Evidence-based s	creening for specific con	ditions is hiahliahted.
 Anterior fontanelle² Eyes/Red reflex² Hearing inquiry/screening² 	○ Corneal light re Cover-uncover	flex/ test & inquiry ² p-disordered breathing ²	O Heart/Lungs/Abdo O Hips (limited hip a	omen
COMMENTS				
ASSESSMENT AND PLANS / CU			es, dental, social determ	inants resources
INVESTIGATIONS / SCREENING	5 ² AND IMMUNIZATION ³ Re	ecord vaccines administered	d, address hesitancy an	d missing vaccines. ³
Anemia/iron deficiency screening (If a COMMENTS	at risk) ² O Blood lead if at ris	_k 1		
SIGNATURE			DATE OF VISIT	/ /20

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

¹NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other ²NOTES 2: Family, Behaviour, Development, P/E, Investigations ³NOTES 3: Immunization ⁴NOTES 4: ECD Resources System and Table **Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only**.

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NATIONAL GUIDE IVA 18 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20 M	□ F □	
Gestational Age:		
GROWTH ¹ use <u>WHO growth charts</u> . Correct age unti	l 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For each	n ○ item discussed below, indicate "✓" for no concerns, o	r "X" if concerns.
NUTRITION1		
○ Breastfeeding ¹ /Vitamin D 400 IU/day ¹	O Avoid juice and food/beverages high	O Independent/self-feeding/Family meals 1
O 3.25% MF cow milk – max 500-600 mLs	in sugar or salt ¹	O Inquire about vegetarian, vegan and
(16-20 oz)/day ¹	O No bottles	other diets ¹
COMMENTS		
COMMENTS		
EDUCATION AND ADVICE Repeat discussion	on of items is based on perceived need. Practice inc	lusive, anti-racist, culturally safe care.
	enting behaviours and routines that promote early	
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat	○ Healthy sleep habits ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
(child/booster) ¹	O Parental fatigue/ Depression ²	O Pesticide exposure ¹
O Poisons/Ingestions (e.g. cannabis) ¹ ;	O Family Stress/Inquire re: difficulty making	O Sun exposure/Sunscreens/Insect repellent ¹
PCC#1 O Bath safety 1/Burns 1	ends meet or food insecurity ² O Parent-child interaction/Parenting	Other Issues ¹
O Choking/Safe toys ¹	skills programs ²	O Dental care/Dentist ¹
O Wean from pacifier 1	O Encourage reading, telling stories,	O Toilet learning ²
• Falls (stairs, change table, unstable furniture/TV)1	singing to/with child ²	
, , , , , , , , , , , , , , , , , , ,	Family healthy active living/Sedentary	
	behaviour/Screen time ²	
	O Socializing/Peer play opportunities	
COMMENTS		









NATIONAL GUIDE IVA 18 MONTH VISIT

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

IAME:		
rirth Day (d/m/yy):// 20 /	M 🗆 F 🗆	
DEVELOPMENTS:		
DEVELOPMEN I 4 Inquiry and observation a social-emotional Tasks are set after the time of	of milestones, listed below in the following order: gros of typical milestone acquisition. Further assessment of	ss motor, fine motor, communication, cognitive development is merited by the absence of any
milestone, loss of attained milestones or parer	ntal concern. 4 Ensure milestones have been achieved	for any missed visits. Parental familiarity with
particular milestones may be culturally depen	dent. NB–Correct for age until 2 yrs if < 37 weeks gesta	ation.
O Walks alone	O Produces 4 consonants, (e.g. B D G H N W)	O Interested in other children
Feeds self with fingers/tries to use spoon	O Tries to get your attention to show you something	
Points to several different body parts	○ Turns/responds when name is called	• Child's behaviour is usually manageable
Follows 1 step directions	O Points to what he/she wants with alternating	○ Comes for comfort when distressed
Removes hat/socks without help	gaze with parent/caregiver	○ No parent/caregiver concerns ²
Says 10 or more words (words do not have to be cle	ear)	
COMMENTS		
PHYSICAL EXAMINATION2 In appropriate age-specific physical examinat	ion is recommended at each visit. Evidence-based scre	ening for specific conditions is highlighted.
Anterior fontanelle closed ²	○ Corneal light reflex/	O Tonsil size/Sleep-disordered breathing ²
Eyes/Red reflex ²	Cover-uncover test & inquiry ²	O Heart/Lungs/Abdomen
Hearing inquiry	○ Teeth/Caries Risk ²	
OMMENTS		
ACCECCAMENT AND DI ANG / CURRENT	AND NEW DEFENDAL CA	
ASSESSMENT AND PLANS / CURRENT	AND NEW REFERRALS* nd services, dietitian, speech, audiology, PT, OT, eyes, den	ntal social determinants resources
g. Medical specialist, preastreeding supports al	na services, aletitiari, speecri, addiology, 1-1, 01, eyes, deri	ital, social determinants resources
NVESTIGATIONS / SCREENING2 AND I	IMMUNIZATION ³ Record vaccines administered,	address hesitancy and missing vaccines.
Anemia/iron deficiency screening (If at risk) ²	○ Blood lead if at risk ¹	dual ess hesicality and missing vaccines.
, s	Jooda leda II at risk -	
OMMENTS		
SIGNATURE		DATE OF VISIT / /20

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









NATIONAL GUIDE IVB 2 YEAR VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20 M		
Gestational Age:		
destationar/ige		
GROWTH ¹ use <u>WHO growth charts</u> . Correct age	suntil 21_36 months if < 37 weeks destation	
Height Weight	Head Circ. (if prior	abN) BMI
_	·	
PARENT / CAREGIVER CONCERNS For each	th \odot item discussed below, indicate " \checkmark " for no	o concerns, or "X" if concerns.
NUTRITION ¹		
○ Breastfeeding ¹ /Vitamin D 400 IU/day ¹	O Choose healthy fats/Limit highly proces	•
O Cow's milk or unsweetened fortified	foods and foods/beverages with saturat	
soy beverage – max 500-600 mLs	fats, added sugars and salt.1	other diets ¹
(16-20 oz)/day ¹		
COMMENTS		
EDUCATION AND ADVICE Repeat discussion	C1	
	on of items is based on perceived need. Practil	ce inclusive, anti-racist, culturally safe care.
	enting behaviours and routines that promote	early relational health (ERH).
Injury Prevention ¹	enting behaviours and routines that promote Family functioning & Behaviour issue	early relational health (ERH). es ² Environmental Health ¹
Injury Prevention ¹ O Motorized vehicle safety/	enting behaviours and routines that promote Family functioning & Behaviour issue O Healthy sleep habits ²	early relational health (ERH). Environmental Health 2 2nd hand smoke/E-cigs/Cannabis exposure 1
Injury Prevention ¹ O Motorized vehicle safety/ Car seat (child/booster) ¹	Family functioning & Behaviour issue O Healthy sleep habits ² O Parental fatigue/Depression ²	early relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure 1
Injury Prevention ¹ O Motorized vehicle safety/ Car seat (child/booster) ¹ O Bike helmets ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent
Injury Prevention ¹ O Motorized vehicle safety/ Car seat (child/booster) ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty	early relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Other Issues
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ²	early relational health (ERH). Es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist O Complementary/alternative medicine
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Water safety ¹ Carbon monoxide/smoke detectors ¹ / Burns ¹ /Matches	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child. ²	early relational health (ERH). Es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Water safety ¹ Carbon monoxide/smoke detectors ¹ / Burns ¹ /Matches Falls (stairs, unstable furniture/TV,	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child. ² Family healthy active living/	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist O Complementary/alternative medicine No OTC cough/cold medicine
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Water safety ¹ Carbon monoxide/smoke detectors ¹ / Burns ¹ /Matches Falls (stairs, unstable furniture/TV, trampolines) ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child. ² Family healthy active living/ Sedentary behaviour/Screen time ²	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist O Complementary/alternative medicine No OTC cough/cold medicine
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Water safety ¹ Carbon monoxide/smoke detectors ¹ / Burns ¹ /Matches Falls (stairs, unstable furniture/TV,	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child. ² Family healthy active living/ Sedentary behaviour/Screen time ² Socializing/Peer play opportunities	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist O Complementary/alternative medicine O No OTC cough/cold medicine
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Water safety ¹ Carbon monoxide/smoke detectors ¹ / Burns ¹ /Matches Falls (stairs, unstable furniture/TV, trampolines) ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child. ² Family healthy active living/ Sedentary behaviour/Screen time ² Socializing/Peer play opportunities Assess child care/Preschool needs/	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist O Complementary/alternative medicine O No OTC cough/cold medicine
Injury Prevention ¹ Motorized vehicle safety/ Car seat (child/booster) ¹ Bike helmets ¹ Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹ Firearm safety ¹ Water safety ¹ Carbon monoxide/smoke detectors ¹ / Burns ¹ /Matches Falls (stairs, unstable furniture/TV, trampolines) ¹	Family functioning & Behaviour issue Healthy sleep habits ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-child interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with child. ² Family healthy active living/ Sedentary behaviour/Screen time ² Socializing/Peer play opportunities	early relational health (ERH). es2 Environmental Health O 2nd hand smoke/E-cigs/Cannabis exposure O Pesticide exposure O Sun exposure/Sunscreens/Insect repellent Other Issues O Dental cleaning/Fluoride/Dentist O Complementary/alternative medicine O No OTC cough/cold medicine







NATIONAL GUIDE IVB

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

ME:		
h Day (d/m/yy):// 20	M 🗆 F 🗆	
EVELOPMENT2 Inquiry and observation	n of milestones, listed below in the following order: gro	ass motor, fine motor, communication, cognitive
cial-emotional. Tasks are set <u>after</u> the time	of typical milestone acquisition. Further assessment of	f development is merited by the absence of any
lestone, loss of attained milestones or pare rticular milestones may be culturally depe	ental concern. ⁴ Ensure milestones have been achieved ndent. NB–Correct for age until 2 yrs if < 37 weeks gesi	tor any missed visits. Parental familiarity with tation.
Kicks a large ball	○ Combines 2 or more words	○ Likes to please
Tries to run	O Uses toys for pretend play (e.g. give doll a drink)	O No parent/caregiver concerns ²
Puts objects into small container	• Feeds self using spoon	
DMMENTS		
HYSICAL EXAMINATION ² appropriate age-specific physical examina	ation is recommended at each visit. Evidence-based sc	reening for specific conditions is highlighted.
Eyes/Red reflex/Visual acuity ²	○ Teeth/Caries Risk²	O Hearing inquiry
Corneal light reflex/Cover-uncover test & inquiry ²	○ Tonsil size/Sleep-disordered breathing ²	O Heart/Lungs/Abdomen
DMMENTS		
SSESSMENT AND PLANS / CURRENT g. medical specialist, breastfeeding suppor	Γ AND NEW REFERRALS4 ts and services, dietitian, speech, audiology, PT, OT, eye	es, dental, social determinants resources
VESTIGATIONS / SCREENING ² AND	IMMUNIZATION ³ Record vaccines administered	. address hesitancy and missing vaccines 3
Anemia/iron deficiency screening (If at risk) ² MMENTS	○ Blood lead if at risk ¹	, address hesitancy and missing vaccines.
SNATURE		DATE OF VISIT / /20

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







NATIONAL GUIDE IVC 3 YEAR VISIT

NAME:			Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
	M 🗆 F 🗆		-59	, , , , , , , , , , , , , , , , , , , ,
	IVI I			
Gestational Age:				
GROWTH1 use <u>WHO growth charts</u> . Correct a	ge until 24–36 months if < 3	37 weeks gestation.		
Height Weight		Head Circ. (if prior abN)	BMI	
PARENT / CAREGIVER CONCERNS For a	each O item discussed belo	w, indicate "√" for no conc	erns, or "X" if concerns.	
NUTRITION ¹				
 Breastfeeding¹/Vitamin D 400 IU/day¹ Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day 	foods and foods/be	/Limit highly processed verages with saturated nd salt.1	 Canada's Food Guide Inquire about vegeta other diets¹ 	•
COMMENTS				
EDUCATION AND ADVICE Repeat discus	rion of itoms is based on no	presived pood Practice inc	lucivo anti racist culturali	ly cafa cara
Observe, discuss, model, and praise specific p	arenting behaviours and ro	utines that promote early	relational health (ERH).	ly sale cale.
Injury Prevention ¹	Family functioning	& Behaviour issues ²	Environmental Heal	th ¹
O Motorized vehicle safety/	O Healthy sleep habi			cigs/Cannabis exposure1
Car seat (child/booster) ¹	O Parental fatigue/ De		O Pesticide exposure	•
○ Bike helmets ¹	○ Family Stress/Inqui		O Sun exposure/Sunsci	
O Poisons/Ingestions (e.g. cannabis) ¹ ; PCC	#1 making ends meet	or food insecurity ²	Other Issues ¹	
○ Firearm safety ¹	O Parent-child intera	ction/	O Dental cleaning/Flu	ioride/Dentist1
○ Water safety¹	Parenting skills pro	grams ²	• Complementary/alter	
O Carbon monoxide/smoke detectors 1/	O Encourage reading	, telling stories,	O No OTC cough/cold	
Burns ¹ /Matches	singing to/with chi	ld. ²	O Toilet learning ²	
○ Falls (stairs, unstable furniture/TV,	O Family healthy activ	= '		
trampolines) ¹	behaviour/Screen ti			
O No pacifiers ¹	O Socializing/Peer play			
	• Assess child care/Presc	hool needs/School		
	readiness ²			
COMMENTS				



Rourke Baby Record: 2024 Evidence-Based Infant/Child Health Maintenance







NATIONAL GUIDE IVC

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

IAME:		
irth Day (d/m/yy):// 20 M	_ F _	
DEVELOPMENT2 Inquiry and observation of mile Tasks are set <u>after</u> the time of typical milestone acquis or parental concern. Ensure milestones have been ac NB-Correct for age until 2 yrs if < 37 weeks gestation.	estones, listed below in the following order: gross motor, fir ition. Further assessment of development is merited by the chieved for any missed visits. Parental familiarity with partic	ne motor, communication, cognitive, social-emotional absence of any milestone, loss of attained milestones ular milestones may be culturally dependent.
 Walks up stairs using handrail Twists lids off jars or turns knobs Turns pages one at a time Follows 2 step directions (e.g. "Pick up your shoes and put them in the closet.") COMMENTS 	 Uses sentences with 3 or more words → Plays make-believe games with actions and words → Listens to music or stories for 5–10 minutes → Shares some of the time 	 ○ Starts to say emotions (e.g. happy, sad, mad) ○ No parent/caregiver concerns²
PHYSICAL EXAMINATION2 An appropriate age-specific physical examination O Eyes/Red reflex/Visual acuity ²	n is recommended at each visit. Evidence-based scree O Blood pressure if at risk2	ening for specific conditions is highlighted.
 Corneal light reflex/ Cover-uncover test & inquiry² COMMENTS 	 Teeth/Caries Risk² Tonsil size/Sleep-disordered breathing² 	O Heart/Lungs/Abdomen
ASSESSMENT AND PLANS / CURRENT A E.g. medical specialist, breastfeeding supports a	ND NEW REFERRALS⁴ nd services, dietitian, speech, audiology, PT, OT, eyes	, dental, social determinants resources
INVESTIGATIONS / SCREENING ² AND IM	IMUNIZATION ³ Record vaccines administered,	address hesitancy and missing vaccines. ³
O Anemia/iron deficiency screening (If at risk) ² COMMENTS	○ Blood lead if at risk ¹	
SIGNATURE		DATE OF VISIT/ /20

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

NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other 2NOTES 2: Family, Behaviour, Development, P/E, Investigations 3NOTES 3: Immunization 4NOTES 4: ECD Resources System and Table Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.

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NATIONAL GUIDE IVD 4 YEAR VISIT

NAME:		Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
Birth Day (d/m/yy):// 20 M [
Gestational Age:			
destationar/ige			
GROWTH ¹ use <u>WHO growth charts</u> . Correct age	until 24–36 months if < 37 weeks gestation		
Height	Weight	BMI	
J .	_		
PARENT / CAREGIVER CONCERNS For each	\mathbf{O} item discussed below, indicate " \checkmark " for no con	cerns, or "X" if concerns.	
NUTRITION ¹			
O Cow's milk or unsweetened fortified soy	O Choose healthy fats/Limit highly processed	O Canada's Food Guide	•
beverage – max 500-600 mLs (16-20 oz)/day ¹	foods and foods/beverages with saturated fats, added sugars and salt.1	O Inquire about vegeta other diets1	arian, vegan and
COMMENTS	iats, added sugars and sait.	other diets:	
COMMENTS			
	n of items is based on perceived need. Practice inc		y safe care.
	nting behaviours and routines that promote early		h. 1
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Heal	cigs/Cannabis exposure 1
O Motorized vehicle safety/Car seat (child/booster) ¹	 Healthy sleep habits² Parental fatigue/Depression² 	O Pesticide exposure	•
O Bike helmets ¹	O Family Stress/Inquire re: difficulty	O Sun exposure/Sunsc	
O Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹	making ends meet or food insecurity ²	Other Issues ¹	
○ Firearm safety ¹	O Parent-child interaction/	O Dental cleaning/Flu	ioride/Dentist1
○ Water safety ¹	Parenting skills programs ²	O Complementary/alter	
O Carbon monoxide/smoke detectors ¹ /	O Encourage reading, telling stories,	O No OTC cough/cold	
Burns 1/Matches	singing to/with child. ²	O Toilet learning ²	-
O Falls (stairs, unstable furniture/TV,	O Family healthy active living/Sedentary	3	
trampolines) ¹	behaviour/Screen time ²		
O No pacifiers ¹	Socializing/Peer play opportunities Assess child care/Preschool needs/School		
	readiness ²		
COMMENTS			
			







ИЕ:/ 20/ h Day (d/m/yy):// 20	M \sqcap F \sqcap	_
VELOPMENT2 Inquiry and observation of ks are set <u>after</u> the time of typical milestone ac	f milestones, listed below in the following order: gross n quisition. Further assessment of development is merited	notor, fine motor, communication, cognitive, social-emoti d by the absence of any milestone, loss of attained milest h particular milestones may be culturally dependent.
parental concern. ⁴ Ensure milestones have bee –Correct for age until 2 yrs if < 37 weeks gestati	n achieved for any missed visits. Parental familiarity wit ion.	h particular milestones may be culturally dependent.
Walks up/down stairs alternating feet		• Tries to comfort someone who is upset
Follows 3-part directions (e.g. "Point to your		○ No parent/caregiver concerns ²
Asks and answers lots of questions (e.g. "Wh	nat are you doing?")	
OMMENTS		
HYSICAL EXAMINATION2		
	ation is recommended at each visit. Evidence-base	
Eyes/Red reflex/Visual acuity ² Corneal light reflex/	 Blood pressure if at risk² Teeth/Caries Risk² 	Hearing inquiryHeart/Lungs/Abdomen
Cover-uncover test & inquiry ²	O Tonsil size/Sleep-disordered breathing	
MMENTS	·	
SSESSMENT AND PLANS / CURRENT	T AND NEW REFERRALS4 ts and services, dietitian, speech, audiology, PT, C	T avec dental social determinants resources
. medical specialist, breastieeding suppor	ts and services, dietitian, speech, audiology, P1, C	ri, eyes, dentai, social determinants resources
VESTIGATIONS / SCREENING? AND	IMMUNIZATIONS Possed vessines adminis	towns address basitoners and missing specimes
		tered, address hesitancy and missing vaccines. ³
Anemia/iron deficiency screening (If at risk) ²	○ Blood lead if at risk ¹	
MMENTS		
GNATURE		DATE OF VISIT/ /20







NATIONAL GUIDE IVE

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20 M [
Gestational Age:		
<u></u>		
GROWTH ¹ use <u>WHO growth charts</u> . Correct age	until 24–36 months if < 37 weeks gestation	
Height	Weight	BMI
neight	Weight	Divi
PARENT / CAREGIVER CONCERNS For each	O item discussed below, indicate "✓" for no concerns, o	r "X" if concerns.
NUTRITION ¹		
O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day ¹	 Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt.1 	 Canada's Food Guide/Family meals¹ Inquire about vegetarian, vegan and other diets¹
COMMENTS		
EDUCATION AND ADVICE Repeat discussion	n of items is based on perceived need. Practice inc	lusive, anti-racist, culturally safe care.
	nting behaviours and routines that promote early	
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/	O Healthy sleep habits ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
Car seat (child/booster) ¹ O Bike helmets ¹	O Parental fatigue/ Depression²	O Pesticide exposure ¹
O Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹	O Family Stress/Inquire re: difficulty making ends meet or food insecurity ²	O Sun exposure/Sunscreens/ Insect repellent ¹
O Firearm safety1	O Parent-child interaction/	·
O Water safety 1	Parenting skills programs ²	Other Issues ¹
O Carbon monoxide/smoke detectors 1/	O Encourage reading, telling stories,	 Dental cleaning/Fluoride/Dentist¹ Complementary/alternative medicine¹
Burns 1/Matches	singing to/with child. ²	O No OTC cough/cold medicine ¹
○ Falls (stairs, unstable furniture/TV,	Identify risk for reading difficulties.2	O Toilet learning ²
trampolines) 1	O Family healthy active living/Sedentary	555g
O No pacifiers ¹	behaviour/Screen time ²	
	O Socializing/Peer play opportunities	
	O Assess child care/Preschool needs/ School readiness ²	
COMMENTS	ochool reduiness∸	
CONTINIENTS		









NATIONAL GUIDE IVE

ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2)

ME:		
n Day (d/m/yy):/ 20	$M \; \square \; F \; \square$	
VELOPMENT ² Inquiry and observation of	f milestones, listed below in the following order: gross	s motor, fine motor, communication, cognitive.
cial-emotional. Tasks are set <u>after</u> the time	of typical milestone acquisition. Further assessment	of development is merited by the absence of ar
lestone, loss of attained milestones or par rticular milestones may be culturally depe	rental concern. ⁴ Ensure milestones have been achieve endent. NB–Correct for age until 2 yrs if < 37 weeks ge	ed for any missed visits. Parental familiarity with estation.
Throws and catches a ball	○ Counts 6 objects to answer	• Cooperates with adult requests
Hops on 1 foot several times	"How many are there?"	most of the time
Cuts with scissors/Good pencil grasp	○ Speaks clearly in adult-like sentences	○ Separates easily from parent/ Caregiver
Dresses and undresses with little help	most of the time	○ Identifies problem & associated feeling
	• Retells the sequence of a story	○ No parent/caregiver concerns ²
OMMENTS		
HYSICAL EXAMINATION ²		
n appropriate age-specific physical examir Eyes/Red reflex/Visual acuity ²	nation is recommended at each visit. Evidence-based	
Corneal light reflex/	 Blood pressure if at risk² Teeth/Caries Risk² 	Hearing inquiryHeart/Lungs/Abdomen
Cover-uncover test & inquiry ²	○ Tonsil size/Sleep-disordered breathing ²	• Heart/Lungs/Abdomen
• •	Tonsii size/sieep-disordered breathing-	
OMMENTS		
SSESSMENT AND PLANS / CURREN	T AND NEW REFERRALS⁴ rts and services, dietitian, speech, audiology, PT, OT, e ^o	ves, dental, social determinants resources
,		
NVESTIGATIONS / SCREENING ² AND	O IMMUNIZATION ³ Record vaccines administere	ed, address hesitancy and missing vaccines. 3
Anemia/iron deficiency screening (If at risk) ² OMMENTS	○ Blood lead if at risk ¹	
GNATURE		DATE OF VISIT / /20

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







NATIONAL NOTES 1A: Growth, Nutrition, **Environmental Health**

GROWTH

- Important: Corrected age should be used up to 24 to 36 months of age for premature infants born at <37 weeks gestation. Discharge planning of the preterm infant (CPS)
- · Measuring growth: The growth of all term infants, both breastfed and non-breastfed, and preschoolers should be evaluated using the 2014 Canadian growth charts based on the WHO Child Growth Standards (birth to 5 years) For birth to 2 years, evaluation includes measurement of recumbent length, weight-for-length assessments and head circumference. For ages ≥ 2 years, use standing height, weight, and calculation of BMI.
- Time to regain birth wt depends on mode of delivery (C/S vs vaginal) and milk source (breast vs formula). Nomograms exist: e.g. NEWT tool WHO Growth Charts Adapted for Canada with BMI tables and BMI calculator (DC) Growth Monitoring (CTFPHC) Optimal growth monitoring (CPS) Atypical growth (CPS)

NUTRITION

Nutrition for healthy term infants (NHTI): <u>0–6 months</u> <u>6–24 months</u> Nutrition Guidelines (ODPH) NutriSTEP® Dietitians of Canada <u>UnlockFood</u> <u>Nutrition Guidelines (AHS)</u>

• Breastfeeding: Support exclusive breastfeeding 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 is associated with better health outcomes (e.g. fewer gastrointestinal and respiratory illness, lower incidence of SIDS). Maternal support (both antepartum and postpartum) increases breastfeeding and prolongs its duration. Early and frequent parent-infant skin-to-skin contact, rooming in, and banning handouts of free infant formula increase breastfeeding rates.

Breastfeeding Matters (Best Start) Skin-to-skin care (CPS)

- Breastmilk storage: 2019 Nutrition Guidelines (ODPH) page 8
- Ankyloglossia and breastfeeding (CPS)
- Donor human milk considerations (CPS)
- Maternal drugs when breastfeeding: **Drugs and Lactation Database (LactMed®)**
- Weaning: Weaning from breastfeeding (CPS Caring for Kids)
- Vitamin D supplementation of 400 IU/day (800 IU/day in high-risk infants) is recommended for infants/children for as long as they are breastfed. Breastfeeding mothers should consume a daily supplement that contains at least 400-600 IU vitamin D.
- Vitamin D (CPS Caring for Kids)
- Nutrition for Healthy Term Infants (HC)
- Preventing vitamin DD in Indigenous infants/children (CPS) Vit D deficiency (Caring for Kids New to Canada)
- Infant formula: Formulas generally contain iron: 0.4mg-1.3mg/100ml. Discourage the use of homemade infant formulas. Homemade Infant Formula (AHS)
- Infant Formulas (AHS): Ingredients and Indications and Summary Sheet
- Infant Formula: What you need to know (Best Start) Preparation Video and Tip sheets (Best Start)
- Milk consumption in excess of 750ml per day poses a risk for iron deficiency.
- Soy-based formula is not recommended for use in cow milk protein allergy or in preterm infants, and may interfere with absorption of T4 replacement therapy in infants with congenital hypothyroidism. Soy-based formulas (AAP)
- Plant-based beverages are not a nutrition-equivalent replacement for milk, especially for infants/children < 2 yrs due to low protein, energy and nutrient content. If a parent chooses not to provide breastmilk or cow's milk at 9-12 mos, a soy-based formula is recommended until age 2 yrs. Plant-based beverages (AHS): For Providers For Families Nutritional Content (DC Unlockfood)
- · Avoid all sweetened fruit drinks, sports drinks, energy drinks, and soft drinks; restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day. Limit the consumption of prepared food and beverage products that are high in sugar content. Energy and sports drinks (PCH) Juice (DC Unlockfood)

- Uncomplicated GE reflux is frequent, improves with conservative measures, and usually resolves by 1 yr. Avoid medication unless poor growth, respiratory problems or GI bleeding GE Reflux (CPS)
- Introduction to solids: A few weeks before to just after 6 months, guided by infant's readiness (CPS Caring for Kids), start iron containing foods to avoid iron deficiency. A variety of soft texture foods, ranging from purees to finger foods, can be introduced. Practical tips: Baby-led weaning (PCH)
- Allergenic foods: For all infants, including those at high risk for allergies, allergenic foods (especially eggs and age-appropriate forms of peanut products (NIH)) can be introduced with other solids around 6 months, but not before 4 months, as guided by the infant's signs of readiness. Once allergenic solids are introduced, they should be fed at least once a week or a few times a month to maintain tolerance. Timing of introduction (CPS) Allergy check Food Allergy Canada Non-IgE mediated food allergy (CPS)
- Avoid honey until 1 year of age to prevent botulism.
- Promote family meals with independent/self-feeding while offering a variety of healthy foods. NHTI: 6–24 months Canada's Food Guide
- Limit/avoid consuming highly processed foods (CFG) and foods that are high in dietary sodium. Dietary sodium (CPS)
- Choose foods with healthy fats (CFG) and limit foods containing saturated fat.
- Vegetarian/Vegan diets: Children < 2 yrs fed a vegan diet may be at risk for nutrient deficiencies. <u>HealthLinkBC Series</u> – Feeding Babies & Toddlers: <u>Vegetarian</u> <u>Vegan</u>
- Fish consumption: 2 servings/week of low mercury fish: Fish consumption and mercury (HC)
- Dietary fibre and prebiotics (CPS)

ENVIRONMENTAL HEALTH

Healthy Home (HC) Climate Change and Health (CPS) Health and Environment: (CPS) (CPCHE) Air quality and children's health (HC)

- 2nd hand smoke/e-cigs/Cannabis exposure: There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce 2nd hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS, and neuro-behavioural disorders. Offer smoking cessation resources. Educate parents on the health risks and harms associated with e-cigs, and on safe storage.
- Sun exposure/Sunscreens: Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF \geq 30 for those > 6 months of age. Sun safety tips (HC)
- Insect bites/repellents: Prevent insect bites. No DEET in < 6 months; 6–24 months 10% DEET apply max once daily; 2–12 years 10% DEET apply max TID. Insect bites/repellents: (HC) (CPS Caring for Kids)
- Pesticides: Ask about pesticide use and storage at home; avoid exposure. Exposure to pesticides is associated with adverse neurodevelopmental outcomes. Wash all fruits and vegetables that cannot be peeled. Food additives and child health (AAP) Pesticide Exposure in Children (AAP)
- Well water: should be tested regularly for contamination. Health Canada March 2019: Be Well Aware: Test your well water
- Lead: There is no safe level of lead exposure in children. Evidence suggests that low blood lead levels can have adverse health effects on a child's cognitive function. Blood Lead Screening is recommended for children who:
- in the last 6 months lived in a house or apartment built before 1960;
- 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;
- have emigrated or been internationally adopted from a country where population lead levels are higher than in Canada;
- are at risk of lead exposure from water pipes.

Prevention of Childhood Lead Toxicity (AAP) Kids new to Canada (CPS) Low-level lead exposure (CPS) Reduce your exposure to lead (HC)







NATIONAL NOTES 1B: Injury Prevention, Other

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, suffocation, drowning, fire, poisoning, and falls. Unexplained injuries (e.g. fractures, burns), sentinel injuries, or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.

Keep your young children safe (CPS Caring for Kids) Injury deaths in Canada (PHAC) Injury prevention (CPS) Prevention of unintentional childhood injury (AFP)

- · Transportation in motorized vehicles including cars, ATVs, snowmobiles, etc.: Child car seat safety (Transport Canada) Child car safety (Parachute) Preventing ATV injuries (CPS) Snowmobile safety (CPS Caring for Kids)
- Never leave a child unattended in a vehicle. Those < 13 years should sit in the rear seat, away from all airbags.
- Car seats: Install and follow size recommendations as per specific car seat model, and keep in each stage as long as possible, until the weight and height limit of the seat is reached: Infant/toddlers in a rear-facing car seat; Children who weigh at least 10 kg in a forward-facing seat with a harness; Children who weigh at least 18 kg in a booster seat. Then use properly fitted lap and shoulder belt in the rear seat for children taller than 145 cm (4'9") and < 13 years. Replace car seat if in a collision.
- Children and youth younger than 16 years of age should not operate an ATV or a snowmobile, including youth models.
- Bicycle: wear bike helmets and advocate for helmet legislation for all ages. Replace if it has sustained impact or is > 5 years old. Bike Helmets (CPS Caring for Kids) Cycling (Parachute)
- Safe sleeping environment:

2021 Joint statement (CPS/CFSIDS/CICH/HC/PHAC) Reducing sleep-related infant deaths (AAP) Preventing Flat Heads (CPS Caring for Kids)

- Sleep position, bed sharing, and SIDS: Healthy infants should be positioned on their backs on a firm non-inclined sleep surface for every sleep, in a crib, cradle or bassinet that meets Health Canada regulations, is located in parents' room for the first 6 months of life, and is without soft objects, loose bedding, or similar items inside. Counsel parents on the dangers of other contributory risk factors for SIDS such as bed sharing in parents' bed; sleeping on a sofa or cushioned chair or in a car seat or swing; overheating; maternal smoking, 2nd hand smoke, alcohol, or illicit or sedating drug use.
- Positional plagiocephaly: While supine for sleep, the orientation of the infant's head should be varied to prevent positional plagiocephaly. Sleep positioners should not be used. After umbilical cord stump has detached, infants should have supervised tummy time while awake. Positional plagiocephaly (PCH) Therapy effectiveness (PRSJ)
- Swaddling: Proper swaddling of the infant 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. Swaddling is contraindicated once baby shows signs of attempting to roll. Risks and Benefits of Swaddling (AJMCN)
- Pacifier use: Counsel on safe and appropriate use. Pacifiers 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. Pacifiers (HC)
- · Choking: Avoid hard, small, smooth, and gummy foods under 4 years of age. Conforming items like latex balloons can cause choking. Encourage child to remain seated while eating and drinking. Use safe toys that are age appropriate and remove loose/broken parts. Encourage caregivers to learn choking first aid.
- Drowning: Prevention of drowning (AAP) Drowning (Parachute)
- Bath safety: Never leave a young child unsupervised in the bath.
- Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing with self-closing and-latching gates, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.
- Burns: Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C. Be vigilant with hot liquids on counter-tops. **Burns and Scalds (Parachute)**

- Poisoning/Ingestions: Keep medicines, cannabis edibles, cleaners, and other toxic substances locked up and out of child's reach. Ensure safe storage and disposal of button batteries. Use of ipecac is contraindicated in children. Install carbon monoxide detectors. <u>Button batteries (CPS)</u> <u>Cannabis (CPS)</u> 1-844-POISON-X (1-844-764-7669) Poison Centres and Clinical Toxicology Poison prevention (Parachute)
- 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. Trampoline safety (AAP) Falls in children (Parachute) Playgrounds and play spaces (Parachute)
- Firearm safety: Advise on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. Gun safety (CPS Caring for Kids)

OTHER

- Advise parents against using OTC cough/cold medications. Colds in children (CPS Caring for Kids)
- Complementary and alternative medicine (CAM): Questions should be routinely asked about the use of complementary and alternative medicine, therapy, or products, especially for children with chronic conditions. Natural health products (CPS Caring for Kids)
- 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.

Fever and temperature taking (CPS Caring for Kids) Fever in the returning child traveller (CPS)

- Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. Footwear for Children (CPS Caring for kids)
- Oral Health Dental care for children (CDA) Oral health for children (HC)
- Teething: Discomfort can be managed by providing gum massage with a cold facecloth/teething ring and appropriate use of oral analgesics. E.g. acetaminophen (all ages), or ibuprofen if ≥ 6 mos. Anaesthetics/numbing gels and teething necklaces are contraindicated. Benzocaine and MetHb (HC) Homeopathic teething products (FDA)
- Dental Cleaning: As excessive swallowing of toothpaste by young children may result in dental fluorosis, 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). Children 3-6 years of age should be assisted during brushing and only use a small amount (e.g. pea-sized portion) of fluoridated toothpaste twice daily. Caregiver should brush child's teeth until they develop the manual dexterity to do this alone, and should continue to intermittently supervise brushing after children assume independence. Begin flossing daily when teeth touch. Cleaning teeth (CDA)
- Caries risk factors include: child has caries or enamel defects, hygiene or diet is concerning, parent has caries, premature or LBW infant, or no water fluoridation. Canadian Caries Risk Assessment Tool Preventing dental caries in kids < 5 yrs (USPSTF) Early Childhood Caries in Indigenous Communities (CPS)
- To prevent early childhood caries: avoid juices/sweetened liquids and constant sipping of milk or natural juices in both bottle and cup.
- Fluoride varnish should be used for those at caries risk. Consider dietary fluoride supplements only for high risk children who do not have access to systemic community water fluoridation. Fluoride & your child (CDA)
- Consider the first dentist visit by 6 months after eruption of 1st tooth or at age 1 year.







NATIONAL NOTES 2A: Inclusive and Anti-Oppresive Care, Relationships, Parenting, Family **Function and Healty Routines**

INCLUSIVE AND ANTI-OPPRESSIVE CARE

• Racism is a social determinant of health that has profound lifelong effects on children and families.

Racism as a determinant of health and health care (CFP) Impact of Racism (AAP) How Racism can affect child development (Harvard) Antiracism resources for healthcare providers (CPS)

• Cultural humility and safety: Practice cultural humility through reflection of personal biases to deliver patient- and family-centred anti-racist and culturally safe care where patients feel respected and safe.

Our Kids' Health: Cultural chapters

- Indigenous children: Indigenous Child & Youth Health (CPS) Social determinants of health in Aboriginal children in Canada (PCH) COVID-19 (CPS) Many Hands, One Dream (CPS)
- Immigrants/refugees: CPS Caring for kids new to Canada CCIRH-Clinical Guidelines Cross-cultural communication (CPS)
- Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing. Trauma-informed care (AAP) <u>Trauma-informed care in Child health systems (AAP)</u>

RELATIONSHIPS, PARENTING, FAMILY FUNCTION

• Early relational health (ERH): is the emotional connections between children & trusted adults that promote health and development. It leads to positive experiences, can help mitigate negative effects of trauma & adversity, and builds resilience (ability to recover from stressors and negative experiences). Observe, discuss, model, and praise specific parenting behaviours and healthy routines that promote ERH.

From ACES to early relational health: implications for clinical practice (CPS) Mt Sinai NY Parenting Center

- Build on each family's relational strengths and protective factors, reinforce healthy routines, use anticipatory guidance to prepare parents for developmentally normal (and possibly challenging) behaviours, and help modify specific behaviours or skills when needed. Use of any physical punishment including spanking should be discouraged in all ages. Supporting Positive parenting (CPS)
- Family approaches to crying, sleep, and behaviour vary culturally, and navigating points of variance with sensitivity is key to providing culturally safe care.
- Parents of children at risk of, or showing signs of, behavioural or conduct problems may benefit from structured parenting programs which have been shown to increase positive parenting and reduce general behaviour problems. Access community resources to determine the most appropriate and available research-structured programs. <u>Disruptive behaviour (CPS/CACAP)</u> <u>Parenting skills (EECD)</u> e.g. The Incredible Years®, Triple P®, Strongest Families

• Mental health:

- Prevention, recognition, and assessment of mental health problems in children. Promoting optimal mental health outcomes in children and youth (CPS) **Growing Up Great (Ottawa IECMH)**
- Parental depression: Clinicians should have a high awareness of parental depression which is a risk factor for the socio-emotional and cognitive development and safety of children. Depression in pregnant women and mothers (CPS Caring for Kids)
- Children in foster care or newly adopted to Canada may have special needs for health supervision. Health Care for Children in Foster Care (AAP) International Adoption (Kids New to Canada)
- Social determinants of health (SDH): Inquire about impact of poverty (e.g. housing or food insecurity) and offer resources to families with unmet social needs. Canada Benefits Finder Poverty Tool by Region (CEP) Supporting children during COVID (CPS) CLEAR tool kit Social determinants of health (CFPC) Infrastructure to address SDH (PCH) Housing need in Canada (CPS)

• Prevention of child maltreatment:

- Unexplained injuries (e.g. fractures, burns), sentinel injuries, or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.
- Consider more support/resources for:
- i) Parents with low socio-economic or educational status, younger maternal age, single parent family, history of abuse, mental health and/or substance use, unplanned pregnancy;
- ii) Families with intimate partner violence, high conflict relationships, isolation or lacking social connectedness, caregivers who use corporal

punishment; iii) Children with behavioural or mental health conditions, or with

- Discuss with parents of preschoolers teaching names of genitalia, appropriate and inappropriate touch, teaching age-appropriate principles of consent and permission, and normal sexual behaviour for age.
- Exposure to personal violence and other forms of violence has significant impact on physical and emotional well-being of children.
- Assess home visit need: There is good evidence for home visiting by nurses during the perinatal period through infancy for first-time mothers of low socioeconomic status, single parents or teenaged parents to prevent physical abuse and/or neglect.

Child maltreatment prevention (USPSTF) Bruising in suspected maltreatment cases (CPS) Medical Neglect (CPS) INSPIRE: 7 strategies for ending violence against children (WHO) Traumatic Head Injury due to Child Maltreatment (CPS/PHAC) Risk and Protective Factors for Child Maltreatment (CDC) Children with suspected exposure to intimate partner violence (CPS)

• 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. Guide to child-care in Canada (CPS): Well Beings Child care: Making the best choice (CPS Caring for Kids) A parents' guide to quality child care (Childcare Resource and Research Unit)

HEALTHY ROUTINES

• Assess healthy sleep habits: Adequate sleep (quality and quantity for age) is associated with better health outcomes. Recommended sleep duration per 24 hrs – infants 0–3 months: 14-17 hrs; 4–12 mos: 12 – 16 hrs; 1–2 yrs: 11-14 hrs; 3-5 yrs: 10-13 hrs. Turn off computer/TV screens 60 minutes before bedtime. No computer/TV screens in bedroom.

CSEP Recommended amount of sleep (AASM) Sleeping Behaviour (EECD) Healthy sleep (CPS Caring for Kids)

- 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 have been shown to reduce the prevalence of night waking, especially when this counselling begins in the first 3 weeks of life. Healthy sleep (CPS Caring for
- Infant crying/colic: Excessive crying may be caused by behavioural or physical factors, or be the upper limit of the normal spectrum. Colic: Recurrent and prolonged periods of infant crying, fussing, or irritability onset <5 months old that occur without obvious cause and cannot be prevented or resolved by caregivers. Caregiver frustration with infant crying can lead to child maltreatment/inflicted injury (head injury, fractures, bruising).

The Period of Purple Crying Colic and Crying (CPS Caring for Kids)

- Read, speak, sing: Encourage caregivers to read, speak, tell stories, and sing to/with their infants and children in their language of choice to promote language and early literacy skills, as well as socioemotional and relational development. Children at risk of reading difficulties: history of early speech or language delay, trouble identifying letters of the alphabet, difficulty with letter-sound correspondence or rhyming, family history of reading difficulty or disability. Read, speak, sing: promoting literacy (CPS) Early Literacy resources (CPS) Right to Read (CPS)
- Family healthy active living/sedentary behaviour/screen time: Decrease sedentary pastimes and encourage daily and frequent physical activity, with parents as role models, through interactive floor-based play for infants, and free and unstructured outdoor active play for young children. Counsel on appropriate media use; for children <2 years, screen time (e.g., TV, computer, electronic games) is not recommended except for video-chatting; for children 2-4 years, screen time should be limited to <1 h/day; less is better; educational and prosocial programming is better.

CSEP guidelines Screen time and preschool children (CPS) Healthy devel through outdoor risky play (CPS)

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







NATIONAL NOTES 2B: Development, Physical exam, Investigations/Screening

DEVELOPMENT Correct for age until 2 yrs if <37 weeks gestation.

See Play&Learn for games and activities to promote healthy child development.

Manoeuvres are based on evidence-based literature on milestone acquisition. Milestones for Dev Surveillance (AAP) Devel attainments: First 6 yrs (PCH). They are not a developmental screen, but rather an aid to developmental surveillance. They are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern about development at any stage. Ensure that milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent.

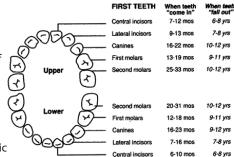
- Genetic and metabolic investigations (CCMG)
- Assessment tools; see Table 4 (CPS)
- Best Start Website contains resources for early child development.
- Identifying and treating speech & language delays (PCH) **Encyclopedia on Early Childhood Development**
- Toilet learning: The process of toilet learning has changed significantly over the years and within different cultures. A child-centred approach is suggested, where the timing and methodology of toilet learning is individualized as much as possible. Toilet Learning (CPS Caring for Kids)
- Autism Spectrum Disorder: Specific screening for ASD at 18-24 months should be performed on all children with any of the following risk factors: failed items on the social/emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician. Increased prevalence for ASD is also associated with prematurity, and certain chromosomal, genetic and neurological disorders. Standardized, evidence-based screening tools for detection of early ASD symptoms should be used as per guidelines. M-CHAT™ ASD (CPS): Early detection Diagnostic assessment Management

PHYSICAL EXAMINATION

- Jaundice: Bilirubin testing (total and conjugated) if persists beyond 2 wks of age. Acholic stools and prolonged jaundice (predominantly conjugated) can be signs of biliary atresia. Neonatal Hyperbilirubinemia Guidelines (CPS) Screening for biliary atresia (CFP)
- · Sentinel injuries (such as bruising, subconjunctival hemorrhages, or intra-oral trauma to the frenulum, lips, oral mucosa, gingiva or tongue) or other unexplained injuries warrant evaluation re: child maltreatment or medical illness.
- Sentinel injuries (Ped Rad) Bruising in suspected maltreatment cases (CPS)
- Blood pressure: Check BP at all visits for those at risk > 3 yrs old. Some risk factors: obesity, sleep-disordered breathing, prematurity, renal disease, congenital heart disease, diabetes, or on medications that increase BP. High blood pressure in children, including definitions: Screening and management of high BP (AAP)
- Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months. The Abnormal fontanel (AAFP)
- Vision inquiry/screening: Vision screening (WHO pocket book)
- 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: Language delay or parental concerns about hearing acuity 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. Hearing assessment beyond neonatal screening (AAP)
- Inspect tongue mobility for ankyloglossia if breastfeeding problems. Ankyloglossia and breastfeeding (CPS)

- Check palate for cleft <u>Cleft lip/palate (AAP)</u>
- Tonsil size/sleep-disordered breathing: Screen for sleep problems. Behavioural sleep problems and snoring in the presence of sleepdisordered breathing warrants assessment re: obstructive sleep apnea (OSA). 2012 AAP OSA Guidelines
- Dental: Examine for problems including caries, oral soft tissue infections or pathology; and for normal teeth eruption sequence. Canadian Caries Risk Assessment Tool
- Check neck for torticollis. Congenital muscular torticollis (Ped)
- · Umbilicus: Gently pat dry and review S&S of infection.

· Hips: There is insufficient evidence to recommend routine diagnostic imaging for screening for developmental dysplasia of the hips, but examination of the hips should be included until at least one year, or until the child can walk. Exam includes assessing limb length discrepancy and asymmetric thigh or buttock (gluteal)



creases; performing the Ortolani manoeuvre for hip instability in the first 3 mos, then testing for limited or asymmetric hip abduction until 12 months. Consider selective imaging between 6 wks and 6 mos for infants with normal hip exam if breech or family history, and for all infants with positive findings on P/E. DDH (AAP)

- Muscle tone/Persistence of developmental (primitive) reflexes: Assessment should be performed for abnormal tone or deep tendon reflexes, or for asymmetric movements (moving one side more than other) as well as for the persistence of developmental reflexes (e.g. Moro, asymmetric tonic neck, palmar grasp) beyond 5-6 months. These may be early signs of cerebral palsy or neuromotor disorder and suggest the need for further assessment. Neonatal brachial plexus palsy (CPS) Childhood Disability LINK: Early detection of CP Prompts for referral
- · Spine/Anus: Examine spine for cutaneous signs of occult spinal dysraphism. Check anal patency. Congenital Brain and Spinal Cord Malformations (AAP)

INVESTIGATIONS/SCREENING

· Anemia/iron deficiency screening: Screening should be considered between 6 and 18 months of age for infants/children at risk due to factors including low birth wt and prematurity; social determinants of health; recently arrived from resource poor countries; or diet (infants/children fed whole cow's milk before 9 months of age or at quantities > 500 mls/day; prolonged bottle feeding beyond 15 months of age; or sub-optimal intake of iron-containing foods). Beyond this age, screening as per additional risk factors.

Iron requirements (CPS)

- Hemoglobinopathy screening: Consider screening neonates from highrisk groups.
- Universal newborn hearing screening (UNHS): Effectively identifies infants with congenital hearing loss and allows for early intervention & improved outcomes. Effectiveness of UNHS (JGH)
- Tuberculosis screening: For up-to-date information, see Canadian TB Standards: 2022







NATIONAL NOTES 3A: Immunization

ROUTINE IMMUNIZATION

- See the Canadian Immunization Guide for recommended immunization schedules for infants, children, youth, and pregnant women 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.
- Immunization pain reduction strategies: During vaccination, pain reduction strategies with good evidence include breastfeeding, use of expressed breast milk or use of sweet-tasting solutions, encouraging parents to hold their child, avoiding aspiration during IM injections, giving the most painful vaccine last, and consideration of topical anaesthetics. Immunization pain management (Immunize CA)
- · Acetaminophen or ibuprofen should not be given prior to, but after vaccination as required. Prophylactic Antipyretic Administration (PLOS ONE)
- · Information for physicians on vaccine safety:
- Vaccine safety: (HC) (Immunize Canada) Canada's vaccine safety program (CPS)
- Autism spectrum disorder: No causal relationship with vaccines (PCH)
- Information for parents on vaccinations can be accessed through:
- ImmunizeCA
- Vaccination and your Child (CPS Caring for Kids)
- Deciding to vaccinate (HC)
- A Parent's Guide to Vaccination (PHAC)
- Vaccine hesitancy was identified by WHO in 2019 as one of the 10 threats to global health. Evidence-based interventions to improve vaccine confidence include non-judgemental parent education and communication (face-to-face, pamphlet, video, apps, texts), anticipatory guidance including prenatally, team-based approaches and tracking/recall systems, and community wide collaborations.
 - Working with vaccine-hesitant parents (CPS)
 - Addressing vaccine hesitancy (CFP)

VACCINE NOTES

See The Canadian Immunization Guide and NACI for current recommendations on individual vaccines. (Adapted from websites of NACI and the Canadian Immunization Guide)

- Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine, and Haemophilus influenzae B (DTaP-IPV-Hib): DTaP-IPV-Hib vaccine may be used for all doses in the vaccination series in children < 2 years of age, and for completion of the series in children < 5 years old who have received ≥ 1 dose of DPT (whole cell) vaccine (e.g. recent immigrants).
- Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine, Haemophilus influenzae B, and Hepatitis B (Hep B) (DTaP-IPV-**Hib-Hep B)** is used for 3 of the 4 initial doses in some jurisdictions with routine infant Hep B vaccination programs.
- Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine (DTaP-IPV) may be used up to age 7 years and for completion of the series in incompletely immunized children 5-7 years old (healthy children ≥5 years of age do not require Hib vaccine).
- Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV) Vaccine, a quadrivalent vaccine containing less pertussis and diphtheria antigen than the preparations given to younger children and less likely to cause local reactions, is used for the preschool booster at 4-6 years of age in some jurisdictions and should be used in all individuals > 7 years of age receiving or completing their primary series.
- Diphtheria, Tetanus, acellular Pertussis vaccine (dTap) is used for booster doses in people ≥ 7 years of age. All adults should receive at least one dose of pertussis containing vaccine (excluding the adolescent booster). Immunization with dTap should be offered to all pregnant women (≥13 weeks of gestation, ideally at 27 – 32 weeks) to provide immediate protection to infants less than 6 months of age.

- Haemophilus influenzae type b conjugate vaccine (Hib): Hib is usually given as a combined vaccine (DTaP-IPV-Hib above). If required and not given in combination, Hib is available as Haemophilus b capsular polysaccharide – PRP conjugated to tetanus toxoid (Act-HIBTM or HiberixTM). The number of doses required depends on the age at vaccination and underlying health status.
- Rotavirus vaccine: Universal rotavirus vaccine is recommended by NACI and CPS. Two oral vaccines are currently authorized for use in Canada: Rotarix (2 doses) and 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.
- · Measles, Mumps and Rubella vaccine (MMR), and MMR-varicella (MMRV): The first dose is given at 12-15 months and a second dose should be given with the 18 month or preschool dose of DTaP-IPV (±Hib) (depending on the provincial/territorial policy), or at any intervening age that is practical but at least 4 weeks after the first if MMR, or 3 months after the first if MMRV. If MMRV is not used, MMR and varicella vaccines should be administered concurrently, at different sites, or separated by at least 4
- 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.

· Hepatitis B vaccine (Hep B):

- Hepatitis B vaccine can be routinely given to infants or preadolescents, depending on the provincial/territorial policy. The first dose can be given at 1 month, or at 2 months of age to fit more conveniently with other routine infant immunization visits. The minimum interval between the first and second dose is 4 weeks; between the second and third dose is 2 months; and between the first and the third dose is 4 months. Alternatively, Hep B can be administered as DTaP-IPV-Hib-HepB vaccine in infants, with the first dose at 2 months of age. A two-dose schedule for adolescents is an option.
- For infants born to a mother with acute or chronic hepatitis B (HBsAgpositive), the first dose of Hep B vaccine should be given at birth (with Hepatitis B immune globulin) and repeat doses of vaccine at 1 and 6 months of age. Premature infants of birthweight less than 2,000 grams, born to HB- infected mothers, require four doses of HB vaccine at 0, 1, 2, and 6 months. The last dose should not be given before 6 months of age. Infants of HBsAg-positive mothers also require Hepatitis B immune globulin at birth and follow-up immune status at 9–12 months for HBV antibodies and HBsAg.
- Recommended Recipients of Hepatitis B Vaccine for Pre-exposure Prevention (NACI Canadian Immunization Guide)

Hepatitis A or A/B combined (HAHB - when Hepatitis B vaccine has not been previously given):

- Children 6 months and older in high-risk groups should receive 2 doses of the hepatitis A vaccine given 6-36 months apart (depending on product used). HAHB is the preferred vaccine for individuals with indications for immunization against both hepatitis A and hepatitis B, who are ≥12 months unless medical condition indicates high dose Hep B vaccine required.
- These vaccines should also be considered when traveling to countries where Hepatitis A or B are endemic.
- Possible HAHB schedules include 12 months to 18 years: 2 doses at months 0 and 6-12; OR 3 doses at months 0, 1, and 6 depending on age and product used.







NATIONAL NOTES 3B: Immunization

VACCINE NOTES CONTINUED

- Pneumococcal vaccine: conjugate (Pneu-C-13) and polysaccharide (Pneu-P-23):
- Recommended schedule, number of doses, and product depend on the age of the child, risk for pneumococcal disease, and when vaccination is begun. Consult NACI guidelines.
- Routine infant immunization: administer three doses of Pneu-C-13 vaccine at minimum 8-week intervals beginning at 2 months of age, followed by a fourth dose at 12 to 15 months of age. For healthy infants, a three-dose schedule may be used, with doses at 2 months, 4 months,
- 12 months of age.
- Children 2 years and above who are at highest risk of invasive pneumococcal disease should receive Pneu-P-23. Consult NACI guidelines for eligibility and dosing schedule.
- Pneu-C-15 or Pneu-C-20 are now available and are being used in some jurisdictions instead of Pneu-C-13. See NACI for details including products, doses, and timing.

Meningococcal vaccine:

- Canadian children should be immunized with a MCV-C at 12 months of age, or earlier depending on provincial/territorial vaccine programs; suggested one dose at 12 months of age.
- MCV-4 (A, C, Y, W) should be given to children two months of age and older who are at increased risk for meningococcal disease or who have been in close contact with a case of invasive meningococcal A,C,Y, or W disease. MCV-4-CRM (MenveoTM) should be used for those less than 2 years old; any MCV-4 may be used for older children.
- A routine booster dose with MCV-4 or MCV-C is recommended at approximately 12 years of age. High risk children require boosters at 5 year intervals.
- MCV-4 should be given to children two months of age and older travelling to areas where meningococcal vaccine is recommended. MCV-4 CRM is recommended for immunization of children 2 months to less than 2 years of age. Any MCV-4 may be used for older children.
- Multi-component meningococcal serogroup B (4CMenB) vaccine should be considered for active immunization of children ≥ 2 months of age who are at high risk of meningococcal disease or who have been in close contact with a case of invasive meningococcal B disease or travelling to an area where risk of transmission of meningococcus B is high. Two to 3 doses are required at 4 or 8 wk intervals depending on age.
- Routine prophylactic administration of acetaminophen after immunization and/or separating 4CMenB vaccination from routine vaccination schedule may be considered for preventing fever in infants and children up to 3 years of age.
- Influenza vaccine: Recommended for all children, particularly those aged 6-59 months and other children at high risk.
- 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. A quadrivalent vaccine should be used if
- For children between 6 and 23 months, the quadrivalent inactivated influenza vaccine (QIV) should be used, and if not available, either unadjuvanted or adjuvanted trivalent inactivated vaccine (TIV).
- Children 2-18 years of age should be given QIV, or quadrivalent live attenuated influenza vaccine (LAIV) if not contraindicated. If a quadrivalent vaccine is not available, TIV should be used. Egg allergy is not a contraindication to vaccination with QIV, TIV, or LAIV.
- Immunize with TIV or QIV in the second or third trimester to provide protection for the pregnant woman and infant <6 months of age.
- LAIV is contraindicated for children i) with immune compromising conditions, ii) with severe asthma (defined as current active wheezing or currently on oral or high-dose inhaled glucocorticosteroids, or medically attended wheezing within the previous 7 days), or iii) on aspirin.

- COVID-19 vaccine: Due to the amount of evolving evidence with rapidly changing recommendations, see NACI and the Canadian Immunization Guide for details on COVID-19 vaccination. COVID-19 vaccine for children and adolescents (CPS)
- Respiratory syncytial virus (RSV) vaccine: Palivizumab (Synagis) prophylaxis during RSV season for children with chronic lung disease, congenital heart disease, or born preterm. A long-acting monoclonal antibody (Nirsevimab) for infants and an RSV vaccine (ABRYSVO) have recently been approved. NACI guidance is pending. See the Canadian Immunization Guide.







NATIONAL NOTES 4: Early Child Development and Parenting Resource System and Local Resources/Referrals Table

Early Child Development and Parenting Resource System

Adapted from the Division of e-Learning Innovation, McMaster University

Office Visit

Health Care Provider completes Rourke Baby Record (RBR) +/- Other developmental surveillance tool or checklist

No developmental concerns identified

Ongoing developmental Surveillance

Parenting/ Community Programs Developmental **Parental** concern concern in one or about development more realms

Entry Point / Universal Services Local 'Hub' Central Intake Website / Contact info Children's Services 0-6 Years

Primary Concern

If more than one domain affected. pediatric developmental assessment indicated Hearing/Speech/ Language

Social/Emotional/ Behavioural/ Mental Health/ Family Issues

Motor Skills

Cognitive/ Self-Help Skills Vision

- Further developmental assessment
- Specialized Medical Services (e.g. Audiology, Otolaryngology)
- Infant Hearing Program
- **Preschool Speech** and Language Program (birth to school entry) or Children's Rehabilitation Services (SLP)
- Services for the Hearing Impaired

- Further developmental assessment
- Pediatrician/ Developmental pediatrician
- Psychologist
- · Infant Development Program
- · Autism Services
- FASD Diagnostic Services and Support
- Children's Mental **Health Services**
- Family support

- developmental assessment and neurological exam
- Pediatrician/ Developmental pediatrician
- Neurologist
- Rehabilitation Services (PT, OT)
- Services for physical and developmental disabilities
- Home and Community Care Services

- developmental assessment
- Pediatrician/ Developmental pediatrician
- Infant Development Program
- Children's Rehabilitation Services
- **Autism Services**
- Services for physical and developmental disabilities
- Specialized child care programming

- developmental assessment
- Optometrist/ Ophthalmologist
- Children's Rehabilitation Services
- Blind Low vision Program
- Services for physical and developmental disabilities

Additional Services

Additional Services and Program Support

- Public Health Dental Services Public Libraries
- Child Care / Schools
 - · Family Resources Programs
- · Community and Recreation Programs · Coordinated Service Planning
- · Child Protection Services · Provincial Funding Programs

cal Resources and Referrals

Local Resources and Referrals					
Service	Contact person	Phone number	Website	Other	