







# **ONTARIO GUIDE IA** WITHIN ONE WEEK VISIT

NAME:		Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
Birth Day (d/m/yy):// 20	M □ F □ Gestational Age:		
Sirth Length: cm	Birth Weight: g		
Birth Head Circumference: cm	Discharge Weight: g		
circumerencecm	Discharge Weightg		
GROWTH1 use WHO growth charts Corre	ct age until 24–36 months if < 37 weeks gestation		
Length	Weight	Hoad Circ (avg 35 cm)	
Length	weight	<b>Head Circ.</b> (avg 35 cm)	
PARENT / CAREGIVER CONCERNS	For each <b>○</b> item discussed below, indicate "✓" for no co	ncerns, or "X" if concerns.	
NUTRITION <sup>1</sup>			
○ Breastfeeding (exclusive) <sup>1</sup>	<ul><li>Formula feeding/preparation<sup>1</sup></li></ul>	O Supplementation: O	water O other fluids
○ Vitamin D 400 IU/day <sup>1</sup>	[avg 150 mL (5 oz)/kg/day]		
	<ul> <li>Urine output and Stool pattern/acholic stools<sup>2</sup></li> </ul>		
COMMENTS			
	scussion of items is based on perceived need. Practice in		lly safe care.
	c parenting behaviours and routines that promote early		
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup>	Environmental Hea	
O Motorized vehicle safety/Car seat <sup>1</sup>	O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>		cigs/Cannabis exposure
O Safe sleep (position, room sharing,	O Crying/Soothability/Colic <sup>2</sup>	O Pesticide exposure	, <b>I</b>
avoid bed sharing, crib safety) <sup>1</sup>	O Parental fatigue/ <b>Depression<sup>2</sup></b>	O Sun exposure 1	
O Firearm safety <sup>1</sup> O Pacifier use <sup>1</sup>	<ul> <li>Family Stress/Inquire re: difficulty making ends meet or food insecurity<sup>2</sup></li> </ul>	Other Issues <sup>1</sup>	_
O Hot water <49°C/Bath safety <sup>1</sup>	O Parent-infant interaction/	O Supervised tummy	
O Falls (stairs, change table)	Parenting skills programs <sup>2</sup>	O No OTC cough/cold	
O Carbon monoxide/Smoke detectors 1	Encourage reading, singing and	O Inquiry on compleme	•
O Choking/Safe toys <sup>1</sup>	speaking to infant <sup>2</sup>	alternative medicine	
a chieffing, saile toys	O High risk infants/Assess home visit need <sup>2</sup>	O Fever advice/Therm	ometers •
	3		
COMMENTS			



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









	MUNIZATION <sup>3</sup> Record vaccines administere  O Universal newborn hearing screening (UNF  O Initiate Hep B vaccine series if risk identifie	rs) <sup>2</sup>
Newborn screening as per province	O Universal newborn hearing screening (UNF	rs) <sup>2</sup>
g. medical specialist, breastfeeding supports and se		ntal, social determinants resources
SESSMENT AND PLANS / CURRENT ANI	D NEW DEFENDAL CA	
IMIMERALD		
Intact palate (inspection/palpation) <sup>2</sup> MMENTS	O Testicles/Genitalia	
	O Hips (Ortolani) <sup>2</sup>	
Ears/TMs–Hearing inquiry/screening <b>2</b>	C) Femoral pulses	Moro, hand grasp <sup>2</sup>
_	O Heart/Lungs O Abdomen/Umbilicus <sup>2</sup>	<ul> <li>Spine (dimple/sinus)²/Patency of anus²</li> <li>Muscle tone/Developmental reflexes:</li> </ul>
	O Tongue mobility if breastfeeding problems <sup>2</sup>	O Male urinary stream/Foreskin care
HYSICAL EXAMINATION2 appropriate age-specific physical examination is		ening for specific conditions is highlighted.
NAIMEN I 2		
Sucks well on nipple  DMMENTS	swallowing/breathing	○ No parent/caregiver concerns <sup>2</sup>
_	Sequences 2 or more sucks before	○ Startles to sounds
EVELOPMENT <sup>2</sup> Inquiry and observation of m cial-emotional. Tasks are set <u>after</u> the time of typi lestone, loss of attained milestones or parental criticular milestones may be culturally dependent.	cal milestone acquisition. Further assessment of oncern. 4 Ensure milestones have been achieved	development is merited by the absence of any for any missed visits. Parental familiarity with

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







# **ONTARIO GUIDE IB 2 WEEK VISIT**

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20	M □ F □ Gestational Age:	
Birth Length: cm	Birth Weight: g	
Birth Head Circumference: cm	Discharge Weight: g	
	ggg	
<b>GROWTH</b> 1 use <u>WHO growth charts</u> . Cor	rect age until 24–36 months if < 37 weeks gestatio	on.
Length	Weight (regains BW 1–3 weeks)	Head Circ.
PARENT / CAREGIVER CONCERNS F	or each <b>○</b> item discussed below, indicate "✓" for no cor	ncerns, or "X" if concerns.
NUTRITION1		
○ Breastfeeding (exclusive) <sup>1</sup>	○ Urine output and St	ool pattern/acholic stools <b>2</b>
○ Vitamin D 400 IU/day <sup>1</sup>	O Supplementation: O	water O other fluids
O Formula feeding/preparation <sup>1</sup> [avg 150 m	ıL (5 oz)/kg/day]	
COMMENTS		
<b>EDUCATION AND ADVICE</b> Repeat Observe, discuss, model, and praise specific	discussion of items is based on perceived need. Practice parenting behaviours and routines that promote early	inclusive, anti-racist, culturally safe care. relational health (ERH).
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup>	Environmental Health <sup>1</sup>
O Motorized vehicle safety/Car seat <sup>1</sup>	O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	O 2nd hand smoke/E-cigs/Cannabis exposure
O Safe sleep (position, room sharing,	○ Crying/Soothability/Colic <sup>2</sup>	O Pesticide exposure <sup>1</sup>
avoid bed sharing, crib safety) <sup>1</sup>	O Parental fatigue/ <b>Depression</b> <sup>2</sup>	○ Sun exposure 1
○ Firearm safety <sup>1</sup>	O Family Stress/Inquire re: difficulty	Other Issues <sup>1</sup>
O Pacifier use 1	making ends meet or food insecurity <sup>2</sup>	○ Supervised tummy time while awake <sup>1</sup>
O Hot water <49°C/Bath safety <sup>1</sup>	O Parent-infant interaction/Parenting	○ No OTC cough/cold medicine <sup>1</sup>
○ Falls (stairs, change table) <sup>1</sup>	skills programs <sup>2</sup>	O Inquiry on complementary/
O Carbon monoxide/ <i>Smoke detectors</i> <sup>1</sup>	O Encourage reading, singing and	alternative medicine <b>1</b>
○ Choking/Safe toys <sup>1</sup>	speaking to infant <sup>2</sup> O High risk infants/Assess home visit need <sup>2</sup>	O Fever advice/Thermometers 1
COMMENTS	<b>-</b>	









## **ONTARIO GUIDE IB 2 WEEK VISIT**

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

ME:		
n Day (d/m/yy):// 20	M 🗆 F 🗀	
VELOPMENT <sup>2</sup> Inquiry and observation	of milestones, listed below in the following order: gr	ross motor, fine motor, communication, cognitive
ial-emotional Tasks are set <u>after</u> the time c estone, loss of attained milestones or parei	of typical milestone acquisition. Further assessment on Ital concern.	of development is merited by the absence of any d for any missed visits. Parental familiarity with
	ndent. NB–Correct for age until 2 yrs if < 37 weeks ges	
Moves arms and legs	○ Sequences 2 or more sucks before	○ Startles to sounds
Sucks well on nipple	swallowing/breathing	○ No parent/caregiver concerns <sup>2</sup>
MMENTS		
IYSICAL EXAMINATION2 appropriate age-specific physical examinati	ion is recommended at each visit. Evidence-based scre	eening for specific conditions is highlighted.
Fontanelles <sup>2</sup>	O Tongue mobility if breastfeeding problems <sup>2</sup>	O Testicles/Genitalia
Skin (jaundice <b>²</b> )	O Heart/Lungs	Male urinary stream/Foreskin care
Eyes/Red reflex <sup>2</sup>	O Abdomen/Umbilicus <sup>2</sup>	O Spine (dimple/sinus) <sup>2</sup> /Patency of anus <sup>2</sup>
Ears/TMs–Hearing inquiry/screening <b>2</b>	O Femoral pulses	O Muscle tone/Developmental reflexes:
Neck/Torticollis <sup>2</sup>	O Hips (Ortolani) <sup>2</sup>	Moro, hand grasp 2
Intact palate (inspection/palpation)2		
OMMENTS		
SSESSMENT AND PLANS / CURRENT	TAND NEW REFERRALS4	
	nd services, dietitian, speech, audiology, PT, OT, eyes, de	ental, social determinants resources
g,ca.ca. specialis, a.casccag sapports a		
IVESTIGATIONS / SCREENING <sup>2</sup> AND	IMMUNIZATION <sup>3</sup> Record vaccines administer	ed, address hesitancy and missing vaccines.
Newborn screening as per province	<ul> <li>Universal newborn hearing screening (UNI</li> </ul>	
Hemoglobinopathy screen (if at risk) <sup>2</sup>	O Initiate Hep B vaccine series if risk identifie	
	— Induce help by vaccine series it fisk identifie	
OMMENTS		
CALATURE		DATE OF VISIT / /20
GNATURE		DATE OF VISIT/ /20

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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

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# Rourke Baby Record: 2024 Evidence-Based Infant/Child Health Maintenance Canadian Society Canadian So





# **ONTARIO GUIDE IC 1 MONTH VISIT**

	Leduc and J Rourke. Revised May 18, 2024	ONE VISIT PER TWO PAGES FORMAT (PAGE
ME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family histor
h Day (d/m/yy):// 20	M   F   Gestational Age:	
n Length: cm	Birth Weight: g	
Head Circumference:cm	Discharge Weight: g	
OWTH 1 use WHO growth charts. Correct	t age until 24–36 months if < 37 weeks gestation.	
ngth	Weight	Head Circ.
RENT / CAREGIVER CONCERNS FO	or each ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.
JTRITION <sup>1</sup>		
Breastfeeding (exclusive) <sup>1</sup>	○ Formula feeding/preparation <sup>1</sup> [450–750 mL (1	5–25 oz)/dav]
O Vitamin D 400 IU/day <sup>1</sup>	<ul> <li>○ Urine output and Stool pattern/acholic stools</li> <li>○ Supplementation: ○ water ○ other fluids</li> </ul>	-
MMENTS	Supplementation S water Source Halas	
	cussion of items is based on perceived need. Practice in parenting behaviours and routines that promote early	
serve, discuss, model, and praise specificury Prevention 1	parenting behaviours and routines that promote early Family functioning & Behaviour issues <sup>2</sup>	
serve, discuss, model, and praise specific ury Prevention <sup>1</sup> Motorized vehicle safety/Car seat <sup>1</sup>	parenting behaviours and routines that promote early  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/
serve, discuss, model, and praise specific ury Prevention <sup>1</sup> Motorized vehicle safety/Car seat <sup>1</sup> Safe sleep (position, room sharing,	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>	relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/  Cannabis exposure <sup>1</sup>
serve, discuss, model, and praise specific ury 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>	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>	relational health (ERH).  Environmental Health  O 2nd hand smoke/E-cigs/ Cannabis exposure  O Pesticide exposure  1
serve, discuss, model, and praise specific ury 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> Firearm safety <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> O Family Stress/Inquire re: difficulty	Environmental Health  2nd hand smoke/E-cigs/ Cannabis exposure  Pesticide exposure  Sun exposure  Sun exposure
serve, discuss, model, and praise specific ury 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> Firearm safety <sup>1</sup> Pacifier use <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>	relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/ Cannabis exposure  Pesticide exposure  Sun exposure  Other Issues
serve, discuss, model, and praise specific ury 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> Firearm safety <sup>1</sup> Pacifier use <sup>1</sup> Hot water <49°C/Bath safety <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup>	relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/ Cannabis exposure  Pesticide exposure  Sun exposure  Other Issues  Supervised tummy time while awake
serve, discuss, model, and praise specific ury 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> 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>	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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, singing and speaking to infant <sup>2</sup>	relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/ Cannabis exposure  Pesticide exposure  Sun exposure  Other Issues
	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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, singing and	Environmental Health  2nd hand smoke/E-cigs/ Cannabis exposure  Pesticide exposure  Sun exposure  Other Issues  No OTC cough/cold medicine  Inquiry on complementary/alternative









# **ONTARIO GUIDE IC 1 MONTH VISIT**

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

AME:		
rth Day (d/m/yy):// 20 M	□ F □	
social-emotional. Tasks are set <u>after</u> the time of milestone, loss of attained milestones or parent	of milestones, listed below in the following order: gro typical milestone acquisition. Further assessment of tal concern. <b>4</b> Ensure milestones have been achieved ent. NB–Correct for age until 2 yrs if < 37 weeks gest	development is merited by the absence of any for any missed visits. Parental familiarity with
🔾 Focuses gaze	○ Cries to express needs	O No parent/caregiver concerns <sup>2</sup>
○ Startles to loud noise	○ Calms when comforted	
COMMENTS		
DUVCICAL EVANINATION?		
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specific physical examinatio	n is recommended at each visit. Evidence-based scre	ening for specific conditions is highlighted.
O Sentinel injuries (bruising, subconjunctival	○ Eyes/Red reflex <sup>2</sup>	○ Neck/Torticollis <sup>2</sup>
hemorrhages, intra-oral) ${f 2}$	○ Hearing inquiry/screening <sup>2</sup>	O Heart/Lungs/Abdomen
O Fontanelles <sup>2</sup>	O Intact palate (inspection/palpation) <sup>2</sup>	O Hips (Ortolani) <sup>2</sup>
○ Skin (jaundice <sup>2</sup> )	O Tongue mobility if breastfeeding problems <sup>2</sup>	O Muscle tone <sup>2</sup>
COMMENTS		
ACCEPTANT AND DIAME (CHARLES)		
ASSESSMENT AND PLANS / CURRENT A	<b>AND NEW REFERRALS<sup>4</sup></b> and services, dietitian, speech, audiology, PT, OT, eye	s dental social determinants resources
L.g. medical specialist, preastreeding supports (	and services, dietitian, speech, addibiogy, F1, O1, eye	is, defical, social determinants resources
	IMMUNIZATION <sup>3</sup> Record vaccines administere	ed, address hesitancy and missing vaccines. <sup>3</sup>
O Follow-up Hep B vaccine status as indicate	ed <sup>3</sup>	
COMMENTS		
SIGNATURE		DATE OF VISIT / /20

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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

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## **ONTARIO GUIDE IIA 2 MONTH VISIT**

NAME:		Past problems/Risk factors: Family history:
	1 □ F □ Gestational Age:	
	irth Weight: g	
Birth Head Circumference: cm	ii tii weigiit g	
sirth Head Circumierence:Cm		
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age ur	ntil 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For ex	ach ○ item discussed below, indicate "✓" for no co	ncerns or "Y" if concerns
TARENT / CAREGIVER CONCERNS 101 e	acti 🤝 item discussed below, maicate 🕠 101 110 coi	ncerns, or A il concerns.
NUTRITION <sup>1</sup>		
O Breastfeeding (exclusive) <sup>1</sup>	<ul> <li>→ Formula feeding/preparation<sup>1</sup></li> </ul>	O Acholic stools <sup>2</sup>
_	T400 000 1 (00 00 ) (1 7	( ) Supplementation: ( ) water ( ) ether fluide
O Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	O Supplementation: O water O other fluids
_	[600–900 mL (20–30 oz)/day]	3 Supplementation. 9 water 9 other nuits
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	3 Supplementation. 9 water 9 other nuits
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	Supplementation. Swater Sottler huids
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	3 Supplementation. 9 water 9 other nuitos
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	3 Supplementation. 9 water 9 other nuitos
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other nuits
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	3 supplementation. 3 water 3 other hulds
○ Vitamin D 400 IU/day <sup>1</sup>	[600–900 mL (20–30 oz)/day]	3 supplementation. 9 water 9 other nuitos
O Vitamin D 400 IU/day <sup>1</sup> COMMENTS  EDUCATION AND ADVICE Repeat discuss	sion of items is based on perceived need. Practice ir	nclusive, anti-racist, culturally safe care.
O Vitamin D 400 IU/day¹  COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa	sion of items is based on perceived need. Practice ir renting behaviours and routines that promote earl	nclusive, anti-racist, culturally safe care. y relational health (ERH).
O Vitamin D 400 IU/day¹  COMMENTS  EDUCATION AND ADVICE Repeat discuss	sion of items is based on perceived need. Practice ir	nclusive, anti-racist, culturally safe care.
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury Prevention <sup>1</sup>	sion of items is based on perceived need. Practice in renting behaviours and routines that promote early <b>Family functioning &amp; Behaviour issues</b> <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH). <b>Environmental Health</b> <sup>1</sup>
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  1	sion of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/Cannabis exposure <sup>1</sup>
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹	sion of items is based on perceived need. Practice in renting behaviours and routines that promote early 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	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/Cannabis exposure <sup>1</sup> O Pesticide exposure <sup>1</sup>
○ Vitamin D 400 IU/day¹  COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury Prevention¹  ○ Motorized vehicle safety/Car seat¹  ○ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹  ○ Poisons/Ingestions¹; PCC#¹  ○ Firearm safety¹	ion of items is based on perceived need. Practice in renting behaviours and routines that promote early 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>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 and hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent
○ Vitamin D 400 IU/day¹  COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palinjury 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	ion of items is based on perceived need. Practice in renting behaviours and routines that promote early 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	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Other Issues
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury 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	ion of items is based on perceived need. Practice in renting behaviours and routines that promote early 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>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Supervised tummy time while awake  Teething 1/Dental cleaning/Fluoride  No OTC cough/cold medicine
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹  Firearm safety¹  Pacifier use¹  Hot water <49°C/Bath safety¹  Electric plugs/Cords	sion of items is based on perceived need. Practice in renting behaviours and routines that promote early 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, telling stories,	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health 1  ② 2nd hand smoke/E-cigs/Cannabis exposure 1  ③ Pesticide exposure 1  ③ Sun exposure/Sunscreens/Insect repellent 1  Other Issues 1  ③ Supervised tummy time while awake 1  ③ Teething 1/Dental cleaning/Fluoride 1  ③ No OTC cough/cold medicine 1  ④ Complementary/alternative medicine 1
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palinjury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹  Firearm safety¹  Pacifier use¹  Hot water <49°C/Bath safety¹  Electric plugs/Cords  Falls (stairs, change table, unstable furniture/	ion of items is based on perceived need. Practice in renting behaviours and routines that promote early  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, telling stories, singing to/with infant <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Supervised tummy time while awake  Teething 1/Dental cleaning/Fluoride  No OTC cough/cold medicine
O Vitamin D 400 IU/day¹  COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific particles after a specific particles af	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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 infant <sup>2</sup> Family healthy active living/	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health 1  ② 2nd hand smoke/E-cigs/Cannabis exposure 1  ③ Pesticide exposure 1  ③ Sun exposure/Sunscreens/Insect repellent 1  Other Issues 1  ③ Supervised tummy time while awake 1  ③ Teething 1/Dental cleaning/Fluoride 1  ③ No OTC cough/cold medicine 1  ④ Complementary/alternative medicine 1
COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palinjury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹  Firearm safety¹  Pacifier use¹  Hot water <49°C/Bath safety¹  Electric plugs/Cords  Falls (stairs, change table, unstable furniture/	ion of items is based on perceived need. Practice in renting behaviours and routines that promote early  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, telling stories, singing to/with infant <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Supervised tummy time while awake  Teething 1/Dental cleaning/Fluoride  No OTC cough/cold medicine  Complementary/alternative medicine
O Vitamin D 400 IU/day¹  COMMENTS  EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury 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	ion of items is based on perceived need. Practice in renting behaviours and routines that promote early Family functioning & Behaviour issues?  O Healthy sleep habits²/Night waking? O Crying/Soothability/Colic? O Parental fatigue/Depression? O Family Stress/Inquire re: difficulty making ends meet or food insecurity? O Parent-infant interaction/Parenting skills programs? O Encourage reading, telling stories, singing to/with infant? O Family healthy active living/Sedentary behaviour/Screen time?	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Supervised tummy time while awake  Teething 1/Dental cleaning/Fluoride  No OTC cough/cold medicine  Complementary/alternative medicine









### **ONTARIO GUIDE IIA 2 MONTH VISIT**

ME:			
th Day (d/m/yy):// 20 M	□ F □		
EVELOPMENT2 Inquiry and observation of			
cial-emotional. Tasks are set <u>after</u> the time of ilestone, loss of attained milestones or parent	al concern. 4 Ensure milestones have been	achieved for any missed visits.	ed by the absence of any Parental familiarity with
articular milestones may be culturally depend		eeks gestation.	
Lifts head up while lying on tummy	O Smiles responsively	- (	
Follows movement with eyes Turns head towards sounds	<ul> <li>Can be comforted &amp; calmed by touchin</li> <li>No parent/caregiver concerns<sup>2</sup></li> </ul>	д/госкіпд	
	O No parent, caregiver concerns		
DMMENTS			
HYSICAL EXAMINATION <sup>2</sup> n appropriate age-specific physical examination	on is recommended at each visit. Evidence-	based screening for specific co	nditions is highlighted.
Sentinel injuries (bruising, subconjunctival	○ Eyes/Red reflex <sup>2</sup>	O Heart/Lungs/Abo	
hemorrhages, intra-oral) <sup>2</sup>	• Hearing inquiry/screening <sup>2</sup>	O Hips (Ortolani) <sup>2</sup>	
Fontanelles <sup>2</sup>	O Neck/Torticollis <sup>2</sup>	O Muscle tone <sup>2</sup>	
Skin (jaundice <b>²</b> )			
OMMENTS			
SSESSMENT AND PLANS / CURRENT A g. medical specialist, breastfeeding supports a		T, OT, eyes, dental, social deterr	minants resources
VESTIGATIONS / SCREENING <sup>2</sup> AND IN	MMUNIZATION <sup>3</sup> Record vaccines admi	nistered, address hesitancy a	nd missing vaccines. <sup>3</sup>
DMMENTS			
GNATURE		DATE OF VISIT	/ /20



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





# **ONTARIO GUIDE IIB 4 MONTH VISIT**

IAME:		Past problems/Risk factors:	Family history:
	1 □ F □ Gestational Age:		
	irth Weight: g		
Birth Head Circumference: cm	<del></del> 9		
circumerencecir			
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct ag	se until 24-36 months if < 37 weeks gestation		
-		Head Circ.	
Length	Weight	nead Circ.	
PARENT / CAREGIVER CONCERNS For ea	ach <b>○</b> item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.	
NUTRITION <sup>1</sup>			
	0.5 1.6 15 1 15 15 15 15 15 15 15 15 15 15 15 1	25.26. \/   1	
○ Breastfeeding (exclusive) <sup>1</sup> ○ Vitamin D 400 IU/day <sup>1</sup>	<ul> <li>Formula feeding/preparation<sup>1</sup> [750–1080 mL (</li> <li>Discuss future introduction of solids, with em</li> </ul>	·	n and allownouse foods 1
O Vitamin D 400 10/day	O Supplementation: O water O other fluids	phasis on Iron containing	g and allergenic loods :
	Supplementation. Swater Sotner hulus		
COMMENTS			
EDUCATION AND ADVICE Repeat discuss	ion of items is based on perceived need. Practice inc		y safe care.
<b>EDUCATION AND ADVICE</b> Repeat discuss Observe, discuss, model, and praise specific pa	renting behaviours and routines that promote early	relational health (ERH).	
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa	renting behaviours and routines that promote early Family functioning & Behaviour issues <sup>2</sup>	relational health (ERH).  Environmental Heal	th <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  O Motorized vehicle safety/Car seat	renting behaviours and routines that promote early  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	relational health (ERH).  Environmental Heal  O 2nd hand smoke/E-c	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing,	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>	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure	<b>th<sup>1</sup></b> cigs/Cannabis exposure <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  O Motorized vehicle safety/Car seat O Safe sleep (position, room sharing, avoid bed sharing, crib safety)  1	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <sup>2</sup> Parental fatigue/Depression <sup>2</sup>	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure  Sun exposure/Sunsci	<b>th<sup>1</sup></b> cigs/Cannabis exposure <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty	relational health (ERH).  Environmental Heal  2 2nd hand smoke/E-c  Pesticide exposure  Sun exposure/Sunsco  Other Issues  1	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  O Motorized vehicle safety/Car seat O Safe sleep (position, room sharing, avoid bed sharing, crib safety)  1	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <sup>2</sup> Parental fatigue/Depression <sup>2</sup>	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure  Sun exposure/Sunsci  Other Issues  Supervised tummy	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> I reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions  Firearm safety  Firearm safety	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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/	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure  Sun exposure/Sunscr  Other Issues  Supervised tummy  Teething 1/Dental cle	th1  cigs/Cannabis exposure1  reens/Insect repellent1  time while awake1 eaning/Fluoride1
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹  Firearm safety¹  Pacifier use¹	Family functioning & Behaviour issues  Healthy sleep habits²/Night waking²  Crying/Soothability/Colic²  Parental fatigue/Depression²  Family Stress/Inquire re: difficulty making ends meet or food insecurity²	relational health (ERH).  Environmental Heal  2nd hand smoke/E-G  Pesticide exposure  Sun exposure/Sunsci  Other Issues  Supervised tummy  Teething  No OTC cough/cold	th1 cigs/Cannabis exposure1 reens/Insect repellent1 time while awake1 eaning/Fluoride1 medicine1
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa 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>	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> Parenting skills programs <sup>2</sup> Encourage reading, telling stories,	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure?  Sun exposure/Sunsci  Other Issues?  Supervised tummy  Teething?/Dental clo  No OTC cough/cold  Complementary/alter	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup> eaning/Fluoride <sup>1</sup> medicine <sup>1</sup> rnative medicine <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions  ; PCC#  Firearm safety  Pacifier use  Hot water <49°C/Bath safety  Electric plugs/Cords	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <sup>2</sup> Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup> Parenting skills programs <sup>2</sup> Encourage reading, telling stories,	relational health (ERH).  Environmental Heal  2nd hand smoke/E-G  Pesticide exposure  Sun exposure/Sunsci  Other Issues  Supervised tummy  Teething  No OTC cough/cold	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup> eaning/Fluoride <sup>1</sup> medicine <sup>1</sup> rnative medicine <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions  ; PCC#  Firearm safety  Pacifier use  Hot water <49°C/Bath safety  Electric plugs/Cords  Falls (stairs, change table, unstable furniture/TV, no walkers)  Carbon monoxide/Smoke detectors	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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 infant <sup>2</sup> Family healthy active living/ Sedentary behaviour/Screen time <sup>2</sup>	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure?  Sun exposure/Sunsci  Other Issues?  Supervised tummy  Teething?/Dental clo  No OTC cough/cold  Complementary/alter	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup> eaning/Fluoride <sup>1</sup> medicine <sup>1</sup> rnative medicine <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions¹; PCC#¹  Firearm safety¹  Pacifier use¹  Hot water <49°C/Bath safety¹  Electric plugs/Cords  Falls (stairs, change table, unstable furniture/TV, no walkers)¹	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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 infant <sup>2</sup> Family healthy active living/ Sedentary behaviour/Screen time <sup>2</sup> Child care <sup>2</sup> /Return to work	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure?  Sun exposure/Sunsci  Other Issues?  Supervised tummy  Teething?/Dental clo  No OTC cough/cold  Complementary/alter	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup> eaning/Fluoride <sup>1</sup> medicine <sup>1</sup> rnative medicine <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions  ; PCC#  Firearm safety  Pacifier use  Hot water <49°C/Bath safety  Electric plugs/Cords  Falls (stairs, change table, unstable furniture/TV, no walkers)  Carbon monoxide/Smoke detectors	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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 infant <sup>2</sup> Family healthy active living/ Sedentary behaviour/Screen time <sup>2</sup>	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure?  Sun exposure/Sunsci  Other Issues?  Supervised tummy  Teething?/Dental clo  No OTC cough/cold  Complementary/alter	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup> eaning/Fluoride <sup>1</sup> medicine <sup>1</sup> rnative medicine <sup>1</sup>
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention  Motorized vehicle safety/Car seat  Safe sleep (position, room sharing, avoid bed sharing, crib safety)  Poisons/Ingestions  ; PCC#  Firearm safety  Pacifier use  Hot water <49°C/Bath safety  Electric plugs/Cords  Falls (stairs, change table, unstable furniture/TV, no walkers)  Carbon monoxide/Smoke detectors	Family functioning & Behaviour issues <sup>2</sup> Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> Crying/Soothability/Colic <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 infant <sup>2</sup> Family healthy active living/ Sedentary behaviour/Screen time <sup>2</sup> Child care <sup>2</sup> /Return to work	relational health (ERH).  Environmental Heal  2nd hand smoke/E-c  Pesticide exposure?  Sun exposure/Sunsci  Other Issues?  Supervised tummy  Teething?/Dental clo  No OTC cough/cold  Complementary/alter	th <sup>1</sup> cigs/Cannabis exposure <sup>1</sup> reens/Insect repellent <sup>1</sup> time while awake <sup>1</sup> eaning/Fluoride <sup>1</sup> medicine <sup>1</sup> rnative medicine <sup>1</sup>











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

ME:					
th Day (d/m/yy):// 20 M	□ F □				
<b>EVELOPMENT<sup>2</sup></b> Inquiry and observation of cial-emotional. Tasks are set <u>after</u> the time of lestone, loss of attained milestones or parent rticular milestones may be culturally depend	typical milestone acquisitic tal concern. <b>4</b> Ensure milesto	on. Further assessment ones have been achieve	of development is merited for any missed visits. F	ed by the abse	nce of any
Lifts head and chest in prone position	ent. ND concertor age and			yamant/nantina	/vocalizino
Holds an object briefly when placed in hand		<ul> <li>Responds to people with excitement (leg movement/panting/voc</li> <li>Coos responsively</li> <li>No parent/careaiver concerns<sup>2</sup></li> </ul>		/ vocalizing	
Follows a moving toy or person with eyes past	midline			<ul> <li>No parent/caregiver concerns<sup>2</sup></li> </ul>	
DMMENTS					
IVCICAL EVAMINATION?					
HYSICAL EXAMINATION <sup>2</sup> n appropriate age-specific physical examination		visit. Evidence-based so		ditions is highli	ghted.
Sentinel injuries (bruising, subconjunctival	O Eyes/Red reflex <sup>2</sup>	•	O Neck/Torticollis <sup>2</sup>		
hemorrhages, intra-oral) <sup>2</sup>	• Hearing inquiry/screer	=	O Hips (limited hip a	abd'n)	
Anterior fontanelle <sup>2</sup>	O Heart/Lungs/Abdome	en	O Muscle tone <sup>2</sup>		
SSESSMENT AND PLANS / CURRENT A g. medical specialist, breastfeeding supports and		audiology, PT, OT, eyes, c	lental, social determinant	s resources	
VESTICATIONS (SCREENING) AND IN	AMILINITATION?				3 -
VESTIGATIONS / SCREENING <sup>2</sup> AND IN	MMUNIZATION <sup>3</sup> Record	vaccines administere	ed, address hesitancy a	nd missing va	ccines. <sup>3</sup>
PMMENTS					
CNATURE			DATE OF WORT		/20
GNATURE			DATE OF VISIT	•	

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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

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# **ONTARIO GUIDE IIC 6 MONTH VISIT**

NAME:		Past problems/Risk factors: Family history:
Birth Day (d/m/yy):// 20 M	☐ F ☐ Gestational Age:	
Birth Length: cm Bir	rth Weight: g	
Birth Head Circumference: cm		
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age	e until 24–36 months if < 37 weeks gestation.	
Length	Weight (x2 BW)	Head Circ.
PARENT / CAREGIVER CONCERNS For ea	ch <b>○</b> item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.
NUTRITION <sup>1</sup>		
○ Breastfeeding – introduction of solids <sup>1</sup>	O Iron containing foods (meat, wild game,	O Avoid juice and food/beverages high
O Vitamin D 400 IU/day <sup>1</sup>	fish, legumes, tofu, whole eggs,	in sugar or salt 1
○ Formula feeding/preparation1	iron-fortified infant cereal) <sup>1</sup>	○ Choking/Safe food 1
[750-1080 mL (25-36 oz)/day]	O Allergenic foods	○ No honey <sup>1</sup>
O Fruits, vegetables, and milk products	(especially eggs and peanut products) <sup>1</sup>	O No bottles in bed
(yogurt, cheese)		O Inquire about vegetarian, vegan and other diets 1
COMMENTS		
	on of items is based on perceived need. Practice in enting behaviours and routines that promote early	
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup>	Environmental Health <sup>1</sup>
O Motorized vehicle safety/Car seat <sup>1</sup>	O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	○ 2nd hand smoke/E-cigs/Cannabis exposure <sup>1</sup>
○ Safe sleep (position, room sharing,	O Crying/Soothability/Colic <sup>2</sup>	O Pesticide exposure <sup>1</sup>
avoid bed sharing, crib safety) <sup>1</sup>	O Parental fatigue/ <b>Depression</b> <sup>2</sup>	• Sun exposure/Sunscreens/Insect repellent <sup>1</sup>
○ Poisons/Ingestions <sup>1</sup> ; PCC# <sup>1</sup>	O Family Stress/Inquire re: difficulty	Other Issues <sup>1</sup>
○ Firearm safety <sup>1</sup>	making ends meet or food insecurity <sup>2</sup>	O Supervised tummy time while awake <sup>1</sup>
O Pacifier use <sup>1</sup>	O Parent-infant interaction/	O Teething <sup>1</sup> /Dental cleaning/Fluoride <sup>1</sup>
○ Hot water <49°C/Bath safety¹	Parenting skills programs <sup>2</sup>	O No OTC cough/cold medicine <sup>1</sup>
○ Electric plugs/Cords	O Encourage reading, telling stories,	Complementary/alternative medicine <sup>1</sup>
○ Falls (stairs, change table, unstable furniture/	singing to/with infant <sup>2</sup>	O Fever advice/Thermometers <sup>1</sup>
TV, no walkers)1	O Family healthy active living/	2 . Evel davice, memoriteers
O Carbon monoxide/Smoke detectors <sup>1</sup>	Sedentary behaviour/Screen time <sup>2</sup>	
○ Choking/Safe toys <sup>1</sup>	○ Child care <sup>2</sup> /Return to work	
	O Assess home visit need <sup>2</sup>	
COMMENTS		



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







**ONTARIO GUIDE IIC 6 MONTH VISIT** 

AME:		
irth Day (d/m/yy):/ 20 M	_ F _	
social-emotional. Tasks are set <u>after</u> the time of t	typical milestone acquisition. Further assessmer al concern. <sup>4</sup> Ensure milestones have been achie	gross motor, fine motor, communication, cognitive, of development is merited by the absence of any eved for any missed visits. Parental familiarity with gestation.
<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>	<ul> <li>No persistent closed/fisted hands</li> <li>Hears sounds &amp; laughs when spoken to</li> </ul>	<ul> <li>Vocalizes pleasure and displeasure with good eye contact</li> <li>No parent/caregiver concerns<sup>2</sup></li> </ul>
COMMENTS		
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specific physical examinatio	n is recommended at each visit. Evidence-based	screening for specific 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> COMMENTS	<ul> <li>Hearing inquiry/screening<sup>2</sup></li> <li>Corneal light reflex/</li> <li>Cover-uncover test &amp; inquiry<sup>2</sup></li> <li>Teeth/Caries risk assessment<sup>2</sup></li> </ul>	<ul> <li>Heart/Lungs/Abdomen</li> <li>Hips (limited hip abd'n)<sup>2</sup></li> <li>Muscle tone<sup>2</sup> /No head lag/</li> <li>Developmental reflexes gone<sup>2</sup></li> </ul>
ASSESSMENT AND DLANS / CUDDENT A	ND NEW DECEDDALS4	
ASSESSMENT AND PLANS / CURRENT A E.g. medical specialist, breastfeeding supports a	nd NEW REFERRALS* nd services, dietitian, speech, audiology, PT, OT,	eyes, dental, social determinants resources
INVESTIGATIONS / SCREENING2 AND IM	IMUNIZATION3 Record vaccines administe	ered, address hesitancy and missing vaccines. <sup>3</sup>
O Anemia/iron deficiency screening (if at risk) <sup>2</sup>	O Inquire about risk factors for TB <sup>2</sup>	<ul> <li>○ Follow-up Hep B vaccine status as indicated<sup>3</sup></li> </ul>
COMMENTS		
SIGNATURE		DATE OF VISIT / /20







## **ONTARIO GUIDE IIIA** 9 MONTH VISIT

NAME:		Past problems/Risk factors:	Family history:
Birth Day (d/m/yy):// 20 M	□ F □ Gestational Age:	,	,,
	th Weight: g		
_	tir weight g		_
Birth Head Circumference: cm			
CPOWTH1	124.26		
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age unti	•	11 16	
Length	Weight	Head Circ.	
PARENT / CAREGIVER CONCERNS For each	Th $\odot$ item discussed below, indicate " $\checkmark$ " for no cond	cerns, or "X" if concerns.	
NUTRITION <sup>1</sup>			
○ Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup>	O Avoid juice and food/beverages high in	O No bottles in bed	
O Formula feeding/preparation <sup>1</sup>	sugar or salt 1	• Eats a variety of text	ures
[720–960 mLs (24–32 oz)/day]	O At 9-12 mos, add 3.25% MF cow milk –	O No honey 1	
O Iron containing foods 1, Allergenic foods 1,	max 500-720 mLs (16-24 oz)/day	O Independent/self-fee	eding/Family meals 1
fruits, vegetables	○ Choking/Safe foods <sup>1</sup>	O Inquire about vegetari	ian, vegan and other diets 1
	O Encourage change from bottle to cup		
COMMENTS			
EDUCATION AND ADVICE Papert discussion	on of items is based on perceived need. Practice inc	lucivo anti racist cultura	illy safe care
	enting behaviours and routines that promote early		ily sale cale.
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup>	Environmental Hea	lth <sup>1</sup>
O Motorized vehicle safety/Car seat <sup>1</sup>	O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	O 2nd hand smoke/E	:-cigs/Cannabis exposure 1
O Safe sleep (position, avoid bed sharing,	○ Crying/Soothability <sup>2</sup>	O Pesticide exposure	1دٍ
crib safety) <sup>1</sup>	O Parental fatigue/ <b>Depression</b> <sup>2</sup>	O Sun exposure/Suns	creens/Insect repellent <b>1</b>
O Poisons/Ingestions (e.g. safe storage	O Family Stress/Inquire re: difficulty making	Other Issues <sup>1</sup>	
of cannabis) <sup>1</sup> ; PCC# <sup>1</sup>	ends meet or food insecurity <sup>2</sup>	O Teething 1/Dental c	leaning/Fluoride/
O Firearm safety <sup>1</sup>	O Parent-infant interaction/	Dentist <sup>1</sup>	_
O Pacifier use <sup>1</sup>	Parenting skills programs <sup>2</sup>	O No OTC cough/cold	d medicine <sup>1</sup>
O Bath safety <sup>1</sup> /Burns <sup>1</sup>	O Encourage reading, telling stories,	○ Complementary/alte	ernative medicine <sup>1</sup>
O Carbon monoxide/Smoke detectors <sup>1</sup>	singing to/with child <sup>2</sup>	O Fever advice/Therm	ometers 1
Childproofing, including:	<ul> <li>Family healthy active living/</li> <li>Sedentary behaviour/Screen time<sup>2</sup></li> </ul>	○ Footwear <sup>1</sup>	
O Falls (stairs, change table, unstable furniture/	O Child care <sup>2</sup> /Return to work		
TV, no walkers) <sup>1</sup>	O Assess home visit need <sup>2</sup>		
<ul> <li>Electric plugs/Cords</li> <li>Choking/Safe toys<sup>1</sup></li> </ul>			
- ,			
COMMENTS			









## **ONTARIO GUIDE IIIA** 9 MONTH VISIT

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







## **ONTARIO GUIDE IIIB** 12-13 MONTH VISIT

NAME:		Past problems/Risk factors: Family history:
	☐ F ☐ Gestational Age:	_
	th Weight: g	
Birth Head Circumference: cm		
CDOWTH1		
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age unt		
Length	Weight (x3 BW)	<b>Head Circ.</b> (avg 47 cm)
PARENT / CAREGIVER CONCERNS For eac	h <b>○</b> item discussed below, indicate "✓" for no conce	erns, or "X" if concerns.
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
NUTRITION1		
○ Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup>	O No bottles in b	ed
3.25% MF cow milk – max 500-600 mLs (16-2	0 oz)/day <sup>1</sup> O Independent/s	elf-feeding/Family meals <sup>1</sup>
O Avoid juice and food/beverages high in su		ds with a variety of textures.
○ Choking/Safe foods <sup>1</sup>	O Inquire about v	egetarian, vegan and other diets <sup>1</sup>
O Promote open cup instead of bottle		
COMMENTS		
<b>EDUCATION AND ADVICE</b> Repeat discussion Observe, discuss, model, and praise specific part		
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issue	•
O Motorized vehicle safety/Car seat <sup>1</sup>	O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	O 2nd hand smoke/E-cigs/Cannabis exposure
O Poisons/Ingestions (e.g. safe storage	O Crying/Soothability <sup>2</sup>	O Pesticide exposure <sup>1</sup>
of cannabis) <sup>1</sup> ; PCC# <sup>1</sup>	O Parental fatigue/ <b>Depression</b> <sup>2</sup>	O Sun exposure/Sunscreens/Insect repellent1
○ Firearm safety <sup>1</sup>	O Family Stress/Inquire re: difficulty mal	king Other Issues 1
O Pacifier use 1	ends meet or food insecurity <sup>2</sup>	O Teething <sup>1</sup> /Dental cleaning/Fluoride/
O Bath safety <sup>1</sup> /Burns <sup>1</sup>	O Parent-infant interaction/	Dentist <sup>1</sup>
O Carbon monoxide/Smoke detectors 1	Parenting skills programs <sup>2</sup>	○ No OTC cough/cold medicine <sup>1</sup>
Childproofing, including:	O Encourage reading, telling stories,	○ Complementary/alternative medicine <sup>1</sup>
• Falls (stairs, change table, unstable furniture/	singing to/with child <sup>2</sup>	O Fever advice/Thermometers <sup>1</sup>
TV, no walkers) <sup>1</sup>	O Family healthy active living/	○ Footwear <sup>1</sup>
O Electric plugs/Cords	Sedentary behaviour/Screen time <sup>2</sup> O Child care <sup>2</sup> /Return to work	
○ Choking/Safe toys <sup>1</sup>	O Assess home visit need <sup>2</sup>	
COMMENTS	- 1.55ebb Home Fishe Heed	



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







**ONTARIO GUIDE IIIB** 12-13 MONTH VISIT

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

AME:					
rth Day (d/m/yy):// 20 M 🔲 F					
DEVELOPMENTS :					***
<b>DEVELOPMENT2</b> Inquiry and observation of miles ocial-emotional. Tasks are set <u>after</u> the time of typica	stones, listed below in ' al milestone acquisition	the following order: gro s. Further assessment o	ss motor, fine motor, ( f development is meri	communication ted by the abse	n, cognitive, ence of any
nilestone, loss of attained milestones or parental con	ncern. <b>4</b> Ensure milestor	nes have been achieved	I for any missed visits.	Parental familia	arity with
particular milestones may be culturally dependent. N	IB–Correct for age until	2 yrs if < 37 weeks ges	tation.		
Pulls to stand/walks holding on		<ul><li>Understands simple r</li></ul>	equests, (e.g. "Where is	the ball?")	
Crawls or 'bum' shuffles		Makes sounds/gestur			
Uses both hands equally		<ul><li>Follows your gaze to</li></ul>			
O Uses fingers to rake food with thumb against side of a	_	<ul> <li>Seeks contact with care</li> </ul>	-	xiety	
<ul> <li>Babbles a series of different sounds and occasional w</li> </ul>	vords	O No parent/caregiver	concerns <b>²</b>		
Comparison Responds to own name					
COMMENTS					
PHYSICAL EXAMINATION2	ocommonded at each w	icit Evidanca basad sar	aaning far spacific san	ditions is biobl	iahtad
An appropriate age-specific physical examination is re O Anterior fontanelle <sup>2</sup>		isit. Evidence-based scr			igntea.
	Corneal light reflex/	::2	O Heart/Lungs/Abo O Hips (limited hip		
•	Cover-uncover test & Tonsil size/Sleep-diso	. ,	O Muscle tone <sup>2</sup>	abd n) <del>-</del>	
	Teeth/Caries risk assessr	_	• Muscle torie-		
COMMENTS					
ASSESSMENT AND PLANS / CURRENT AND N	NEW REFERRAL S4				
E.g. medical specialist, breastfeeding supports and se		h, audiology, PT, OT, ey	es, dental, social deter	minants resour	ces
		3,7			
ANY FESTICATIONS (CORFERINGS AND MARKET	NUZATIONIA				
NVESTIGATIONS / SCREENING <sup>2</sup> AND IMMU			<u> </u>		
O If HBsAg positive mother check HBV antibodies a	nd HBsAg <sup>3</sup> (at 9 or 12	months)	○ Anemia/iron defici	ency screening (I	lf at risk) <b>2</b>
D Blood lead if at risk <sup>1</sup>					
COMMENTS					
					/20
IGNATURE			DATE OF VISIT		/20
	.:C				

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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

Financial support provided by the Government of Ontario. For fair use authorization, see <a href="https://www.rourkebabyrecord.ca">www.rourkebabyrecord.ca</a>







# **ONTARIO GUIDE IIIC 15 MONTH VISIT**

		Past problems/Risk factors: Family history:
	☐ F ☐ Gestational Age:	
	rth Weight: g	
Birth Head Circumference: cm		
CD CHIEF LITTLE COLOR TO THE CO		
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct ag		
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For ea	ch ○ item discussed below, indicate "✓" for no co	ncerns, or "X" if concerns.
NUTRITION <sup>1</sup>		
O Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup>	O Promote open cup	instead of bottle
O 3.25% MF cow milk – max 500-600 mLs (16-2	•	
O Avoid juice and food/beverages high in su	-	eeding/Family meals <sup>1</sup>
Chalsing/Cafa faada1	O Inquire about year	etarian, vegan and other diets <sup>1</sup>
O Choking/Safe foods <sup>1</sup>	• inquire about vege	, .g
COMMENTS	• inquire assurvege	, . <b>.</b>
	o inquire assur rege	
•	o inquire assur rege	
•	— inquire assurvege	
•	- Inquire assurvege	
•	- Inquie assat rege	
•	o inquire about rege	
COMMENTS		
COMMENTS  EDUCATION AND ADVICE Repeat discussi	on of items is based on perceived need. Practice ir	nclusive, anti-racist, culturally safe care.
COMMENTS  EDUCATION AND ADVICE Repeat discussi		nclusive, anti-racist, culturally safe care.
EDUCATION AND ADVICE Repeat discussi Observe, discuss, model, and praise specific par	on of items is based on perceived need. Practice ir renting behaviours and routines that promote earl	nclusive, anti-racist, culturally safe care. y relational health (ERH).
EDUCATION AND ADVICE Repeat discussi Observe, discuss, model, and praise specific par Injury Prevention <sup>1</sup>	on of items is based on perceived need. Practice in tenting behaviours and routines that promote earl	nclusive, anti-racist, culturally safe care. y relational health (ERH). Environmental Health <sup>1</sup>
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific par Injury Prevention 1  O Motorized vehicle safety/Car seat 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 and hand smoke/E-cigs/Cannabis exposure
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific par Injury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> • Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> • Crying/Soothability <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific partinjury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC# 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability <sup>2</sup> O Parental fatigue/Depression <sup>2</sup>	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Other Issues
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific partinjury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC# 1  Firearm safety 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> O Family Stress/Inquire re: difficulty making	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething 1/Dental cleaning/Fluoride/
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific par Injury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC#1  Firearm safety 1  Pacifier use 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability <sup>2</sup> O Parental fatigue/Depression <sup>2</sup> Family Stress/Inquire re: difficulty making ends meet or food insecurity <sup>2</sup>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dentist  Dentist
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific partinjury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC# 1  Firearm safety 1  Pacifier use 1  Bath safety 1/Burns 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  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,	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dentist  No OTC cough/cold medicine
EDUCATION AND ADVICE Repeat discussions Observe, discuss, model, and praise specific part Injury Prevention  One Motorized vehicle safety/Car seat  Poisons/Ingestions (e.g. safe storage of cannabis)1; PCC#1  Firearm safety  Pacifier use  Bath safety  Carbon monoxide/Smoke detectors  Carbon monoxide/Smoke detectors	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> /Night waking <sup>2</sup> O Crying/Soothability <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>	nclusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dentist  Dentist
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific par Injury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC# 1  Firearm safety 1  Pacifier use 1  Bath safety 1/Burns 1  Carbon monoxide/Smoke detectors 1  Childproofing, including:	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  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,	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething¹/Dental cleaning/Fluoride/ Dentist¹  No OTC cough/cold medicine¹  Complementary/alternative medicine¹
EDUCATION AND ADVICE Repeat discussi Observe, discuss, model, and praise specific par 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/	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  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>	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dentist  No OTC cough/cold medicine  Complementary/alternative medicine  Fever advice/Thermometers
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific partinjury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC # 1  Firearm safety 1  Pacifier use 1  Bath safety 1/Burns 1  Carbon monoxide/Smoke detectors 1  Childproofing, including:  Falls (stairs, change table, unstable furniture/TV, no walkers) 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  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	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dentist  No OTC cough/cold medicine  Complementary/alternative medicine  Fever advice/Thermometers
EDUCATION AND ADVICE Repeat discussion Observe, discuss, model, and praise specific partinjury Prevention 1  Motorized vehicle safety/Car seat 1  Poisons/Ingestions (e.g. safe storage of cannabis) 1; PCC # 1  Firearm safety 1  Pacifier use 1  Bath safety 1/Burns 1  Carbon monoxide/Smoke detectors 1  Childproofing, including:  Falls (stairs, change table, unstable furniture/TV, no walkers) 1	on of items is based on perceived need. Practice in renting behaviours and routines that promote earl  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>	clusive, anti-racist, culturally safe care. y relational health (ERH).  Environmental Health  2 nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Teething  Dentist  No OTC cough/cold medicine  Complementary/alternative medicine  Fever advice/Thermometers



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

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canadienne
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ONTARIO GUIDE IIIC 15 MONTH VISIT

www.rourkebabyrecord.ca @2024 Drs. L Rourke, D Leduc and J Rourke. Revised May 18, 2024 ONE VISIT PER TWO PAGES FORMAT (PAGE 2 OF 2) NAME: **DEVELOPMENT2** 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. ○ Stands up alone **O** Turns pages in a board book Walks sideways holding onto furniture O Says 5 or more words (words do not have to be clear) • Crawls up a few stairs/steps ○ Shows fear of strange people/places O Uses mature pincer grasp with pads of thumb and index finger ○ No parent/caregiver concerns<sup>2</sup> 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 Anterior fontanelle<sup>2</sup> O Corneal light reflex/ O Heart/Lungs/Abdomen O Eyes/Red reflex<sup>2</sup> Cover-uncover test & inquiry<sup>2</sup> O Hips (limited hip abd'n)<sup>2</sup> • Hearing inquiry/screening<sup>2</sup> O Tonsil size/Sleep-disordered breathing<sup>2</sup> ○ Teeth/Caries risk assessment<sup>2</sup> **COMMENTS** ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS4 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> ○ Anemia/iron deficiency screening (If at risk)<sup>2</sup> ○ Blood lead if at risk1 **COMMENTS** 

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

**SIGNATURE** 

**Good (bold type)**; Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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

DATE OF VISIT \_\_\_\_\_/

/20







# **ONTARIO GUIDE IVA 18 MONTH VISIT**

NAME:		Past problems/Risk factors:	Family history:
Birth Day (d/m/yy):// 20 <i>N</i> Gestational Age:	1 🗆 F 🗆		
Enhanced 18-Month Well-Baby Visit   Ontario.ca			_
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age un	til 24–36 months if < 37 weeks gestation.		
Length	Weight	Head Circ.	
PARENT / CAREGIVER CONCERNS For ea	ch $\odot$ item discussed below, indicate" $\checkmark$ " for no concerns, o	r "X" if concerns.	
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>	<ul> <li>Independent/self-fe</li> <li>Inquire about veget</li> <li>other diets<sup>1</sup></li> </ul>	- '
ŕ			
COMMENTS			
	ion of items is based on perceived need. Practice inc renting behaviours and routines that promote early		lly safe care.
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup>	Environmental Hea	lth <sup>1</sup>
O Motorized vehicle safety/Car seat	O Healthy sleep habits <sup>2</sup>		-cigs/Cannabis exposure <sup>1</sup>
(child/booster) <sup>1</sup> O Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ;	<ul> <li>Parental fatigue/Depression<sup>2</sup></li> <li>Family Stress/Inquire re: difficulty making</li> </ul>	O Pesticide exposure O Sun exposure/Sunsa	creens/Insect repellent 1
	· · · · · · · · · · · · · · · · · · ·	Other Issues <sup>1</sup>	
PCC# <sup>1</sup>	ends meet or food insecurity <sup>2</sup>	Other issues '	
O Bath safety 1/Burns 1	O Parent-child interaction/Parenting	Other issues: O Dental care/Dentis	t1
O Bath safety 1/Burns 1 O Choking/Safe toys 1	<ul> <li>Parent-child interaction/Parenting skills programs<sup>2</sup></li> </ul>		t <sup>1</sup>
O Bath safety 1/Burns 1	<ul> <li>Parent-child interaction/Parenting skills programs<sup>2</sup></li> <li>Encourage reading, telling stories,</li> </ul>	O Dental care/Dentis	t <sup>1</sup>
<ul> <li>Bath safety<sup>1</sup>/Burns<sup>1</sup></li> <li>Choking/Safe toys<sup>1</sup></li> <li>Wean from pacifier<sup>1</sup></li> </ul>	<ul> <li>Parent-child interaction/Parenting skills programs<sup>2</sup></li> <li>Encourage reading, telling stories, singing to/with child<sup>2</sup></li> <li>Family healthy active living/Sedentary behaviour/Screen time<sup>2</sup></li> </ul>	O Dental care/Dentis	t <sup>1</sup>
<ul> <li>Bath safety<sup>1</sup>/Burns<sup>1</sup></li> <li>Choking/Safe toys<sup>1</sup></li> <li>Wean from pacifier<sup>1</sup></li> </ul>	<ul> <li>Parent-child interaction/Parenting skills programs<sup>2</sup></li> <li>Encourage reading, telling stories, singing to/with child<sup>2</sup></li> <li>Family healthy active living/Sedentary</li> </ul>	O Dental care/Dentis	t <sup>1</sup>



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







**ONTARIO GUIDE IVA 18 MONTH VISIT** 

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

NAME:		
Birth Day (d/m/yy):// 20	] F []	
<b>DEVELOPMENT2</b> Inquiry and observation of r	milestones, listed below in the following order: gros	ss motor, fine motor, communication, cognitive,
social-emotional. Tasks are set <u>after</u> the time of ty	pical milestone acquisition. Further assessment of	development is merited by the absence of any
milestone, loss of attained milestones or parental particular milestones may be culturally depender	concern. 4 Ensure milestones have been achieved nt. NB–Correct for age until 2 yrs if < 37 weeks gesta	for any missed visits. Parental familiarity with ation.
	a brief, age-appropriate standardized development	
<ul><li>Walks alone</li></ul>	• Produces 4 consonants, (e.g. B D G H N W)	O Interested in other children
• Feeds self with fingers/tries to use spoon	O Tries to get your attention to show you something	
O Points to several different body parts	• Turns/responds when name is called	• Child's behaviour is usually manageable
• Follows 1 step directions	O Points to what he/she wants with alternating	• Comes for comfort when distressed
• Removes hat/socks without help	gaze with parent/caregiver	○ No parent/caregiver concerns <sup>2</sup>
Says 10 or more words (words do not have to be clear)	, ,	, 3
COMMENTS		
COMMENTS		
PHYSICAL EXAMINATION2		
	is recommended at each visit. Evidence-based scre	ening for specific conditions is highlighted.
O Anterior fontanelle closed <sup>2</sup>	○ Corneal light reflex/	O Tonsil size/Sleep-disordered breathing <sup>2</sup>
O Eyes/Red reflex <sup>2</sup>	Cover-uncover test & inquiry <sup>2</sup>	O Heart/Lungs/Abdomen
O Hearing inquiry	O Teeth/Caries Risk <sup>2</sup>	Treat y Zurigs// touomen
	Treetily carries hisk	
COMMENTS		
ASSESSMENT AND PLANS / CURRENT AN		
E.g. medical specialist, breastfeeding supports and s	services, dietitian, speech, audiology, PT, OT, eyes, den	ital, social determinants resources
INVESTIGATIONS / SCREENING? AND IM	MUNIZATION <sup>3</sup> Record vaccines administered,	address besitancy and missing vassings 3
	_	address nesitancy and missing vaccines.
3,,	○ Blood lead if at risk¹	
COMMENTS		
SIGNATURE		DATE OF VISIT/ /20
JIGITALI JILE		D/112 OT VISIT

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

Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

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

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# **ONTARIO GUIDE IVB 2 YEAR VISIT**

NAME:		Past problems/Risk factors: Family history:	
	□ F □		
Gestational Age:			
destational Age.			
<b>GROWTH</b> <sup>1</sup> use <u>WHO growth charts</u> . Correct age	until 24 26 months if < 27 works gostation		
		DMI.	
Height Weight	<b>Head Circ.</b> (if prior al		
PARENT / CAREGIVER CONCERNS For each	th $oldsymbol{\circ}$ item discussed below, indicate " $\checkmark$ " for no $oldsymbol{\circ}$	oncerns, or "X" if concerns.	
NUTRITION1			
O Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup>	○ Choose healthy fats/Limit highly processe	d • Canada's Food Guide/Family meals 1	
O Cow's milk or unsweetened fortified	foods and foods/beverages with saturated	-	
soy beverage – max 500-600 mLs	fats, added sugars and salt. <sup>1</sup>	other diets <sup>1</sup>	
(16-20 oz)/day <sup>1</sup>			
COMMENTS			
EDUCATION AND ADVICE -			
<b>EDUCATION AND ADVICE</b> Repeat discussion Observe, discuss, model, and praise specific pare	on of items is based on perceived need. Practice	inclusive, anti-racist, culturally safe care. rly relational health (FRH)	
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues		
O Motorized vehicle safety/	O Healthy sleep habits <sup>2</sup>	O 2nd hand smoke/E-cigs/Cannabis expo	osure 1
Car seat (child/booster) <sup>1</sup>	O Parental fatigue/ <b>Depression</b> <sup>2</sup>	O Pesticide exposure <sup>1</sup>	,,,,,,
O Bike helmets <sup>1</sup>	○ Family Stress/Inquire re: difficulty	<ul> <li>Sun exposure/Sunscreens/Insect repelle</li> </ul>	ent1
○ Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <sup>1</sup>	making ends meet or food insecurity <sup>2</sup>	Other Issues <sup>1</sup>	
○ Firearm safety <sup>1</sup>	O Parent-child interaction/	O Dental cleaning/Fluoride/Dentist <sup>1</sup>	
○ Water safety¹	Parenting skills programs <sup>2</sup>	O Complementary/alternative medicine <sup>1</sup>	
O Carbon monoxide/smoke detectors <sup>1</sup> /	O Encourage reading, telling stories,	O No OTC cough/cold medicine <sup>1</sup>	
Burns <sup>1</sup> /Matches	singing to/with child. <sup>2</sup>	○ Toilet learning <sup>2</sup>	
O Falls (stairs, unstable furniture/TV,	O Family healthy active living/		
trampolines) <sup>1</sup>	Sedentary behaviour/Screen time <sup>2</sup>		
O No pacifiers <sup>1</sup>	<ul> <li>Socializing/Peer play opportunities</li> <li>Assess child care/Preschool needs/</li> </ul>		
	School readiness <sup>2</sup>		
COMMENTS	Seriour reddiness		
COMMENTS			









## **ONTARIO GUIDE IVB 2 YEAR VISIT**

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

AME:		
h Day (d/m/yy):// 20	M _ F _	
EVELOPMENT <sup>2</sup> Inquiry and observation cial-emotional. Tasks are set <u>after</u> the time	n of milestones, listed below in the following order: gro of typical milestone acquisition. Further assessment of ental concern. <sup>4</sup> Ensure milestones have been achieved	ss motor, fine motor, communication, cognitive development is merited by the absence of any for any missed vicits. Parental familiarity with
articular milestones may be culturally depe	ndent. NB–Correct for age until 2 yrs if < 37 weeks gest	ation.
O Kicks a large ball O Tries to run O Puts objects into small container OMMENTS	<ul> <li>Combines 2 or more words</li> <li>Uses toys for pretend play (e.g. give doll a drink)</li> <li>Feeds self using spoon</li> </ul>	○ Likes to please ○ No parent/caregiver concerns <sup>2</sup>
HYSICAL EXAMINATION <sup>2</sup> n appropriate age-specific physical examina	ation is recommended at each visit. Evidence-based sci	reenina for specific conditions is highlighted.
Eyes/Red reflex/Visual acuity <sup>2</sup>	○ Teeth/Caries Risk²	O Hearing inquiry
Corneal light reflex/Cover-uncover test & inquiry <sup>2</sup>	○ Tonsil size/Sleep-disordered breathing <sup>2</sup>	O Heart/Lungs/Abdomen
OMMENTS		
SSESSMENT AND PLANS / CURRENT	Γ AND NEW REFERRALS <sup>4</sup> ts and services, dietitian, speech, audiology, PT, OT, eye	s dental social determinants resources
, medical specialist, breastice allig suppor	to and services, dictionary specers, additions gypt 1, 51, eye	sy acritary social accerninants resources
VESTIGATIONS / SCREENING2 AND	IMMUNIZATION <sup>3</sup> Record vaccines administered,	addross hositansu and missing vossings 3
VESTIGATIONS / SCREENING <sup>2</sup> AND Anemia/iron deficiency screening (If at risk) <sup>2</sup> MMENTS	○ Blood lead if at risk <sup>1</sup>	, address hesitancy and missing vaccines. 3
IGNATURE		DATE OF VISIT/ /20

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







# **ONTARIO GUIDE IVC 3 YEAR VISIT**

NAME:			Past problems/Risk factors:	Family history:
	□ F □			
Gestational Age:				
<b>GROWTH1</b> use <u>WHO growth charts</u> . Correct age	until 24–36 months if < 37	weeks gestation.		
Height Weight		<b>Head Circ.</b> (if prior abN)	BMI	
5				
PARENT / CAREGIVER CONCERNS For eac	h ${f O}$ item discussed below	, indicate "√" for no conc	erns, or "X" if concerns.	
NUTRITION <sup>1</sup>				
○ Breastfeeding <sup>1</sup> /Vitamin D 400 IU/day <sup>1</sup>	O Choose healthy fats/L	imit highly processed	O Canada's Food Guid	e/Family meals <sup>1</sup>
O Cow's milk or unsweetened fortified soy	foods and foods/beve		O Inquire about veget	•
beverage – max 500-600 mLs (16-20 oz)/day <sup>1</sup>	fats, added sugars and	d salt.1	other diets1	-
COMMENTS				
COMMENTS				
<b>EDUCATION AND ADVICE</b> Repeat discussio	n of items is based on per	ceived need. Practice inc	usive, anti-racist, cultura	lly safe care.
Observe, discuss, model, and praise specific pare	nting behaviours and rout	ines that promote early i	elational health (ERH).	
Injury Prevention <sup>1</sup>	Family functioning &	Behaviour issues <sup>2</sup>	<b>Environmental Hea</b>	lth <sup>1</sup>
O Motorized vehicle safety/	O Healthy sleep habits	2		-cigs/Cannabis exposure <sup>1</sup>
Car seat (child/booster) <sup>1</sup>	O Parental fatigue/ <b>Depr</b>		O Pesticide exposure	<sub>1</sub> 1
O Bike helmets <sup>1</sup>	O Family Stress/Inquire	•	O Sun exposure/Sunso	creens/Insect repellent <sup>1</sup>
O Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <sup>1</sup>	making ends meet o	r food insecurity <sup>2</sup>	Other Issues <sup>1</sup>	
○ Firearm safety <sup>1</sup>	O Parent-child interact	· ·	O Dental cleaning/Flo	uoride/Dentist <sup>1</sup>
○ Water safety <sup>1</sup>	Parenting skills prog		○ Complementary/alte	
O Carbon monoxide/smoke detectors 1/	O Encourage reading, t	telling stories,	O No OTC cough/cold	
Burns 1/Matches	singing to/with child		O Toilet learning <sup>2</sup>	
O Falls (stairs, unstable furniture/TV,	O Family healthy active	= .	3	
trampolines) <sup>1</sup>	behaviour/Screen tim			
O No pacifiers <sup>1</sup>	O Socializing/Peer play			
	Assess child care/Prescho	ool needs/School		
	readiness <sup>2</sup>			
COMMENTS				







**ONTARIO GUIDE IVC 3 YEAR VISIT** 

IAME:		
irth Day (d/m/yy):// 20 N	1 _ F _	
	ilestones, listed below in the following order: gross motor, fi	
	isition. Further assessment of development is merited by the achieved for any missed visits. Parental familiarity with partic	
• Walks up stairs using handrail	Q Uses sentences with 3 or more words	• Starts to say emotions (e.g. happy, sad, mad)
○ Twists lids off jars or turns knobs	Plays make-believe games with actions and words	
O Turns pages one at a time	○ Listens to music or stories for 5–10 minutes	
O Follows 2 step directions (e.g. "Pick up your	○ Shares some of the time	
shoes and put them in the closet.")		
COMMENTS		
PHYSICAL EXAMINATION <sup>2</sup> An appropriate age-specific physical examinati	on is recommended at each visit. Evidence-based scre	ening for specific conditions is highlighted.
O Eyes/Red reflex/Visual acuity <sup>2</sup>	O Blood pressure if at risk <sup>2</sup>	Hearing inquiry
O Corneal light reflex/	O Teeth/Caries Risk <sup>2</sup>	O Heart/Lungs/Abdomen
Cover-uncover test & inquiry <sup>2</sup>	O Tonsil size/Sleep-disordered breathing <sup>2</sup>	3
COMMENTS		
ASSESSMENT AND PLANS / CURRENT A		
E.g. medical specialist, breastfeeding supports	and services, dietitian, speech, audiology, PT, OT, eyes	s, dental, social determinants resources
INVESTIGATIONS (SCREENING) AND I	MANUALIZATION 2	
	MMUNIZATION <sup>3</sup> Record vaccines administered,  O Blood lead if at risk <sup>1</sup>	address hesitancy and missing vaccines.
○ Anemia/iron deficiency screening (If at risk) <sup>2</sup> COMMENTS	Э вюба теаа т астікк	
SIGNATURE		DATE OF VISIT/ /20







# **ONTARIO GUIDE IVD**

		Past problems/Risk factors: Family history:
Birth Day (d/m/yy):// 20		
Gestational Age:		
GROWTH <sup>1</sup> use WHO growth charts.		
Height	Weight	BMI
_	-	
PARENT / CAREGIVER CONCERNS For eac	h $\mathbf O$ item discussed below, indicate " $\checkmark$ " for no cond	erns, or "X" if concerns.
NUTRITION <sup>1</sup>		
O Cow's milk or unsweetened fortified soy	O Choose healthy fats/Limit highly processed	O Canada's Food Guide/Family meals <sup>1</sup>
beverage – max 500-600 mLs (16-20 oz)/day <sup>1</sup>	foods and foods/beverages with saturated	O Inquire about vegetarian, vegan and
	fats, added sugars and salt.1	other diets <sup>1</sup>
COMMENTS		
	n of items is based on perceived need. Practice inc	
Observe, discuss, model, and praise specific pare	nting behaviours and routines that promote early	
Observe, discuss, model, and praise specific pare Injury Prevention 1	rating behaviours and routines that promote early  Family functioning & Behaviour issues <sup>2</sup>	relational health (ERH).  Environmental Health <sup>1</sup>
Observe, discuss, model, and praise specific pare Injury Prevention <sup>1</sup> O Motorized vehicle safety/Car seat	rating behaviours and routines that promote early  Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup>	relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/Cannabis exposure <sup>1</sup>
Observe, discuss, model, and praise specific pare Injury Prevention  O Motorized vehicle safety/Car seat (child/booster)  1	Family functioning & Behaviour issues <sup>2</sup> O Healthy sleep habits <sup>2</sup> O Parental fatigue/Depression <sup>2</sup>	relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/Cannabis exposure <sup>1</sup> O Pesticide exposure <sup>1</sup>
Observe, discuss, model, and praise specific pare Injury Prevention <sup>1</sup> O Motorized vehicle safety/Car seat (child/booster) <sup>1</sup> O Bike helmets <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	relational health (ERH).  Environmental Health <sup>1</sup> O 2nd hand smoke/E-cigs/Cannabis exposure <sup>1</sup> O Pesticide exposure <sup>1</sup> O Sun exposure/Sunscreens/Insect repellent <sup>1</sup>
Observe, discuss, model, and praise specific pare Injury Prevention <sup>1</sup> O Motorized vehicle safety/Car seat (child/booster) <sup>1</sup> O Bike helmets <sup>1</sup> O Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <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	relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  1
Observe, discuss, model, and praise specific pare Injury Prevention <sup>1</sup> O Motorized vehicle safety/Car seat (child/booster) <sup>1</sup> O Bike helmets <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>	relational health (ERH).  Environmental Health  2 2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Dental cleaning/Fluoride/Dentist
Observe, discuss, model, and praise specific pare Injury Prevention 1  O Motorized vehicle safety/Car seat (child/booster) 1  O Bike helmets 1  O Poisons/Ingestions (e.g. cannabis) 1; PCC# 1  O Firearm safety 1	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/	relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Dental cleaning/Fluoride/Dentist  Complementary/alternative medicine
Observe, discuss, model, and praise specific pare 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>	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>	relational health (ERH).  Environmental Health¹  2nd hand smoke/E-cigs/Cannabis exposure¹  Pesticide exposure¹  Sun exposure/Sunscreens/Insect repellent¹  Other Issues¹  Dental cleaning/Fluoride/Dentist¹  Complementary/alternative medicine¹  No OTC cough/cold medicine¹
Observe, discuss, model, and praise specific pare Injury Prevention <sup>1</sup> O Motorized vehicle safety/Car seat (child/booster) <sup>1</sup> O Bike helmets <sup>1</sup> O Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <sup>1</sup> O Firearm safety <sup>1</sup> O Water safety <sup>1</sup> O Carbon monoxide/smoke detectors <sup>1</sup> / Burns <sup>1</sup> /Matches  O Falls (stairs, unstable furniture/TV,	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	relational health (ERH).  Environmental Health  2nd hand smoke/E-cigs/Cannabis exposure  Pesticide exposure  Sun exposure/Sunscreens/Insect repellent  Other Issues  Dental cleaning/Fluoride/Dentist  Complementary/alternative medicine
Observe, discuss, model, and praise specific pare  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	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>	relational health (ERH).  Environmental Health¹  2nd hand smoke/E-cigs/Cannabis exposure¹  Pesticide exposure¹  Sun exposure/Sunscreens/Insect repellent¹  Other Issues¹  Dental cleaning/Fluoride/Dentist¹  Complementary/alternative medicine¹  No OTC cough/cold medicine¹
Observe, discuss, model, and praise specific pare Injury Prevention <sup>1</sup> O Motorized vehicle safety/Car seat (child/booster) <sup>1</sup> O Bike helmets <sup>1</sup> O Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <sup>1</sup> O Firearm safety <sup>1</sup> O Water safety <sup>1</sup> O Carbon monoxide/smoke detectors <sup>1</sup> / Burns <sup>1</sup> /Matches  O Falls (stairs, unstable furniture/TV,	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	relational health (ERH).  Environmental Health¹  2nd hand smoke/E-cigs/Cannabis exposure¹  Pesticide exposure¹  Sun exposure/Sunscreens/Insect repellent¹  Other Issues¹  Dental cleaning/Fluoride/Dentist¹  Complementary/alternative medicine¹  No OTC cough/cold medicine¹
Observe, discuss, model, and praise specific pare Injury Prevention  Motorized vehicle safety/Car seat (child/booster)  Bike helmets  Poisons/Ingestions (e.g. cannabis) ; PCC#  Firearm safety  Water safety  Carbon monoxide/smoke detectors  Burns /Matches  Falls (stairs, unstable furniture/TV, trampolines)	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	relational health (ERH).  Environmental Health¹  2nd hand smoke/E-cigs/Cannabis exposure¹  Pesticide exposure¹  Sun exposure/Sunscreens/Insect repellent¹  Other Issues¹  Dental cleaning/Fluoride/Dentist¹  Complementary/alternative medicine¹  No OTC cough/cold medicine¹
Observe, discuss, model, and praise specific pare Injury Prevention  Motorized vehicle safety/Car seat (child/booster)  Bike helmets  Poisons/Ingestions (e.g. cannabis) ; PCC#  Firearm safety  Water safety  Carbon monoxide/smoke detectors  Burns /Matches  Falls (stairs, unstable furniture/TV, trampolines)	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	relational health (ERH).  Environmental Health¹  2nd hand smoke/E-cigs/Cannabis exposure¹  Pesticide exposure¹  Sun exposure/Sunscreens/Insect repellent¹  Other Issues¹  Dental cleaning/Fluoride/Dentist¹  Complementary/alternative medicine¹  No OTC cough/cold medicine¹









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

AME:		_	
th Day (d/m/yy):// 20 N	Л □ F □		
cial-emotional. Tasks are set <u>after</u> the time of	of milestones, listed below in the following order f typical milestone acquisition. Further assessm Ital concern. <sup>4</sup> Ensure milestones have been acl dent.	nent of development is merited by th	e absence of any
Walks up/down stairs alternating feet Follows 3-part directions (e.g. "Point to your sl Asks and answers lots of questions (e.g. "What		<ul><li>Tries to comfort someone v</li><li>No parent/caregiver conce</li></ul>	•
HYSICAL EXAMINATION2 appropriate age-specific physical examinati	ion is recommended at each visit. Evidence-bas	ed screening for specific conditions is	s highlighted.
Eyes/Red reflex/Visual acuity <sup>2</sup>	O Blood pressure if at risk <sup>2</sup>	O Hearing inquiry	
Corneal light reflex/	O Teeth/Caries Risk <sup>2</sup>	O Heart/Lungs/Abdomen	
Cover-uncover test & inquiry <sup>2</sup> DMMENTS	O Tonsil size/Sleep-disordered breathin	g <b>-</b>	
SSESSMENT AND PLANS / CURRENT /	AND NEW DEEEDDALS4		
	and services, dietitian, speech, audiology, PT, 0	OT, eyes, dental, social determinants	resources
IVESTIGATIONS / SCREENING <sup>2</sup> AND I	MMUNIZATION <sup>3</sup> Record vaccines adminis	stered, address hesitancy and miss	ing vaccines. <sup>3</sup>
Anemia/iron deficiency screening (If at risk) <sup>2</sup> DMMENTS	○ Blood lead if at risk <sup>1</sup>		
GNATURE		DATE OF VISIT/	/20

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







# **ONTARIO GUIDE IVE 5 YEAR VISIT**ONE VISIT PER TWO PAGES FORMAT (PAGE 1 OF 2)

NAME:		Past problems/Risk factors:	Family history:
Gestational Age:			
destational Age.			
CDOWTHI WING of L			
GROWTH <sup>1</sup> use <u>WHO growth charts</u> .			
Height	Weight	BMI	
PARENT / CAREGIVER CONCERNS For each	<ul> <li>item discussed below, indicate "✓" for no concerns, o</li> </ul>	r "X" if concerns.	
NUTRITION1			
O Cow's milk or unsweetened fortified	O Choose healthy fats/Limit highly processed	○ Canada's Food Guide	o/Family moals1
soy beverage – max 500-600 mLs	foods and foods/beverages with saturated	O Inquire about veget	•
(16-20 oz)/day <sup>1</sup>	fats, added sugars and salt.1	other diets 1	anan, vegan ana
COMMENTS			
COMMENTS			
EDUCATION AND ADVICE Repeat discussion	n of items is based on perceived need. Practice inc	lusive. anti-racist. cultura	lly safe care.
Observe, discuss, model, and praise specific parel			, saic care.
Injury Prevention <sup>1</sup>	Family functioning & Behaviour issues <sup>2</sup>	<b>Environmental Hea</b>	lth <sup>1</sup>
O Motorized vehicle safety/	O Healthy sleep habits <sup>2</sup>	O 2nd hand smoke/E-	-cigs/Cannabis exposure <b>1</b>
Car seat (child/booster) <sup>1</sup>	O Parental fatigue/ <b>Depression</b> <sup>2</sup>	O Pesticide exposure	1
O Bike helmets <sup>1</sup>	O Family Stress/Inquire re: difficulty	O Sun exposure/Sunso	creens/
O Poisons/Ingestions (e.g. cannabis) <sup>1</sup> ; PCC# <sup>1</sup>	making ends meet or food insecurity <sup>2</sup>	Insect repellent 1	
O Firearm safety <sup>1</sup>	O Parent-child interaction/	Other Issues <sup>1</sup>	
O Water safety <sup>1</sup>	Parenting skills programs <sup>2</sup>	O Dental cleaning/Flu	uoride/Dentist <sup>1</sup>
O Carbon monoxide/smoke detectors 1/ Burns 1/Matches	<ul> <li>Encourage reading, telling stories, singing to/with child.<sup>2</sup></li> </ul>	<ul><li>Complementary/alte</li></ul>	
○ Falls (stairs, unstable furniture/TV,	Identify risk for reading difficulties.	O No OTC cough/cold	l medicine <sup>1</sup>
trampolines) <sup>1</sup>	Family healthy active living/Sedentary	O Toilet learning <sup>2</sup>	
O No pacifiers 1	behaviour/Screen time <sup>2</sup>		
	O Socializing/Peer play opportunities		
	Assess child care/Preschool needs/		
	School readiness <sup>2</sup>		
COMMENTS			









### **ONTARIO GUIDE IVE 5 YEAR VISIT**

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

ME:		
h Day (d/m/yy):/ 20	$M \; \square \; F \; \square$	
VELOPMENT <sup>2</sup> Inquiry and observation of	fmilestones, listed below in the following order: gross	motor, fine motor, communication, cognitive,
ial-emotional. Tasks are set after the time	of typical milestone acquisition. Further assessment	of development is merited by the absence of any
estone, loss of attained milestones or par ticular milestones may be culturally depe	ental concern. <sup>4</sup> Ensure milestones have been achieve	ed for any missed visits. Parental familiarity with
Throws and catches a ball	○ Counts 6 objects to answer	○ Cooperates with adult requests
Hops on 1 foot several times	"How many are there?"	most of the time
Cuts with scissors/Good pencil grasp	• Speaks clearly in adult-like sentences	○ Separates easily from parent/ Caregiver
Dresses and undresses with little help	most of the time	O Identifies problem & associated feeling
	• Retells the sequence of a story	○ No parent/caregiver concerns <sup>2</sup>
DMMENTS		
IYSICAL EXAMINATION <sup>2</sup>		
	ation is recommended at each visit. Evidence-based s	screening for specific conditions is highlighted.
Eyes/Red reflex/Visual acuity <sup>2</sup>	O Blood pressure if at risk <sup>2</sup>	O Hearing inquiry
Corneal light reflex/	○ Teeth/Caries Risk <b>2</b>	O Heart/Lungs/Abdomen
Cover-uncover test & inquiry <sup>2</sup>	O Tonsil size/Sleep-disordered breathing <sup>2</sup>	
MMENTS		
SESSMENT AND PLANS / CURREN  . medical specialist, breastfeeding suppor	<b>T AND NEW REFERRALS4</b> ts and services, dietitian, speech, audiology, PT, OT, ey	yes, dental, social determinants resources
VESTIGATIONS / SCREENING 2 AND	IMMINIZATIONS Becombined the best of the b	al address besites an and missis areas 3
VESTIGATIONS / SCREENING <sup>2</sup> AND Anemia/iron deficiency screening (If at risk) <sup>2</sup>	DIMMUNIZATION <sup>3</sup> Record vaccines administere ○ Blood lead if at risk <sup>1</sup>	a, address nesitancy and missing vaccines.
MMENTS		
SNATURE		DATE OF VISIT / /20

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









### **ONTARIO NOTES 1A:** Growth, Nutrition, **Environmental Health**

#### **GROWTH**

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

#### **NUTRITION**

Nutrition for healthy term infants (NHTI): 0-6 months 6-24 months 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: <u>Drugs and Lactation Database (LactMed®)</u>
- Weaning: Weaning from breastfeeding (CPS Caring for Kids)
- Vitamin D supplementation of 400 IU/day (800 IU/day in high-risk infants) is recommended for infants/children for as long as they are breastfed. Breastfeeding mothers should consume a daily supplement that contains at least 400-600 IU vitamin D.
- Vitamin D (CPS Caring for Kids)
- Nutrition for Healthy Term Infants (HC)
- Preventing vitamin DD in Indigenous infants/children (CPS) Vit D deficiency (Caring for Kids New to Canada)
- Infant formula: Formulas generally contain iron: 0.4mg-1.3mg/100ml. Discourage the use of homemade infant formulas.
- Homemade Infant Formula (AHS)
- Infant Formulas (AHS): Ingredients and Indications and Summary Sheet
- Infant Formula: What you need to know (Best Start) Preparation Video and Tip sheets (Best Start)
- Milk consumption in excess of 750ml per day poses a risk for iron deficiency.
- Soy-based formula is not recommended for use in cow milk protein allergy or in preterm infants, and may interfere with absorption of T4 replacement therapy in infants with congenital hypothyroidism. Soy-based formulas (AAP)
- Plant-based beverages are not a nutrition-equivalent replacement for milk, especially for infants/children < 2 yrs due to low protein, energy and nutrient content. If a parent chooses not to provide breastmilk or cow's milk at 9-12 mos, a soy-based formula is recommended until age 2 yrs. Plant-based beverages (AHS): For Providers For Families Nutritional Content (DC Unlockfood)
- · Avoid all sweetened fruit drinks, sports drinks, energy drinks, and soft drinks; restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day. Limit the consumption of prepared food and beverage products that are high in sugar content. Energy and sports drinks (PCH) Juice (DC Unlockfood)

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

#### **ENVIRONMENTAL HEALTH**

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

- 2nd hand smoke/e-cigs/Cannabis exposure: There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce 2nd hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS, and neuro-behavioural disorders. Offer smoking cessation resources. Educate parents on the health risks and harms associated with e-cigs, and on safe storage.
- Sun exposure/Sunscreens: Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF  $\geq$  30 for those > 6 months of age. Sun safety tips (HC)
- Insect bites/repellents: Prevent insect bites. No DEET in < 6 months; 6–24</li> 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)







### **ONTARIO NOTES 1B: Injury Prevention, Other**

**INJURY PREVENTION:** In Canada, unintentional injuries are the leading cause of death in children and youth. Most of these preventable injuries are caused by motor vehicle collisions, suffocation, drowning, fire, poisoning, and falls. Unexplained injuries (e.g. fractures, burns), sentinel injuries, or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.

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

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

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

- Sleep position, bed sharing, and SIDS: Healthy infants should be positioned on their backs on a firm non-inclined sleep surface for every sleep, in a crib, cradle or bassinet that meets Health Canada regulations, is located in parents' room for the first 6 months of life, and is without soft objects, loose bedding, or similar items inside. Counsel parents on the dangers of other contributory risk factors for SIDS such as bed sharing in parents' bed; sleeping on a sofa or cushioned chair or in a car seat or swing; overheating; maternal smoking, 2nd hand smoke, alcohol, or illicit or sedating drug use.
- Positional plagiocephaly: While supine for sleep, the orientation of the infant's head should be varied to prevent positional plagiocephaly. Sleep positioners should not be used. After umbilical cord stump has detached, infants should have supervised tummy time while awake. Positional plagiocephaly (PCH) Therapy effectiveness (PRSJ)
- Swaddling: Proper swaddling of the infant may promote longer sleep periods but could be associated with adverse events (hyperthermia, . SIDS, or development of hip dysplasia) if misapplied. A swaddled infant must always be placed supine with free movement of hips and legs, and the head uncovered. Swaddling is contraindicated once baby shows signs of attempting to roll. Risks and Benefits of Swaddling (AJMCN)
- · Pacifier use: Counsel on safe and appropriate use. Pacifiers may decrease risk of SIDS and should not be discouraged in the 1st year of life after breastfeeding is well established, but should be restricted in children with chronic/recurrent otitis media. Pacifiers (HC)
- · Choking: Avoid hard, small, smooth, and gummy foods under 4 years of age. Conforming items like latex balloons can cause choking. Encourage child to remain seated while eating and drinking. Use safe toys that are age appropriate and remove loose/broken parts. Encourage caregivers to learn choking first aid.
- Drowning: Prevention of drowning (AAP) Drowning (Parachute)
- Bath safety: Never leave a young child unsupervised in the bath.
- Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing with self-closing and-latching gates, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.
- Burns: Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C. Be vigilant with hot liquids on counter-tops. **Burns and Scalds (Parachute)**

- Poisoning/Ingestions: Keep medicines, cannabis edibles, cleaners, and other toxic substances locked up and out of child's reach. Ensure safe storage and disposal of button batteries. Use of ipecac is contraindicated in children. Install carbon monoxide detectors. <u>Button batteries (CPS)</u> <u>Cannabis (CPS)</u> 1-844-POISON-X (1-844-764-7669) Poison Centres and Clinical Toxicology Poison prevention (Parachute)
- Falls: Assess home for hazards never leave baby alone on change table or other high surface; use window guards and stair gates. Baby walkers are banned in Canada and should never be used. Ensure stability of furniture and TV. Advise against trampoline use at home. Trampoline safety (AAP) Falls in children (Parachute) Playgrounds and play spaces (Parachute)
- Firearm safety: Advise on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. Gun safety (CPS Caring for Kids)

#### **OTHER**

- Advise parents against using OTC cough/cold medications. Colds in children (CPS Caring for Kids)
- Complementary and alternative medicine (CAM): Questions should be routinely asked about the use of complementary and alternative medicine, therapy, or products, especially for children with chronic conditions. Natural health products (CPS Caring for Kids)
- Fever advice/thermometers: Fever ≥ 38°C in an infant < 3 months needs urgent evaluation. Ibuprofen and acetaminophen are both effective antipyretics. Acetaminophen remains the first choice for antipyresis under 6 months of age; thereafter ibuprofen or acetaminophen may be used. Alternating acetaminophen with ibuprofen for fever control is not recommended in primary care settings as this may encourage fever phobia, and the potential risks of medication error outweigh measurable clinical benefit.

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

- Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. Footwear for Children (CPS Caring for kids)
- Oral Health Dental care for children (CDA) Oral health for children (HC)
- Teething: Discomfort can be managed by providing gum massage with a cold facecloth/teething ring and appropriate use of oral analgesics. E.g. acetaminophen (all ages), or ibuprofen if  $\geq 6$  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.







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

#### INCLUSIVE AND ANTI-OPPRESSIVE CARE

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

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

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

Our Kids' Health: Cultural chapters

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

#### **RELATIONSHIPS, PARENTING, FAMILY FUNCTION**

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

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

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

e.g. The Incredible Years®, Triple P®, Strongest Families

- Prevention, recognition, and assessment of mental health problems in children. Promoting optimal mental health outcomes in children and youth (CPS) **Growing Up Great (Ottawa IECMH)**
- Parental depression: Clinicians should have a high awareness of parental depression which is a risk factor for the socio-emotional and cognitive development and safety of children.

Depression in pregnant women and mothers (CPS Caring for Kids)

- Children in foster care or newly adopted to Canada may have special needs for health supervision. Health Care for Children in Foster Care (AAP) International Adoption (Kids New to Canada)
- Social determinants of health (SDH): Inquire about impact of poverty (e.g. housing or food insecurity) and offer resources to families with unmet social needs. Canada Benefits Finder Poverty Tool by Region (CEP) Supporting children during COVID (CPS) CLEAR tool kit Social determinants of health (CFPC) <u>Infrastructure to address SDH (PCH)</u> <u>Housing need in Canada (CPS)</u>

#### • 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
- 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)







### **ONTARIO NOTES 2B:** Development, Physical exam, Investigations/Screening

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

Enhanced 18-Month Well-Baby Visit | Ontario.ca

Suggest Play&Learn for free, expert-reviewed activities that support children's skill development.

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

When further developmental assessment is required, consider referring to SmartStart Hubs for coordinated connections to assessments and services.

- Genetic and metabolic investigations (CCMG)
- Assessment tools; see Table 4 (CPS)
- 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

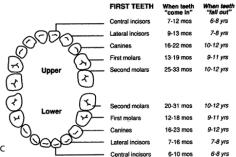
#### PHYSICAL EXAMINATION

- Jaundice: Bilirubin testing (total and conjugated) if persists beyond 2 wks of age. Acholic stools and prolonged jaundice (predominantly conjugated) can be signs of biliary atresia. Neonatal Hyperbilirubinemia Guidelines (CPS) Screening for biliary atresia (CFP)
- · Sentinel injuries (such as bruising, subconjunctival hemorrhages, or intra-oral trauma to the frenulum, lips, oral mucosa, gingiva or tongue) or other unexplained injuries warrant evaluation re: child maltreatment or medical illness.

Sentinel injuries (Ped Rad) Bruising in suspected maltreatment cases (CPS)

- Blood pressure: Check BP at all visits for those at risk > 3 yrs old. Some risk factors: obesity, sleep-disordered breathing, prematurity, renal disease, congenital heart disease, diabetes, or on medications that increase BP. High blood pressure in children, including definitions: Screening and management of high BP (AAP)
- Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months. The Abnormal fontanel (AAFP)
- Vision inquiry/screening: Vision screening (WHO pocket book)
- Check red reflex for serious ocular diseases such as retinoblastoma and cataracts
- Corneal light reflex/cover–uncover test & inquiry for strabismus: With the child focusing on a light source, the light reflex on the cornea should be symmetrical. Each eye is then covered in turn, for 2-3 seconds, and then quickly uncovered. The test is abnormal if the uncovered eye "wanders" OR if the covered eye moves when uncovered.
- Check visual acuity at age 3-5 years.
- · Hearing inquiry/screening: Language delay or parental concerns about hearing acuity should prompt a rapid referral for hearing assessment. Formal audiology testing should be performed in all high-risk infants, including those with normal UNHS. Older children should be screened if clinically indicated. Hearing assessment beyond neonatal screening (AAP)
- Inspect tongue mobility for ankyloglossia if breastfeeding problems. Ankyloglossia and breastfeeding (CPS)

- Check palate for cleft <u>Cleft lip/palate (AAP)</u>
- Tonsil size/sleep-disordered breathing: Screen for sleep problems. Behavioural sleep problems and snoring in the presence of sleepdisordered breathing warrants assessment re: obstructive sleep apnea (OSA). 2012 AAP OSA Guidelines
- Dental: Examine for problems including caries, oral soft tissue infections or pathology; and for normal teeth eruption sequence. Canadian Caries Risk Assessment Tool
- Check neck for torticollis. Congenital muscular torticollis (Ped)
- · Umbilicus: Gently pat dry and review S&S of infection.
- · Hips: There is insufficient evidence to recommend routine diagnostic imaging for screening for developmental dysplasia of the hips, but examination of the hips should be included until at least one year, or until the child can walk. Exam includes assessing limb length discrepancy and asymmetric thigh or buttock (gluteal)



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

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

#### INVESTIGATIONS/SCREENING

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

Iron requirements (CPS)

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







#### **ONTARIO 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. Ontario Immunization Schedule
- 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 RotaTeg (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 HBinfected 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 HBsAgpositive 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.







#### **ONTARIO 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 vear 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 Canadian Immunization Guide.





### **ONTARIO 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 concern in one or more realms

**Parental** concern about development

**Entry Point** 

**SmartStart Hub** Holistic intake process to determine strengths, goals and needs and provide streamlined connections to assessments and services as required. (Optional)

**Primary Concern** 

Hearing/Speech/ Language

Social/Emotional/ Behavioural/ Mental Health/ Relational Health

**Motor Skills** 

Cognitive/ Self-Help Skills Vision

Intervention/Treatment

- Further developmental assessment
- · Audiology, Otolaryngology
- Infant Hearing **Program**
- Preschool Speech and Language Program (birth to school entry) or Children's Rehabilitation Services (SLP)
- Services for the Deaf or Hard-of-Hearing

- Further developmental assessment
- Pediatrician/ Developmental pediatrician
- Psychologist
- **Healthy Babies Healthy Children**
- Autism Diagnostic Hub/ Ontario Autism **Program**
- **Fetal Alcohol** Spectrum Disorder (FASD) Diagnostic Clinics/FASD Workers
- Children's Rehabilitation Services
- **Child and Youth** Mental Health Services
- Family support services

- Further developmental assessment and neurologica exam
- Pediatrician/ Developmental pediatrician
- Neurologist
- Children's Rehabilitation services (PT, OT)
- Home and **Community Care** Services
- FASD Diagnostic Clinics/FASD Workers · Services for physical
- and developmental disabilities

- Further developmental assessment
- Pediatrician/ Developmental pediatrician
- Psychologist
- Autism Diagnostic **Hub/ Ontario Autism Program**
- FASD Diagnostic Clinics/FASD Workers
- Children's Rehabilitation Services
- Child and Youth Mental Health Services
- Services for physical and developmental disabilities
- Specialized child care programming

• Further

- developmental assessment Optometrist/ Ophthalmologist
- Blind-Low Vision
- **Program** Children's Rehabilitation <u>Services</u>
- Services for Blindness and Low

**Additional Services** 

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

- Ontario 211
- Public Health
- Dental Services
- Child Care/Schools
- Public Libraries
  - Community and Recreation Programs • EarlyON Child and Family Centres
- Local, Indigenous and culturally based programming
- Young Parent Services
- Children's Aid Societies
- Coordinated Service Planning
- · Special Services at Home

## **Local Resources and Referrals**

Service	Contact person	Phone number	Website	Other