Rourke Baby Record: 2024

O Newborn screening as per province

COMMENTS

**SIGNATURE** 

O Hemoglobinopathy screen (if at risk)<sup>2</sup>







**NATIONAL GUIDE IA: WITHIN ONE WEEK** Evidence-Based Infant/Child Health Maintenance www.rourkebabyrecord.ca ©2024 Drs. L Rourke, D Leduc and J Rourke. Revised May 18, 2024 Pregnancy/Birth remarks/Apgar: Risk factors/Family history: Birth Day (d/m/yy): \_ NAME: / 20 M □ F □ Gestational Age: \_ \_\_\_\_ cm Birth Weight: \_\_\_\_ Birth Head Circumference: cm Discharge Weight: **GROWTH**<sup>1</sup> use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation. Length Head Circ. (avg 35 cm) Weight **PARENT / CAREGIVER CONCERNS** For each ○ item discussed below, indicate "✓" for no concerns, or "X" if concerns. NUTRITION<sup>1</sup> O Urine output and Stool pattern/acholic stools<sup>2</sup> O Breastfeeding (exclusive)<sup>1</sup> ○ Formula feeding/preparation1 O Vitamin D 400 IU/day 1 [avg 150 mL (5 oz)/kg/day] COMMENTS EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH). <u>Injury Prevention</u><sup>1</sup> Family functioning & Behaviour issues<sup>2</sup> Environmental Health 1 O Healthy sleep habits<sup>2</sup>/Night waking<sup>2</sup> O 2nd hand smoke/E-cigs/Cannabis exposure<sup>1</sup> O Motorized vehicle safety/Car seat<sup>1</sup> O Crying/Soothability/Colic<sup>2</sup> O Pesticide exposure<sup>1</sup> O Safe sleep (position, room sharing, avoid bed sharing, crib safety)1 O Parental fatigue/Depression<sup>2</sup> O Sun exposure<sup>1</sup> O Firearm safety<sup>1</sup> O Family Stress/Inquire re: difficulty Other Issues 1 making ends meet or food insecurity<sup>2</sup> O Pacifier use1 O Supervised tummy time while awake<sup>1</sup> O Parent-infant interaction/Parenting • Hot water <49°C/Bath safety1 O No OTC cough/cold medicine<sup>1</sup> • Falls (stairs, change table) skills programs<sup>2</sup> **O** *Inquiry on complementary/alternative* medicine1 Carbon monoxide/Smoke detectors1 O Encourage reading, singing and O Choking/Safe toys1 O Fever advice/Thermometers<sup>1</sup> speaking to infant<sup>2</sup> O High risk infants/Assess home visit need<sup>2</sup> COMMENTS DEVELOPMENT<sup>2</sup> Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional Tasks 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. Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation. O Sequences 2 or more sucks before • Startles to sounds Moves arms and legs O No parent/caregiver concerns<sup>2</sup> • Sucks well on nipple swallowing/breathing COMMENTS PHYSICAL EXAMINATION<sup>2</sup> An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted. O Fontanelles<sup>2</sup> O Intact palate (inspection/palpation)<sup>2</sup> O Testicles/Genitalia ○ Skin (jaundice<sup>2</sup>) O Tongue mobility if breastfeeding problems<sup>2</sup> O Male urinary stream/Foreskin care O Eyes/Red reflex<sup>2</sup> O Spine (dimple/sinus)<sup>2</sup>/Patency of anus<sup>2</sup> O Heart/Lungs O Abdomen/Ūmbilicus<sup>2</sup> • Ears/TMs-Hearing inquiry/screening<sup>2</sup> • Muscle tone/*Developmental reflexes*: O Neck/Torticollis<sup>2</sup> Moro, hand grasp 2 • Femoral pulses O Hips (Ortolani)<sup>2</sup> COMMENTS ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS 4 E.g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources INVESTIGATIONS / SCREENING<sup>2</sup> AND IMMUNIZATION<sup>3</sup> Record vaccines administered, address hesitancy and missing vaccines.<sup>3</sup>

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O Initiate Hep B vaccine series if risk

identified3

DATE OF VISIT

O Universal newborn hearing screening

(UNHS)<sup>2</sup>









## **NATIONAL GUIDE IB: 2 WEEKS**

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NAME:	Birth Day (d/m/yy):// 20	Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
	th Length: cm Birth Weight:		
Birth Head Circumference: cm Dis			
<b>GROWTH1</b> use WHO growth charts. Correct	age until 24–36 months if < 37 weeks gestation.		
Length	Weight (regains BW 1–3 weeks)	Head Circ.	
		«y» : f	
PARENT / CAREGIVER CONCERNS For e	each ○ item discussed below, indicate "✓" for no conc	erns, or "X" if concerns.	
NUTRITION <sup>1</sup>			
O Breastfeeding (exclusive) <sup>1</sup> O Vitamin D 400 IU/day <sup>1</sup>	• Formula feeding/preparation I [avg 150 mL (5 oz)/kg/day]	O Urine output and Sto	ool pattern/acholic stools <sup>2</sup>
COMMENTS			
EDUCATION AND ADVICE Repeat discus specific parenting behaviours and routines th	ssion of items is based on perceived need. Practice includated promote early relational health (ERH).	usive, anti-racist, culturally safe care. Observe	, discuss, model, and praise
Injury Prevention <sup>1</sup>	Family functioning & Behaviour iss	ues <sup>2</sup> Environmental Health <sup>1</sup>	L
Motorized vehicle safety/Car seat <sup>1</sup> Safe sleep (position, room sharing, avoid bed sharing, crib safety) <sup>1</sup> Firearm safety <sup>1</sup> Pacifier use <sup>1</sup> Hot water <49°C/Bath safety <sup>1</sup> Falls (stairs, change table) <sup>1</sup> Carbon monoxide/Smoke detectors <sup>1</sup> Choking/Safe toys <sup>1</sup>	O Healthy sleep habits <sup>2</sup> /Night walk O Crying/Soothability/Colic <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> O Family Stress/Inquire re: difficum aking ends meet or food insection of Parent-infant interaction/Parentskills programs <sup>2</sup> O Encourage reading, singing and speaking to infant <sup>2</sup> O High risk infants/Assess home verification.	cing2  O 2nd hand smoke/E- O Pesticide exposure 1 O Sun exposure 1 Other Issues 1 O Supervised tummy o No OTC cough/colo O Inquiry on compleme medicine 1 O Fever advice/Thermo	cigs/Cannabis exposure <sup>1</sup> time while awake <sup>1</sup> d medicine <sup>1</sup> entary/alternative
COMMENTS			
<b>DEVELOPMENT<sup>2</sup></b> Inquiry and observation Tasks are set <u>after</u> the time of typical milestor parental concern. Ensure milestones have be NB–Correct for age until 2 yrs if < 37 weeks §	n of milestones, listed below in the following order: gro ne acquisition. Further assessment of development is m een achieved for any missed visits. Parental familiarity gestation.	ss motor, fine motor, communication, cogniti terited by the absence of any milestone, loss o with particular milestones may be culturally	ve, social-emotional f attained milestones or dependent.
<ul><li>Moves arms and legs</li><li>Sucks well on nipple</li></ul>	O Sequences 2 or more sucks before swallowing/breathing	O Startles to sounds O No parent/caregiver	concerns <sup>2</sup>
COMMENTS			
PHYSICAL EXAMINATION <sup>2</sup> An appropris	ate age-specific physical examination is recommended a	at each visit. Evidence-based screening for spec	cific conditions is highlighted.
<ul> <li>○ Fontanelles²</li> <li>○ Skin (jaundice²)</li> <li>○ Eyes/Red reflex²</li> <li>○ Ears/TMs-Hearing inquiry/screening²</li> <li>○ Neck/Torticollis²</li> </ul>	O Intact palate (inspection/palpation O Tongue mobility if breastfeeding poor Heart/Lungs O Abdomen/Umbilicus O Femoral pulses O Hips (C	roblems <sup>2</sup>	) <sup>2</sup> /Patency of anus <sup>2</sup>
ASSESSMENT AND PLANS / CURRENT A	AND NEW REFERRALS $^4$ E.g. medical specialist, brea	stfeeding supports and services, dietitian, speed	h, audiology, PT, OT, eyes,
	IMMUNIZATION <sup>3</sup> Record vaccines administered, a		
O Newborn screening as per province O Hemoglobinopathy screen (if at risk		ening O Initiate Hep B vacci identified <sup>3</sup>	ine series if risk
COMMENTS			
SIGNATURE		DATE OF VISIT	/ /20



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

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## **NATIONAL GUIDE IC: 1 MONTH**

02021210.210ana, 22021		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
NAME:		
	cm Birth Weight: g	
Birth Head Circumference: cm	-	
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age until 24		
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✓" for no concerns, or "X" if co	ncerns.
NUTRITION <sup>1</sup>		
O Breastfeeding (exclusive) <sup>1</sup> O Vitamin D 400 IU/day <sup>1</sup>	○ Formula feeding/preparation1 [450–750 mL (15–25 oz)/day]	○ Urine output and Stool pattern/acholic stools <sup>2</sup>
COMMENTS	_	
<b>EDUCATION AND ADVICE</b> Repeat discussion of item specific parenting behaviours and routines that promote	as is based on perceived need. Practice inclusive, anti-racist, early relational health (ERH).	culturally safe care. Observe, discuss, model, and praise
Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Firearm safety  Pacifier use  Hot water <49°C/Bath safety  Falls (stairs, change table)  Carbon monoxide/Smoke detectors  Choking/Safe toys  COMMENTS	Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability/Colic <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> O Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> O Parent-infant interaction/Parenting skills programs <sup>2</sup> O Encourage reading, singing and speaking to infant <sup>2</sup> O High risk infants/Assess home visit need <sup>2</sup>	Environmental Health  O 2nd hand smoke/E-cigs/Cannabis exposure  O Pesticide exposure  O Sun exposure  Other Issues  O Supervised tummy time while awake  O No OTC cough/cold medicine  Inquiry on complementary/alternative medicine  O Fever advice/Thermometers    No OTC   No OTC   No OTC   No OTC
COMMENTS		
<b>DEVELOPMENT<sup>2</sup></b> Inquiry and observation of milestor Tasks are set <u>after</u> the time of typical milestone acquisitic parental concern. Ensure milestones have been achieved NB-Correct for age until 2 yrs if < 37 weeks gestation.	nes, listed below in the following order: gross motor, fine moon. Further assessment of development is merited by the about for any missed visits. Parental familiarity with particular r	otor, communication, cognitive, social-emotional sence of any milestone, loss of attained milestones or nilestones may be culturally dependent.
<ul><li>Focuses gaze</li><li>Startles to loud noise</li></ul>	<ul><li>Cries to express needs</li><li>Calms when comforted</li></ul>	○ No parent/caregiver concerns <sup>2</sup>
COMMENTS	_	
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-spec	ific physical examination is recommended at each visit. Evid	ence-based screening for specific conditions is highlighted.
<ul> <li>Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral)<sup>2</sup></li> <li>Fontanelles<sup>2</sup></li> <li>Skin (jaundice<sup>2</sup>)</li> </ul>	<ul> <li>Eyes/Red reflex<sup>2</sup></li> <li>Hearing inquiry/screening<sup>2</sup></li> <li>Intact palate (inspection/palpation)<sup>2</sup></li> <li>Tongue mobility if breastfeeding problems<sup>2</sup></li> </ul>	O Neck/Torticollis <sup>2</sup> O Heart/Lungs/Abdomen O Hips (Ortolani) <sup>2</sup> O Muscle tone <sup>2</sup>
COMMENTS		
ASSESSMENT AND PLANS / CURRENT AND NEW dental, social determinants resources	$\textbf{REFERRALS4} \   \textbf{E.g.} \   \textbf{medical specialist, breastfeeding support}$	s and services, dietitian, speech, audiology, PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZ O Follow-up Hep B vaccine status as indicated <sup>3</sup>	$ extstyle{ATION}^3$ Record vaccines administered, address hesitand	ey and missing vaccines. <sup>3</sup>
COMMENTS	_	
		DATE OF VISIT / /20
SIGNATURE		DATE OF VISIT / /20



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

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## **NATIONAL GUIDE IIA: 2 MONTHS**

······		Past problems/Risk factors: Family history:
NAME:		
Gestational Age: Cm	Birth Weight: g Birth HC: cm	
<b>GROWTH</b> <sup>1</sup> use WHO growth charts. Correct age until 24	-36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✓" for no concerns, or "X" if con	icerns.
NUTRITION1		
O Breastfeeding (exclusive) <sup>1</sup> O Vitamin D 400 IU/day <sup>1</sup>	○ Formula feeding/preparation <sup>1</sup> [600–900 mL (20–30 oz)/day]	○ Acholic stools <sup>2</sup>
COMMENTS		
<b>EDUCATION AND ADVICE</b> Repeat discussion of items specific parenting behaviours and routines that promote	is based on perceived need. Practice inclusive, anti-racist, cearly relational health (ERH).	culturally safe care. Observe, discuss, model, and praise
Injury Prevention <sup>1</sup> Motorized vehicle safety/Car seat <sup>1</sup> Safe sleep (position, room sharing, avoid bed sharing, crib safety) <sup>1</sup> Poisons/Ingestions <sup>1</sup> ; PCC# <sup>1</sup> Firearm safety <sup>1</sup> Pacifier use <sup>1</sup> Hot water <49°C/Bath safety <sup>1</sup> Electric plugs/Cords  Falls (stairs, change table, unstable furniture/TV, no walkers) <sup>1</sup> Carbon monoxide/Smoke detectors <sup>1</sup> Choking/Safe toys <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability/Colic <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> O Parent-infant interaction/Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with infant <sup>2</sup> Family healthy active living/Sedentary behaviour/Screen time <sup>2</sup> O Child care <sup>2</sup> /Return to work  Assess home visit need <sup>2</sup>	Environmental Health  O 2nd hand smoke/E-cigs/Cannabis exposure  O Pesticide exposure  O Sun exposure/Sunscreens/Insect repellent  Other Issues  O Supervised tummy time while awake  O Teething  Dental cleaning/Fluoride  O No OTC cough/cold medicine  O Complementary/alternative medicine  O Fever advice/Thermometers
Tasks are set after the time of typical milestone acquisitio	es, listed below in the following order: gross motor, fine mo n. Further assessment of development is merited by the abs I for any missed visits. Parental familiarity with particular r	ence of any milestone, loss of attained milestones or
O Lifts head up while lying on tummy O Follows movement with eyes	O Turns head towards sounds O Smiles responsively	○ Can be comforted & calmed by touching/rocking ○ No parent/caregiver concerns <sup>2</sup>
COMMENTS		
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specif	ic physical examination is recommended at each visit. Evide	ence-based screening for specific conditions is highlighted.
O Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral) <sup>2</sup> O Fontanelles <sup>2</sup> O Skin (jaundice <sup>2</sup> )  COMMENTS	O Eyes/Red reflex <sup>2</sup> O Hearing inquiry/screening <sup>2</sup> O Neck/Torticollis <sup>2</sup>	<ul> <li>○ Heart/Lungs/Abdomen</li> <li>○ Hips (Ortolani)<sup>2</sup></li> <li>○ Muscle tone<sup>2</sup></li> </ul>
ASSESSMENT AND PLANS / CURRENT AND NEW F dental, social determinants resources	REFERRALS <sup>4</sup> E.g. medical specialist, breastfeeding supports	and services, dietitian, speech, audiology, PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZAT	${\sf ION}^3$ Record vaccines administered, address hesitancy a	and missing vaccines. <sup>3</sup>
SIGNATURE		DATE OF VISIT / /20







## **NATIONAL GUIDE IIB: 4 MONTHS**

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NAME:	Birth Day (d/m/yy):/	/ 20	м□ғ	FΠ	Past problems/Risk factors:	Family his	istory:
Gestational Age: Birth Length: cm							
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age until 24	1	tion.			Head Circ.		
Length	Weight		//				
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✔" f	or no concer	ns, or "X	" if con	cerns.		
NUTRITION1							
O Breastfeeding (exclusive) <sup>1</sup> O Vitamin D 400 IU/day <sup>1</sup>	O Formula feeding/prepare [750–1080 mL (25–36 c				O Discuss future introduct on iron containing a		
COMMENTS							
<b>EDUCATION AND ADVICE</b> Repeat discussion of items		actice inclus	ive, anti-	racist, c	culturally safe care. Observe, o	liscuss, m	odel, and praise
specific parenting behaviours and routines that promote  Injury Prevention¹  Motorized vehicle safety/Car seat¹  Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹  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  Choking/Safe toys¹	Family functioning & Beh Healthy sleep habits <sup>2</sup> /. Crying/Soothability/Co Parental fatigue/Depree Family Stress/Inquire making ends meet or f Parent-infant interacti Parenting skills progra Encourage reading, tel singing to/with infant. Family healthy active liv Sedentary behaviour/So Child care <sup>2</sup> /Return to wo Assess home visit need	Night waki olic <sup>2</sup> ssion <sup>2</sup> re: difficultod insecu- ion/ ams <sup>2</sup> lling storie ving/ creen time <sup>2</sup>	ng <sup>2</sup> ty arity <sup>2</sup> s,		Environmental Health  2 and hand smoke/E-c  Pesticide exposure  Sun exposure/Sunscre  Other Issues  Supervised tummy to  Teething 1/Dental cle  No OTC cough/cold  Complementary/alter  Fever advice/Thermo	eens/Inse  ime while aning/Flo medicine native me	ect repellent <sup>1</sup> e awake <sup>1</sup> uoride <sup>1</sup> e <sup>1</sup>
<b>DEVELOPMENT<sup>2</sup></b> Inquiry and observation of milestone Tasks are set <u>after</u> the time of typical milestone acquisitio parental concern. Ensure milestones have been achieved NB-Correct for age until 2 yrs if < 37 weeks gestation.	es, listed below in the following on. Further assessment of develo d for any missed visits. Parental	order: gross opment is mo familiarity v	motor, fi erited by vith parti	ine mo the abs icular n	tor, communication, cognitive ence of any milestone, loss of nilestones may be culturally d	e, social-er attained n lependent.	motional nilestones or
<ul> <li>Lifts head and chest in prone position</li> <li>Holds an object briefly when placed in hand</li> <li>Follows a moving toy or person with eyes past midline</li> </ul>	• Responds to people with (leg movement/panting/				• Coos responsively • No parent/caregiver co	oncerns <sup>2</sup>	
COMMENTS	_						
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specif	fic physical examination is recor	nmended at	each visit	t. Evide	nce-based screening for speci	fic conditi	ons is highlighted.
O <i>Sentinel injuries</i> (bruising, subconjunctival hemorrhages, intra-oral) <sup>2</sup>	O Anterior fontanelle <sup>2</sup> O Hearing inquiry/screeni		/Red re	flex <sup>2</sup>	O Heart/Lungs/Abdomo O Hips (limited hip abd		Neck/Torticollis <sup>2</sup> Muscle tone <sup>2</sup>
COMMENTS							
ASSESSMENT AND PLANS / CURRENT AND NEW February dental, social determinants resources	REFERRALS <sup>4</sup> E.g. medical spec	cialist, breastf	eeding su	pports :	and services, dietitian, speech,	audiology,	PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZAT	FION <sup>3</sup> Record vaccines admin	istered, add	ress hesi	tancy a	and missing vaccines. <sup>3</sup>		
COMMENTS	-						
SIGNATURE				_	DATE OF VISIT		/20









NATIONAL GUIDE IIC: 6 MONTHS
ONE VISIT PER PAGE FORMAT

		Past problems/Risk factors:	Family history:
NAME:	Birth Day (d/m/yy):// 20 M ☐ F ☐		
Gestational Age: Birth Length: cm	Birth Weight: g Birth HC: cm		
<b>GROWTH</b> <sup>1</sup> use WHO growth charts. Correct age until 24			
Length	Weight (x2 BW)	Head Circ.	
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✓" for no concerns, or "X" if con-	cerns.	
NUTRITION1			
O Breastfeeding - introduction of solids <sup>1</sup> O Vitamin D 400 IU/day <sup>1</sup> O Formula feeding/preparation <sup>1</sup> [750-1080 mL (25-36 oz)/day]	<ul> <li>Iron containing foods (meat, wild game, fish, legumes, tofu, whole eggs, iron-fortified infant cereal)<sup>1</sup></li> <li>Allergenic foods (especially eggs and peanut products)<sup>1</sup></li> <li>Fruits, vegetables, and milk products (yogurt, cheese)</li> </ul>	<ul> <li>Avoid juice and food/lin sugar or salt<sup>1</sup></li> <li>Choking/Safe food<sup>1</sup></li> <li>No bottles in bed</li> <li>Inquire about vegetaris</li> </ul>	
COMMENTS	-		
<b>EDUCATION AND ADVICE</b> Repeat discussion of items specific parenting behaviours and routines that promote	s is based on perceived need. Practice inclusive, anti-racist, c early relational health (ERH).	ulturally safe care. Observe, d	iscuss, model, and praise
Injury Prevention <sup>1</sup> Motorized vehicle safety/Car seat <sup>1</sup> Safe sleep (position, room sharing, avoid bed sharing, crib safety) <sup>1</sup> Poisons/Ingestions <sup>1</sup> ; PCC# <sup>1</sup> Firearm safety <sup>1</sup> Pacifier use <sup>1</sup> Hot water <49°C/Bath safety <sup>1</sup> Electric plugs/Cords  Falls (stairs, change table, unstable furniture/TV, no walkers) <sup>1</sup> Carbon monoxide/Smoke detectors <sup>1</sup> Choking/Safe toys <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability/Colic <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> O Parent-infant interaction/ Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with infant <sup>2</sup> Family healthy active living/ Sedentary behaviour/Screen time <sup>2</sup> O Child care <sup>2</sup> /Return to work Assess home visit need <sup>2</sup>	Environmental Health¹ O 2nd hand smoke/E-ci O Pesticide exposure¹ O Sun exposure/Sunscre Other Issues¹ O Supervised tummy ti O Teething¹/Dental clea O No OTC cough/cold of Complementary/alterno O Fever advice/Thermon	me while awake <sup>1</sup> aning/Fluoride <sup>1</sup> medicine <sup>1</sup> native medicine <sup>1</sup>
COMMENTS			
Tasks are set after the time of typical milestone acquisition	es, listed below in the following order: gross motor, fine mot on. Further assessment of development is merited by the abso d for any missed visits. Parental familiarity with particular m	ence of any milestone, loss of	attained milestones or
<ul> <li>Rolls from back to side</li> <li>Sits with support with head and neck control</li> <li>Reaches/grasps objects with both hands/ no hand preference</li> </ul>	○ No persistent closed/fisted hands ○ Hears sounds & laughs when spoken to	<ul><li> Vocalizes pleasure and good eye contact</li><li> No parent/caregiver co</li></ul>	•
COMMENTS			
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specif	fic physical examination is recommended at each visit. Evider	nce-based screening for specif	ic conditions is highlighted.
<ul> <li>Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral)<sup>2</sup></li> <li>Anterior fontanelle<sup>2</sup></li> <li>Eyes/Red reflex<sup>2</sup></li> </ul>	<ul> <li>Hearing inquiry/screening<sup>2</sup></li> <li>Corneal light reflex/Cover-uncover test &amp; inquiry<sup>2</sup></li> <li>Teeth/Caries risk assessment<sup>2</sup></li> </ul>	<ul> <li>Heart/Lungs/Abdome</li> <li>Hips (limited hip abd')</li> <li>Muscle tone<sup>2</sup>/No heareflexes gone<sup>2</sup></li> </ul>	$(2n)^2$
ASSESSMENT AND PLANS / CURRENT AND NEW Idental, social determinants resources	${f REFERRALS4}$ E.g. medical specialist, breastfeeding supports a	and services, dietitian, speech, a	udiology, PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZATIONS	${\sf FION}^3$ Record vaccines administered, address hesitancy a	nd missing vaccines. <sup>3</sup>	
O Anemia/iron deficiency screening (if at risk) <sup>2</sup> COMMENTS	O Inquire about risk factors for TB <sup>2</sup>	O Follow-up Hep B vac	cine status as indicated <sup>3</sup>
SIGNATURE		DATE OF VISIT	/ /20







**NATIONAL GUIDE IIIA: 9 MONTHS** 

/20

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					Past problems/Risk factors:	Family history:
NAME:		Birth Day (d/m/yy):/	/ 20	M 🗌 F 🗌		
Gestational Age:	Birth Length: cm	Birth Weight: g	Birth HC:	cm		
GROWTH <sup>1</sup> use WHO grow	th charts. Correct age until 24-	-36 months if < 37 weeks gesta	tion.			
Length		Weight			Head Circ.	
PARENT / CAREGIVER CO	ONCERNS For each O item of	liscussed below, indicate "✓" for	or no conce	rns, or "X" if con-	cerns.	
				,		
NUTRITION <sup>1</sup>						
O Breastfeeding <sup>1</sup> /Vitam O Formula feeding/prepo	nin D 400 IU/day <sup>1</sup>	O Avoid juice and food/be or salt I	everages hi	gh in sugar	O Encourage change from O No bottles in bed	m bottle to cup
[720–960 mLs (24–32	2 oz)/day]	O At 9-12 mos, add 3.25%		nilk –	• Eats a variety of texture	res O No honey <sup>1</sup>
O Iron containing food fruits, vegetables	ds <sup>1</sup> , Allergenic foods <sup>1</sup> ,	max 500-720 mLs (16-2 O Choking/Safe foods <sup>1</sup>	24 oz)/day		O Independent/self-feed O Inquire about vegetaria	ing/Family meals <sup>1</sup>
COMMENTS		• Choking/saic loods			o inquire about vegetaria	in, vegan and other diets
specific parenting behaviou	<b>CE</b> Repeat discussion of items are and routines that promote e	is based on perceived need. Pr early relational health (ERH).	actice inclus	sive, anti-racist, c	ulturally safe care. Observe, d	iscuss, model, and praise
Injury Prevention 1	f-4-1041	Family functioning & Beh	aviour issu	<u>es</u> 2	Environmental Health <sup>1</sup>	/C1
<ul><li> Motorized vehicle sa</li><li> Safe sleep (position,</li></ul>	avoid bed sharing.	O Healthy sleep habits <sup>2</sup> /2 O Crying/Soothability <sup>2</sup>	Night waki	ng²	O 2nd hand smoke/E-ci O Pesticide exposure <sup>1</sup>	gs/Cannabis exposure
crib safety) <sup>1</sup>	_	O Parental fatigue/Depres	ssion <sup>2</sup>		O Sun exposure/Sunscre	ens/Insect repellent1
O Poisons/Ingestions ( of cannabis) <sup>1</sup> ; PCC#		O Family Stress/Inquire ends meet or food inse		ty making	Other Issues <sup>1</sup>	
O Firearm safety <sup>1</sup>		O Parent-infant interacti		ing	O Teething <sup>1</sup> /Dental clear O No OTC cough/cold	ming/Fluoride/Dentist <sup>1</sup> medicine <sup>1</sup>
O Pacifier use <sup>1</sup> O Bath safety <sup>1</sup> /Burns <sup>1</sup>		skills programs <sup>2</sup> O Encourage reading, tel	ling storie	· S.	○ Complementary/altern	iative medicine <sup>1</sup>
O Carbon monoxide/Sn	noke detectors1	singing to/with child <sup>2</sup>			O Fever advice/Thermor O Footwear <sup>1</sup>	neters <sup>1</sup>
Childproofing, including	;	O Family healthy active live behaviour/Screen time <sup>2</sup>	ving/Seden !	tary	3 Tootwear	
O Falls (stairs, change to TV, no walkers) <sup>1</sup>	ible, unstable furniture/	• Child care <sup>2</sup> /Return to we	ork			
• Electric plugs/Cords	Choking/Safe toys <sup>1</sup>	O Assess home visit need	[2			
COMMENTS						
DEVELOPMENT <sup>2</sup> Inquiry	y and observation of milestone	s, listed below in the following	order: gros	s motor, fine mot	or, communication, cognitive	, social-emotional
Tasks are set after the time	of typical milestone acquisition	n. Further assessment of develor for any missed visits. Parental	opment is m	erited by the abso	ence of any milestone, loss of	attained milestones or
NB-Correct for age until 2	yrs if < 37 weeks gestation.	for any missed visits. Farental	rammarity	with particular if	inestones may be culturally do	pendent.
O Stands with support w	vhen helped into	O Babbles repeated consona		e.g. babababa)		
standing position  Sits without support		O Looks for an object seen Plays social games with	hidden vou (e o n	ose touching	O Shows distress when se caregiver	parated from parent/
• Uses both hands/no h		peek-a-boo)	you (c.g. 11	ose rememmy,	O No parent/caregiver co	ncerns <sup>2</sup>
O Uses fingers to "rake" j	food toward self					
COMMENTS						
PHYSICAL EXAMINATIO	N <sup>2</sup> An appropriate age-specifi	c physical examination is recor	nmended at	each visit. Evider	nce-based screening for specif	ic conditions is highlighted.
O Sentinel injuries (brui	ising, subconjunctival	O Hearing inquiry/screeni	ng <sup>2</sup>		O Heart/Lungs/Abdome	n
hemorrhages, intra-o Anterior fontanelle <sup>2</sup>	ral) <sup>2</sup>	O Corneal light reflex/Cotest & inquiry <sup>2</sup>	over-unco	ver	O Hips (limited hip abd' O Muscle tone <sup>2</sup>	n)²
O Eyes/Red reflex <sup>2</sup>		O Teeth/Caries risk assessi	nent <sup>2</sup>		• Massic tone	
COMMENTS						
ASSESSMENT AND PLA		<b>EFERRALS</b> <sup>4</sup> E.g. medical spec	rialist, breast	feeding supports a	and services, dietitian, speech, a	udiology, PT, OT, eyes,
dental, social determinants i	esources					
INVESTIGATIONS / SCRE	EENING <sup>2</sup> AND IMMUNI7ΔΤ	ION <sup>3</sup> Record vaccines admin	istered, add	lress hesitancy a	nd missing vaccines 3	
		s and HBsAg $^3$ (at 9 or 12 mg		•	-	2 O Blood lead if at rich1
COMMENTS	oner eneck fib v andbodie	and Hoong (at 701 12 III)	ония) <b>Э</b>	. 1.10.11111/11011 UE		• Dioon ieun ij ui risk*



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NATIONAL	GUIDE	IIIB:	12-13	MONTHS
			ONE VISIT	PER PAGE FORMAT

www.rourkebabyrecord.ca @2024 Drs. L Rourke, D Lec	luc and J Rourke. Revised May 18, 2024	ONE VISIT PER PAGE FORMAT  Past problems/Risk factors: Family history:
NAME:	Birth Day (d/m/yy):// 20 M ☐ F ☐	
Gestational Age: Birth Length: cm		
<b>GROWTH1</b> use <u>WHO growth charts</u> . Correct age until 24	1–36 months if < 37 weeks gestation.	
Length	Weight (x3 BW)	Head Circ. (avg 47 cm)
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✓" for no concerns, or "X" if cor	ncerns.
NUTRITION1		
O Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup> O 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day <sup>1</sup> O Avoid juice and food/beverages high in sugar or salt <sup>1</sup>	<ul> <li>Choking/Safe foods<sup>1</sup></li> <li>Promote open cup instead of bottle</li> <li>No bottles in bed</li> </ul>	<ul> <li>Independent/self-feeding/Family meals<sup>1</sup></li> <li>Eats family foods with a variety of textures.</li> <li>Inquire about vegetarian, vegan and other diets<sup>1</sup></li> </ul>
COMMENTS		
<b>EDUCATION AND ADVICE</b> Repeat discussion of item specific parenting behaviours and routines that promote	s is based on perceived need. Practice inclusive, anti-racist, early relational health (ERH).	culturally safe care. Observe, discuss, model, and praise
Injury Prevention  Motorized vehicle safety/Car seat  Poisons/Ingestions (e.g. safe storage of cannabis)¹; PCC#¹  Firearm safety¹  Pacifier use¹  Bath safety¹/Burns¹  Carbon monoxide/Smoke detectors¹  Childproofing, including:  Falls (stairs, change table, unstable furniture/ TV, no walkers)¹  Electric plugs/Cords Choking/Safe toys¹	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> Parent-infant interaction/Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with child <sup>2</sup> Family healthy active living/Sedentary behaviour/Screen time <sup>2</sup> Child care <sup>2</sup> /Return to work  Assess home visit need <sup>2</sup>	Environmental Health  2 2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dental cleaning/Fluoride/Dentist  No OTC cough/cold medicine  Complementary/alternative medicine  Fever advice/Thermometers  Footwear  Footwear
COMMENTS		
Tasks are set after the time of typical milestone acquisition	es, listed below in the following order: gross motor, fine mo on. Further assessment of development is merited by the abs d for any missed visits. Parental familiarity with particular r	sence of any milestone, loss of attained milestones or
<ul> <li>Pulls to stand/walks holding on</li> <li>Crawls or 'bum' shuffles</li> <li>Uses both hands equally</li> <li>Uses fingers to rake food with thumb against side of curled index finger</li> </ul>	<ul> <li>Babbles a series of different sounds and occasional words</li> <li>Responds to own name</li> <li>Understands simple requests, (e.g. "Where is the ball?")</li> </ul>	<ul> <li>Makes sounds/gestures with eye contact to get attention</li> <li>Follows your gaze to jointly reference an object</li> <li>Seeks contact with caregiver and has stranger anxiety</li> <li>No parent/caregiver concerns<sup>2</sup></li> </ul>
COMMENTS		
	fic physical examination is recommended at each visit. Evide	
<ul> <li>Anterior fontanelle<sup>2</sup></li> <li>Eyes/Red reflex<sup>2</sup></li> <li>Hearing inquiry/screening<sup>2</sup></li> </ul>	<ul> <li>Corneal light reflex/Cover-uncover test &amp; inquiry<sup>2</sup></li> <li>Tonsil size/Sleep-disordered breathing<sup>2</sup></li> <li>Teeth/Caries risk assessment<sup>2</sup></li> </ul>	O Heart/Lungs/Abdomen O Hips (limited hip abd'n) <sup>2</sup> O Muscle tone <sup>2</sup>
COMMENTS		
ASSESSMENT AND PLANS / CURRENT AND NEW dental, social determinants resources	${f REFERRALS4}$ E.g. medical specialist, breastfeeding supports	and services, dietitian, speech, audiology, PT, OT, eyes,
	$TION^3$ Record vaccines administered, address hesitancy a	
O If HBsAg positive mother check HBV antibodic COMMENTS	es and HBsAg <sup>3</sup> (at 9 or 12 months) O Anemia/iron de	eficiency screening (If at risk) <sup>2</sup> $\bigcirc$ Blood lead if at risk <sup>1</sup>
SIGNATURE		DATE OF VISIT / /20
J.J. WILL		







# **NATIONAL GUIDE IIIC: 15 MONTHS**

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

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······	,,,,	Past problems/Risk factors:	Family history:
NAME:	Birth Day (d/m/yy):// 20 M ☐ F ☐		
Gestational Age: Birth Length: cm			
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age until 24	–36 months if < 37 weeks gestation.		
Length	Weight	Head Circ.	
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✓" for no concerns, or "X" if con	ncerns.	
NUTRITION1			
<ul> <li>○ Breastfeeding¹/Vitamin D 400 IU/day¹</li> <li>○ 3.25% MF cow milk - max 500-600 mLs (16-20 oz)/day¹</li> <li>○ Avoid juice and food/beverages high in sugar or salt¹</li> </ul>	<ul> <li>Choking/Safe foods¹</li> <li>Promote open cup instead of bottle</li> <li>No bottles in bed</li> </ul>	O Independent/self-fee O Inquire about vegeta other diets <sup>1</sup>	eding/Family meals <sup>1</sup> arian, vegan and
COMMENTS			
<b>EDUCATION AND ADVICE</b> Repeat discussion of items specific parenting behaviours and routines that promote	s is based on perceived need. Practice inclusive, anti-racist, cearly relational health (ERH).	culturally safe care. Observe,	discuss, model, and praise
Injury Prevention¹  Motorized vehicle safety/Car seat¹  Poisons/Ingestions (e.g. safe storage of cannabis)¹; PCC#¹  Firearm safety¹  Pacifier use¹  Bath safety¹/Burns¹  Carbon monoxide/Smoke detectors¹  Childproofing, including:  Falls (stairs, change table, unstable furniture/ TV, no walkers)¹  Electric plugs/Cords Choking/Safe toys¹	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> Parent-infant interaction/Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with child <sup>2</sup> Family healthy active living/Sedentary behaviour/Screen time <sup>2</sup> Child care <sup>2</sup> /Return to work  Assess home visit need <sup>2</sup>	O Pesticide exposure <sup>1</sup> O Sun exposure/Sunsc Other Issues <sup>1</sup>	cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> eaning/Fluoride/Dentist <sup>1</sup> d medicine <sup>1</sup> rnative medicine <sup>1</sup>
COMMENTS			
Tasks are set <u>after</u> the time of typical milestone acquisition	es, listed below in the following order: gross motor, fine mo on. Further assessment of development is merited by the abs d for any missed visits. Parental familiarity with particular r	sence of any milestone, loss o	of attained milestones or
<ul> <li>Stands up alone</li> <li>Walks sideways holding onto furniture</li> <li>Crawls up a few stairs/steps</li> </ul>	<ul> <li>Uses mature pincer grasp with pads of thumb and index finger</li> <li>Turns pages in a board book</li> <li>Says 5 or more words (words do not have to be clear)</li> </ul>	○ Shows fear of strange ○ No parent/caregiver	e people/places concerns <sup>2</sup>
COMMENTS			
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specif	fic physical examination is recommended at each visit. Evide	ence-based screening for spec	rific conditions is highlighted.
O Anterior fontanelle <sup>2</sup> O Eyes/Red reflex <sup>2</sup> O Hearing inquiry/screening <sup>2</sup>	<ul> <li>Corneal light reflex/Cover-uncover test &amp; inquiry<sup>2</sup></li> <li>Tonsil size/Sleep-disordered breathing<sup>2</sup></li> <li>Teeth/Caries risk assessment<sup>2</sup></li> </ul>	O Heart/Lungs/Abdon O Hips (limited hip ab	nen d'n) <sup>2</sup>
ASSESSMENT AND PLANS / CURRENT AND NEW F	REFERRALS <sup>4</sup> E.g. medical specialist, breastfeeding supports	and services, dietitian, speech,	, audiology, PT, OT, eyes, dental,
social determinants resources			
	FION <sup>3</sup> Record vaccines administered, address hesitancy a	and missing vaccines. <sup>3</sup>	
O Anemia/iron deficiency screening (If at risk) <sup>2</sup> COMMENTS	○ Blood lead if at risk <sup>1</sup>		
SIGNATURE		DATE OF VISIT	/ /20



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## **NATIONAL GUIDE IVA: 18 MONTHS**

		Past problems/Risk factors:	Family history:
NAME: Birth Day	y (d/m/yy):// 20 M		
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age until 24-	-36 months if < 37 weeks gestation.		
Length	Weight	Head Circ.	
Ü			
PAREINI / CAREGIVER CONCERNS For each O hem o	discussed below, indicate "✓" for no concerns, or "X" if con	cerns.	
NUTRITION <sup>1</sup>			
O Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup> O 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day <sup>1</sup>	<ul> <li>Avoid juice and food/beverages high in sugar or salt<sup>1</sup></li> <li>No bottles</li> </ul>	O Independent/self-feed O Inquire about vegetari other diets <sup>1</sup>	
COMMENTS			
<b>EDUCATION AND ADVICE</b> Repeat discussion of items specific parenting behaviours and routines that promote of	is based on perceived need. Practice inclusive, anti-racist, cearly relational health (ERH).	ulturally safe care. Observe, d	iscuss, model, and praise
Injury Prevention 1  Motorized vehicle safety/Car seat (child/booster) 1  Poisons/Ingestions (e.g. cannabis) 1; PCC#1  Bath safety 1/Burns 1  Choking/Safe toys 1  Wean from pacifier 1  Falls (stairs, change table, unstable furniture/TV) 1	Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> O Parent-child interaction/Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with child <sup>2</sup> Family healthy active living/Sedentary behaviour/Screen time <sup>2</sup> O Socializing/Peer play opportunities	Environment Health <sup>1</sup> O 2nd hand smoke/E-ci O Pesticide exposure <sup>1</sup> O Sun exposure/Sunscree Other <sup>1</sup> O Dental care/Dentist <sup>1</sup> O Toilet learning <sup>2</sup>	
COMMENTS			
Tasks are set <u>after</u> the time of typical milestone acquisition	es, listed below in the following order: gross motor, fine mot n. Further assessment of development is merited by the absol for any missed visits. Parental familiarity with particular n	ence of any milestone, loss of a	attained milestones or
<ul> <li>○ Walks alone</li> <li>○ Feeds self with fingers/tries to use spoon</li> <li>○ Points to several different body parts</li> <li>○ Follows 1 step directions</li> <li>○ Removes hat/socks without help</li> <li>○ Says 10 or more words (words do not have to be clear)</li> </ul>	<ul> <li>○ Produces 4 consonants, (e.g. B D G H N W)</li> <li>○ Tries to get your attention to show you something</li> <li>○ Turns/responds when name is called</li> <li>○ Points to what he/she wants with alternating gaze with parent/caregiver</li> </ul>	<ul> <li>Interested in other chill</li> <li>Usually easy to soothe</li> <li>Child's behaviour is us</li> <li>Comes for comfort who</li> <li>No parent/caregiver co</li> </ul>	ually manageable en distressed
COMMENTS			
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specifi	ic physical examination is recommended at each visit. Evide	nce-based screening for specif	ic conditions is highlighted.
O Anterior fontanelle closed <sup>2</sup> O Eyes/Red reflex <sup>2</sup>	<ul> <li>Corneal light reflex/Cover-uncover test &amp; inquiry<sup>2</sup></li> <li>Hearing inquiry</li> </ul>	O Teeth/Caries Risk <sup>2</sup> O Tonsil size/Sleep-disc O Heart/Lungs/Abdome	
COMMENTS			
ASSESSMENT AND PLANS / CURRENT AND NEW R dental, social determinants resources	${f REFERRALS4}$ E.g. medical specialist, breastfeeding supports a	and services, dietitian, speech, a	udiology, PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZAT	${\sf ION}^3$ Record vaccines administered, address hesitancy a	nd missing vaccines. <sup>3</sup>	
O Anemia/iron deficiency screening (If at risk) <sup>2</sup> COMMENTS	○ Blood lead if at risk1		
SIGNATURE		DATE OF VISIT	/ /20







# NATIONAL GUIDE IVB: 2 YEARS ONE VISIT PER PAGE FORMAT

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NAME:	Birth Day	y (d/m/yy):/ 20	M 🗌 F 📗 Gest Age:	Past problems/Risk factors:		Family history:
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Corre	ect age until 24	-36 months if < 37 weeks o	estation			_
Height	Weight	go monulo il ver medio gi	Head Circ. (if prior abN)		BMI	
PARENT / CAREGIVER CONCERNS For		discussed below indicate " <b>v</b>		ıcerns		
NUTRITION <sup>1</sup>						
O Breastfeeding 1/Vitamin D 400 IU/O Cow's milk or unsweetened fortified beverage – max 500-600 mLs (16-2 COMMENTS	ed soy	O Choose healthy fats, foods and foods/bev added sugars and sa	/Limit highly processed verages with saturated fats, lt.1		oout vegeta	e/Family meals <sup>1</sup> rian, vegan and
EDUCATION AND ADVICE Depost discs	ussian of itams	s is based on narcaived need	Dractica inclusiva anti-raciat	zulturally oafa ca	ma Obsamura	discuss model and praise
<b>EDUCATION AND ADVICE</b> Repeat discrepecific parenting behaviours and routines	that promote	early relational health (ERH	i. Practice inclusive, anti-racist, ( I).	culturally sale ca	re. Observe,	discuss, model, and praise
Injury Prevention¹  O Motorized vehicle safety/Car seat (child/booster)¹ O Bike helmets¹ O Poisons/Ingestions (e.g. cannabis) O Firearm safety¹ O Water safety¹ O Carbon monoxide/smoke detectors Burns¹/Matches O Falls (stairs, unstable furniture/TV, trampolines)¹ O No pacifiers¹	) <sup>1</sup> ; PCC# <sup>1</sup>	Family functioning & I  Healthy sleep habit  Parental fatigue/Dep  Family Stress/Inque making ends meet of the programs of the	pression <sup>2</sup> ire re: difficulty or food insecurity <sup>2</sup> ction/Parenting skills , telling stories, ld. <sup>2</sup> e living/Sedentary	O Pesticide O Sun expos Other O Dental cl	sure/Sunscreaning/Fluentary/altercough/cold	reens/Insect repellent <sup>1</sup> oride/Dentist <sup>1</sup> rnative medicine <sup>1</sup>
COMMENTS		-				
<b>DEVELOPMENT<sup>2</sup></b> Inquiry and observation Tasks are set <u>after</u> the time of typical milest parental concern. Ensure milestones have NB-Correct for age until 2 yrs if < 37 weeks.	tone acquisitio been achieved	n. Further assessment of de	evelopment is merited by the abs	ence of any mile	estone, loss o	f attained milestones or
<ul><li> Kicks a large ball</li><li> Tries to run</li><li> Puts objects into small container</li></ul>		<ul><li>Combines 2 or more</li><li>Uses toys for pretend</li><li>Feeds self using spoo</li></ul>	l play (e.g. give doll a drink)	<ul> <li>○ Likes to please</li> <li>○ No parent/caregiver concerns<sup>2</sup></li> </ul>		oncerns <sup>2</sup>
COMMENTS						
PHYSICAL EXAMINATION <sup>2</sup> An appropr	riate age-specif	fic physical examination is re	ecommended at each visit. Evide	nce-based scree	ning for spec	ific conditions is highlighted.
O Eyes/Red reflex/Visual acuity <sup>2</sup> O Corneal light reflex/Cover-uncovinquiry <sup>2</sup>	er test &	O Teeth/Caries Risk <sup>2</sup> O Tonsil size/Sleep-di	isordered breathing <sup>2</sup>	O Hearing i O Heart/Lun	nquiry gs/Abdome	n
ASSESSMENT AND PLANS / CURRENT dental, social determinants resources	T AND NEW F	REFERRALS <sup>4</sup> E.g. medical	specialist, breastfeeding supports	and services, diet	itian, speech,	audiology, PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND	IMMUNIZAT	FION <sup>3</sup> Record vaccines ad	ministered, address hesitancy a	and missing vac	cines.3	
• Anemia/iron deficiency screening (If a comments	at risk) <sup>2</sup>	O Blood lead if at risk <sup>1</sup>				
SIGNATURE				DATE OF VIS	SIT	/ /20







# NATIONAL GUIDE IVC: 3 YEARS ONE VISIT PER PAGE FORMAT

			rast problems/hisk factors.	raililly flistory.	
AME:	Birth Day (d/m/yy):/ 20	M F Gest Age:			
				-	
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age	until 24–36 months if < 37 weeks §	gestation.			
Height Weig	ght	<b>Head Circ.</b> (if prior abN)	BMI		
PARENT / CAREGIVER CONCERNS For each	O item discussed below, indicate "	✓" for no concerns, or "X" if con	cerns.		
NUTRITION <sup>1</sup>					
O Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup> O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/	foods and foods/be	Limit highly processed verages with saturated fats, alt. 1	O Canada's Food Guide O Inquire about vegetar other diets <sup>1</sup>		
COMMENTS					
EDUCATION AND ADVICE Repeat discussion	of items is based on perceived need	d. Practice inclusive, anti-racist, c	culturally safe care. Observe,	discuss, model, and p	raise
specific parenting behaviours and routines that p	romote early relational health (ERI	H).			
Injury Prevention¹  ○ Motorized vehicle safety/Car seat (child/booster)¹  ○ Bike helmets¹  ○ Poisons/Ingestions (e.g. cannabis)¹; PC  ○ Firearm safety¹  ○ Water safety¹  ○ Carbon monoxide/smoke detectors¹/ Burns¹/Matches  ○ Falls (stairs, unstable furniture/TV, trampolines)¹  ○ No pacifiers¹	<ul> <li>Parent-child intera programs<sup>2</sup></li> <li>Encourage reading singing to/with chi</li> <li>Family healthy active behaviour/Screen ti</li> </ul>	ts <sup>2</sup> epression <sup>2</sup> cire re: difficulty or food insecurity <sup>2</sup> action/Parenting skills g, telling stories, ild. <sup>2</sup> ye living/Sedentary	Environment Health  O 2nd hand smoke/E- O Pesticide exposure O Sun exposure/Sunscr  Other  O Dental cleaning/Flu O Complementary/alter O No OTC cough/cold O Toilet learning	eens/Insect repeller  oride/Dentist1  native medicine1	
COMMENTS					
<b>DEVELOPMENT<sup>2</sup></b> Inquiry and observation of n Tasks are set <u>after</u> the time of typical milestone ac parental concern. <sup>4</sup> Ensure milestones have been	equisition. Further assessment of d	evelopment is merited by the abs	ence of any milestone, loss of	fattained milestones of	or
<ul><li>Walks up stairs using handrail</li><li>Twists lids off jars or turns knobs</li><li>Turns pages one at a time</li></ul>	and put them in the  Uses sentences with		<ul><li>Shares some of the tin</li><li>Starts to say emotions</li></ul>	ne s (e.g. happy, sad, m	
COMMENTS					
PHYSICAL EXAMINATION <sup>2</sup> An appropriate ag	ge-specific physical examination is a	recommended at each visit. Evide	nce-based screening for speci	fic conditions is highl	lighted.
<ul> <li>Eyes/Red reflex/Visual acuity<sup>2</sup></li> <li>Corneal light reflex/Cover-uncover test &amp; inquiry<sup>2</sup></li> </ul>	<ul> <li>Blood pressure if at</li> <li>Teeth/Caries Risk<sup>2</sup></li> <li>Tonsil size/Sleep-d</li> </ul>		O Hearing inquiry O Heart/Lungs/Abdomen	1	
COMMENTS					
ASSESSMENT AND PLANS / CURRENT AND	NEW REFERRALS <sup>4</sup> E.g. medical	specialist, breastfeeding supports a	and services, dietitian, speech,	audiology, PT, OT, eye	es,
dental, social determinants resources					
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMM	UNIZATION <sup>3</sup> Record vaccines ad	lministered, address hesitancy a	and missing vaccines. <sup>3</sup>		
• Anemia/iron deficiency screening (If at risk)		and the state of t			
COMMENTS					
SIGNATURE			DATE OF VISIT	/ /20	1



Rourke Baby Record: 2024
Evidence-Based Infant/Child Health Maintenance www.rourkebabyrecord.ca ©2024 Drs. L Rourke, D Leduc and J Rourke. Revised May 18, 2024





## **NATIONAL GUIDE IVD: 4 YEARS**

ONE VISIT PER PAGE FORMAT

		Past problems/Risk factors:	Family history:
NAME: Birth Day	y (d/m/yy):// 20 M		
<b>GROWTH</b> <sup>1</sup> use WHO growth charts.			
Height	Weight	BMI	
PARENT / CAREGIVER CONCERNS For each O item	discussed below, indicate "✓" for no concerns, or "X" if cond	cerns.	
NUTRITION1			
O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day <sup>1</sup>	O Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt. <sup>1</sup>	O Canada's Food Guide/ O Inquire about vegetari other diets <sup>1</sup>	
COMMENTS			
<b>EDUCATION AND ADVICE</b> Repeat discussion of items specific parenting behaviours and routines that promote	is based on perceived need. Practice inclusive, anti-racist, cearly relational health (ERH).	ulturally safe care. Observe, d	iscuss, model, and praise
Injury Prevention¹  Motorized vehicle safety/Car seat (child/booster)¹  Bike helmets¹  Poisons/Ingestions (e.g. cannabis)¹; PCC#¹  Firearm safety¹  Carbon monoxide/smoke detectors¹/ Burns¹/Matches  Falls (stairs, unstable furniture/TV, trampolines)¹  No pacifiers¹	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> Parent-child interaction/Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with child. <sup>2</sup> Family healthy active living/Sedentary behaviour/Screen time <sup>2</sup> Socializing/Peer play opportunities  Assess child care/Preschool needs/School readiness <sup>2</sup>	Environment Health <sup>1</sup> O 2nd hand smoke/E-ci O Pesticide exposure <sup>1</sup> O Sun exposure/Sunscre Other <sup>1</sup> O Dental cleaning/Fluo O Complementary/altern O No OTC cough/cold in O Toilet learning <sup>2</sup>	ens/Insect repellent <sup>1</sup> ride/Dentist <sup>1</sup> vative medicine <sup>1</sup>
COMMENTS			
<b>DEVELOPMENT<sup>2</sup></b> Inquiry and observation of milestone Tasks are set <u>after</u> the time of typical milestone acquisition parental concern. Ensure milestones have been achieved	es, listed below in the following order: gross motor, fine mot n. Further assessment of development is merited by the abso d for any missed visits. Parental familiarity with particular m	or, communication, cognitive ence of any milestone, loss of a hilestones may be culturally de	, social-emotional attained milestones or ependent.
<ul> <li>Walks up/down stairs alternating feet</li> <li>Follows 3-part directions (e.g. "Point to your shoe, then stand up and clap your hands.")</li> </ul>	<ul><li> Asks and answers lots of questions (e.g. "What are you doing?")</li><li> Tries to comfort someone who is upset</li></ul>	O No parent/caregiver co	_
COMMENTS			
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specif	nc physical examination is recommended at each visit. Evider	nce-based screening for specifi	ic conditions is highlighted.
○ Eyes/Red reflex/Visual acuity <sup>2</sup> ○ Corneal light reflex/Cover-uncover test & inquiry <sup>2</sup>	<ul> <li>○ Blood pressure if at risk²</li> <li>○ Teeth/Caries Risk²</li> <li>○ Tonsil size/Sleep-disordered breathing²</li> </ul>	O Hearing inquiry O Heart/Lungs/Abdomen	
ASSESSMENT AND PLANS / CURRENT AND NEW F	REFERRALS <sup>4</sup> E.g. medical specialist, breastfeeding supports a	and services, dietitian, speech, a	udiology, PT, OT, eves.
dental, social determinants resources		,	
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZAT	${\sf FION}^3$ Record vaccines administered, address hesitancy a	nd missing vaccines.3	
O Anemia/iron deficiency screening (If at risk) <sup>2</sup> COMMENTS	○ Blood lead if at risk <sup>1</sup>		
SIGNATURE		DATE OF VISIT	/ /20







## **NATIONAL GUIDE IVE: 5 YEARS**

www.rourkebabyrecord.ca @2024 Drs. L Rourke, D Lec	luc and J Rourke. Revised May 18, 2024	Past problems/Risk factors:	ONE VISIT PER PAGE FORMA
NAME: Birth Da	ny (d/m/yy):// 20 M	Past problems/RISK factors:	Family history:
CDOWTHI THE OF IT I			
GROWTH <sup>1</sup> use WHO growth charts. Height	Weight	BMI	
	discussed below, indicate "✓" for no concerns, or "X" if cor		
PARENT / CAREGIVER CONCERNS FOI each O hear	discussed below, indicate V for no concerns, of X in con	ICC1 IIS.	
NUTRITION <sup>1</sup>			
O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day <sup>1</sup>	O Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt. <sup>1</sup>	O Canada's Food Guide/Fa O Inquire about vegetarian other diets <sup>1</sup>	amily meals <sup>1</sup> n, vegan and
COMMENTS			
<b>EDUCATION AND ADVICE</b> Repeat discussion of item specific parenting behaviours and routines that promote	s is based on perceived need. Practice inclusive, anti-racist, early relational health (ERH).	culturally safe care. Observe, disc	cuss, model, and praise
Injury Prevention <sup>1</sup> Motorized vehicle safety/Car seat (child/booster) <sup>1</sup> Bike helmets <sup>1</sup> Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <sup>1</sup> Firearm safety <sup>1</sup> Water safety <sup>1</sup> Carbon monoxide/smoke detectors <sup>1</sup> /Burns <sup>1</sup> /Matches Falls (stairs, unstable furniture/TV, trampolines) <sup>1</sup> No pacifiers <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> Parent-child interaction/Parenting skills programs <sup>2</sup> Encourage reading, telling stories, singing to/with child. <sup>2</sup> Identify risk for reading difficulties. <sup>2</sup> Family healthy active living/Sedentary behaviour/Screen time <sup>2</sup> Socializing/Peer play opportunities Assess child care/Preschool needs/ School readiness <sup>2</sup>	Environment Health  2 2nd hand smoke/E-cigs  Pesticide exposure  Sun exposure/Sunscreen  Other  Dental cleaning/Fluori  Complementary/alterna  No OTC cough/cold m  Toilet learning2	ns/Insect repellent <sup>1</sup> de/Dentist <sup>1</sup> tive medicine <sup>1</sup>
COMMENTS  DEVELOPMENT? In anima and absorbation of milesten	as listed below in the following and an encountry fire man	ton communication comitive c	o sial amortional
Tasks are set <u>after</u> the time of typical milestone acquisitic parental concern. Ensure milestones have been achieve	es, listed below in the following order: gross motor, fine mo on. Further assessment of development is merited by the abs d for any missed visits. Parental familiarity with particular r	sence of any milestone, loss of att milestones may be culturally dep	tained milestones or endent.
O Throws and catches a ball O Hops on 1 foot several times O Cuts with scissors/Good pencil grasp O Dresses and undresses with little help COMMENTS	<ul> <li>Counts 6 objects to answer "How many are there?"</li> <li>Speaks clearly in adult-like sentences most of the time</li> <li>Retells the sequence of a story</li> </ul>	○ Cooperates with adult re ○ Separates easily from pass ○ Identifies problem & asso ○ No parent/caregiver conce	rent/ Caregiver ociated feeling
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-speci	fic physical examination is recommended at each visit. Evide	ence-based screening for specific	conditions is highlighted.
<ul> <li>○ Eyes/Red reflex/Visual acuity<sup>2</sup></li> <li>○ Corneal light reflex/Cover-uncover test &amp; inquiry<sup>2</sup></li> </ul>	<ul> <li>Blood pressure if at risk<sup>2</sup></li> <li>Teeth/Caries Risk<sup>2</sup></li> <li>Tonsil size/Sleep-disordered breathing<sup>2</sup></li> </ul>	O Hearing inquiry O Heart/Lungs/Abdomen	
COMMENTS			
ASSESSMENT AND PLANS / CURRENT AND NEW dental, social determinants resources	<b>REFERRALS<sup>4</sup></b> E.g. medical specialist, breastfeeding supports	and services, dietitian, speech, auc	liology, PT, OT, eyes,
INVESTIGATIONS / SCREENING <sup>2</sup> AND IMMUNIZA	TION <sup>3</sup> Record vaccines administered, address hesitancy a	and missing vaccines. <sup>3</sup>	
O Anemia/iron deficiency screening (If at risk) <sup>2</sup> COMMENTS	O Blood lead if at risk <sup>1</sup>		
SIGNATURE		DATE OF VISIT /	/20









#### **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 nonbreastfed, 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.
- HealthLinkBC Series Feeding Babies & Toddlers: Vegetarian Vegan
- 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 neurobehavioural 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. Button batteries (CPS) Cannabis (CPS) 1-844-POISON-X (1-844-7669) 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  $\geq 6$  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: <u>CPS Caring for kids new to Canada</u> 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. Disruptive behaviour (CPS/CACAP) Parenting skills (EECD) 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) <u>International Adoption (Kids New to Canada)</u>
- 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 special needs.
- 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 Kids)
- 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 <u>after</u> 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 <u>Diagnostic assessment</u> <u>Management</u>

#### 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: <u>Vision screening (WHO pocket book)</u>
- Check red reflex for serious ocular diseases such as retinoblastoma and
- 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 Cleft lip/palate (AAP)
- Tonsil size/sleep-disordered breathing: Screen for sleep problems. Behavioural sleep problems and snoring in the presence of sleep-disordered breathing warrants assessment re: obstructive sleep apnea (OSA). 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)

review S&S of infection. • Hips: There is insufficient evidence to recommend routine diagnostic imaging for screening for

• Umbilicus: Gently pat dry and

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

Canines 16-22 mos 10-12 yrs 13-19 mos 10-12 yrs 25-33 mos ond molars 20-31 mos 10-12 vrs 16-23 mos 9-12 yrs 7-16 mos 6-10 mos 6-8 yrs

FIRST TEETH

7-12 mos

6-8 yrs

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 high-risk
- 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 weeks.
- Varicella vaccine: Children aged 12 months to 12 years who have not had varicella should receive 2 doses of varicella vaccine (univalent varicella or MMRV). Unvaccinated individuals ≥ 13 years who have not had varicella should receive two doses at least 28 days apart (univalent varicella only). Consult NACI guidelines for recommended options for catch-up varicella vaccination. Varicella and MMR vaccines should be administered concurrently, at different sites if the MMRV [combined MMR/varicella] vaccine is not available, or separated by at least 4 weeks.

#### • 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.

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#### 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, and 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  $\geq 2$  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 available.
- 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 <u>Canadian Immunization Guide</u>.







**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

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

#### **Entry Point / Universal** Services

## **Primary Concern**

If more than one domain affected. pediatric developmental

Hearing/Speech/ Language

Further

developmental

Medical Services (e.g. Audiology,

Otolaryngology)

**Preschool Speech** 

and Language Program (birth to

school entry) or Children's

Rehabilitation

Services (SLP)

Services for the Hearing Impaired

Infant Hearing

Program

assessment

Specialized

Social/Emotional/ Behavioural/ Mental Health/ Family Issues

Further

developmental assessment

Pediatrician/

- Motor Skills
  - assessment and neurological exam Pediatrician/
- Developmental pediatrician Psychologist
- · Infant Development Program
- Autism Services FASD Diagnostic Services and Support
- Children's Mental Health Services
- Family support

- developmental
- Developmental pediatrician
- Neurologist
- Rehabilitation Services (PT, OT)
- Services for physical and developmental disabilities
- Home and Community Care Services

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

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

#### **Additional Services and Program Support**

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

## al Resources and Referrals

Local Resources and Referrals				
Service	Contact person	Phone number	Website	Other