





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:	
Birth Length: cm	Birth Weight: g	
Birth Head Circumference: cm	Discharge Weight: g	
	5 · · · · · · · · · · · · · · · · · · ·	
GROWTH ¹ use <u>WHO growth charts</u> . Corre	ct age until 24–36 months if < 37 weeks gestation	
Length	Weight	Head Circ. (avg 35 cm)
PARENT / CAREGIVER CONCERNS	For each ○ item discussed below, indicate "✓" for no cor	ncerns, or "X" if concerns.
	·	•
NUTRITION1		
○ Breastfeeding (exclusive) ¹	○ Formula feeding/preparation ¹	○ Supplementation: ○ water ○ other fluids
○ Vitamin D 400 IU/day ¹	[avg 150 mL (5 oz)/kg/day]	3 Supplementation. 3 Water 3 other halas
	O Urine output and Stool pattern/acholic stools ²	
COMMENTS		
EDUCATION AND ADVICE S		
Observe, discuss, model, and praise specifi	scussion of items is based on perceived need. Practice in c parenting behaviours and routines that promote early	clusive, anti-racist, culturally safe care. relational health (ERH).
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
O Safe sleep (position, room sharing,	O Crying/Soothability/Colic 2	O Pesticide exposure ¹
avoid bed sharing, crib safety) ¹	 Parental fatigue/Depression² 	○ Sun exposure ¹
○ Firearm safety ¹	O Family Stress/Inquire re: difficulty making	Other Issues ¹
○ Pacifier use ¹	ends meet or food insecurity ²	○ Supervised tummy time while awake ¹
O Hot water <49°C/Bath safety ¹	O Parent-infant interaction/	O No OTC cough/cold medicine ¹
○ Falls (stairs, change table) ¹	Parenting skills programs ²	O Inquiry on complementary/
O Carbon monoxide/Smoke detectors ¹	O Encourage reading, singing and	alternative medicine 1
○ Choking/Safe toys ¹	speaking to infant ² O High risk infants/Assess home visit need ²	O Fever advice/Thermometers 1
	O nigh risk infants/Assess nome visit need~	
COMMENTS		



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

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NAME: Birth Day (d/m/yy): _____/ 20____ M

F **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. ○ Sequences 2 or more sucks before **○** Startles to sounds Moves arms and legs O Sucks well on nipple swallowing/breathing ○ No parent/caregiver concerns² **COMMENTS** PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted. O Tongue mobility if breastfeeding problems² O Fontanelles² O Male urinary stream/Foreskin care • Skin (jaundice²) O Heart/Lungs O Spine (dimple/sinus)²/Patency of anus² O Eyes/Red reflex² O Muscle tone/Developmental reflexes: • Abdomen/Umbilicus² ○ Ears/TMs-Hearing inquiry/screening² O Femoral pulses Moro, hand grasp² O Neck/Torticollis² O Hips (Ortolani)² O Intact palate (inspection/palpation)² O Testicles/Genitalia **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 / SCREENING² AND IMMUNIZATION³ Record vaccines administered, address hesitancy and missing vaccines.³ O Universal newborn hearing screening (UNHS)² O Newborn screening as per province O Hemoglobinopathy screen (if at risk)² O Initiate Hep B vaccine series if risk identified³ COMMENTS /20 DATE OF VISIT _____/ SIGNATURE

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

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







ONTARIO GUIDE IB 2 WEEK VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family histo
Birth Day (d/m/yy):// 20	M F Gestational Age:	
Birth Length: cm	Birth Weight: g	
Birth Head Circumference:cm	Discharge Weight: g	
•	rrect age until 24–36 months if < 37 weeks gestati	
Length	Weight (regains BW 1–3 weeks)	Head Circ.
PARENT / CAREGIVER CONCERNS	For each ○ item discussed below, indicate "✓" for no co	ncerns, or "X" if concerns.
NUTRITION1		
O Breastfeeding (exclusive) ¹	Q Urine output and S	cool pattern/acholic stools ²
○ Vitamin D 400 IU/day ¹	○ Supplementation: ○	•
${f O}$ Formula feeding/preparation ${f 1}$ [avg 150	mL (5 oz)/kg/day]	
COMMENTS		
Observe, discuss, model, and praise specifications.	t discussion of items is based on perceived need. Practic ic parenting behaviours and routines that promote early	inclusive, anti-racist, culturally safe care. relational health (FRH).
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis expos
O Safe sleep (position, room sharing,	○ Crying/Soothability/Colic ²	O Pesticide exposure ¹
avoid bed sharing, crib safety) ¹	O Parental fatigue/ Depression²	O Sun exposure 1
O Firearm safety ¹ O Pacifier use ¹	○ Family Stress/Inquire re: difficulty	Other Issues ¹
O Hot water <49°C/Bath safety ¹	making ends meet or food insecurity ² O Parent-infant interaction/Parenting	O Supervised tummy time while awake ¹
• Falls (stairs, change table)	skills programs ²	O No OTC cough/cold medicine ¹
O Carbon monoxide/Smoke detectors 1	Encourage reading, singing and	Inquiry on complementary/ alternative medicine
○ Choking/Safe toys ¹	speaking to infant ²	O Fever advice/Thermometers 1
	O High risk infants/Assess home visit need ²	G Tevel davice, meimometers
COMMENTS		







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 ² 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 ²
MMENTS		
IYSICAL EXAMINATION2 appropriate age-specific physical examinati	ion is recommended at each visit. Evidence-based scre	eening for specific conditions is highlighted.
Fontanelles ²	O Tongue mobility if breastfeeding problems ²	O Testicles/Genitalia
Skin (jaundice ²)	O Heart/Lungs	Male urinary stream/Foreskin care
Eyes/Red reflex ²	O Abdomen/Umbilicus ²	O Spine (dimple/sinus) ² /Patency of anus ²
Ears/TMs–Hearing inquiry/screening 2	O Femoral pulses	O Muscle tone/Developmental reflexes:
Neck/Torticollis ²	O Hips (Ortolani) ²	Moro, hand grasp 2
Intact palate (inspection/palpation)2		
OMMENTS		
SSESSMENT AND PLANS / CURRENT	TAND NEW REFERRALS4	
	nd services, dietitian, speech, audiology, PT, OT, eyes, de	ental, social determinants resources
g,ca.ca. specialis, a. casa cam. g sapports a		
IVESTIGATIONS / SCREENING ² AND	IMMUNIZATION ³ Record vaccines administer	ed, address hesitancy and missing vaccines.
Newborn screening as per province	 Universal newborn hearing screening (UNI 	
Hemoglobinopathy screen (if at risk) ²	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

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

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





ONTARIO GUIDE IC 1 MONTH VISIT

AME:		ONE VISIT PER TWO PAGES FORMAT (PAGE
		Pregnancy/Birth remarks/Apgar: Risk factors/Family histor
n Day (d/m/yy):// 20	M 🖂 F 🖂 Gestational Age:	
Length: cm	Birth Weight: g	
Head Circumference: cm	Discharge Weight:g	
OWTH ¹ use WHO growth charts. Corre	ct age until 24–36 months if < 37 weeks gestation.	
ngth	Weight	Head Circ.
RENT / CAREGIVER CONCERNS F	For each ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.
JTRITION ¹		
Breastfeeding (exclusive) ¹) Vitamin D 400 IU/day ¹	 ○ Formula feeding/preparation¹ [450–750 mL (19 ○ Urine output and Stool pattern/acholic stools ○ Supplementation: ○ water ○ other fluids 	•
MMENTS		
	scussion of items is based on perceived need. Practice in c parenting behaviours and routines that promote early	
	Family functioning & Behaviour issues ²	
Notorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing,	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² 	○ 2nd hand smoke /E-cigs/ Cannabis exposure 1
Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² 	 2nd hand smoke/E-cigs/ Cannabis exposure¹ Pesticide exposure¹
Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Firearm safety ¹	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² Family Stress/Inquire re: difficulty 	 2nd hand smoke/E-cigs/ Cannabis exposure¹ Pesticide exposure¹ Sun exposure¹
Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Firearm safety ¹ Pacifier use ¹	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² 	 2nd hand smoke/E-cigs/ Cannabis exposure¹ Pesticide exposure¹ Sun exposure¹ Other Issues¹
Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Firearm safety ¹ Pacifier use ¹ Hot water < 49°C/Bath safety ¹	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² Family Stress/Inquire re: difficulty 	 2nd hand smoke/E-cigs/ Cannabis exposure¹ Pesticide exposure¹ Sun exposure¹ Other Issues¹ Supervised tummy time while awake
Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Firearm safety ¹ Pacifier use ¹ Hot water <49°C/Bath safety ¹ Falls (stairs, change table) ¹ Carbon monoxide/Smoke detectors ¹	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² Parent-infant interaction/Parenting 	 2nd hand smoke/E-cigs/ Cannabis exposure¹ Pesticide exposure¹ Sun exposure¹ Other Issues¹ Supervised tummy time while awake² No OTC cough/cold medicine¹ Inquiry on complementary/alternative
Motorized vehicle safety/Car seat ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Firearm safety ¹ Pacifier use ¹ Hot water <49°C/Bath safety ¹ Falls (stairs, change table) ¹ Carbon monoxide/Smoke detectors ¹ Choking/Safe toys ¹	 Healthy sleep habits²/Night waking² Crying/Soothability/Colic² Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² Parent-infant interaction/Parenting skills programs² Encourage reading, singing and 	 2nd hand smoke/E-cigs/ Cannabis exposure1 Pesticide exposure1 Sun exposure1 Other Issues1 Supervised tummy time while awake1 No OTC cough/cold medicine1









ONTARIO GUIDE IC 1 MONTH VISIT

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

ME:		
Day (d/m/yy):// 20 M	_ F _	
	f milestones, listed below in the following order: gro typical milestone acquisition. Further assessment of	
lestone, loss of attained milestones or parent	al concern. 4 Ensure milestones have been achieved	for any missed visits. Parental familiarity with
	ent. NB–Correct for age until 2 yrs if < 37 weeks gest	
Focuses gaze	O Cries to express needs	○ No parent/caregiver concerns ²
Startles to loud noise	○ Calms when comforted	
OMMENTS		
HYSICAL EXAMINATION ²		
	n is recommended at each visit. Evidence-based scre	
Sentinel injuries (bruising, subconjunctival	O Eyes/Red reflex ²	O Neck/Torticollis ²
hemorrhages, intra-oral) 2 Fontanelles 2	O Hearing inquiry/screening ²	O Heart/Lungs/Abdomen
) Fontanelles ²) <i>Skin (jaundice</i> ²)	 Intact palate (inspection/palpation)² Tongue mobility if breastfeeding problems² 	O Hips (Ortolani) ² O Muscle tone ²
	origue mobility ii breastieeding problems2	→ iviuscie torie*
OMMENTS		
SSESSMENT AND PLANS / CURRENT A.g. medical specialist, breastfeeding supports a	AND NEW REFERRALS4 and services, dietitian, speech, audiology, PT, OT, eye	es, dental, social determinants resources
	MMUNIZATION ³ Record vaccines administere	ed, address hesitancy and missing vaccines.
Follow-up Hep B vaccine status as indicate	ea-	
OMMENTS		
CNATURE		DATE OF VISIT / /20
IGNATURE		DATE OF VISIT / /20

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

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

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

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ONTARIO GUIDE IIA 2 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
	I □ F □ Gestational Age:	
	irth Weight:g	
	ii iii weigiit g	
Birth Head Circumference: cm		
GROWTH ¹ use <u>WHO growth charts</u> . Correct age un	til 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PAPENT / CAREGIVER CONCERNS For co	ach ○ item discussed below, indicate "✓" for no co	ncorns or "V" if concorns
PARENT / CAREGIVER CONCERNS FOR EA	ach o item discussed below, indicate 🔻 for no col	ncems, or A il concems.
NUTRITION ¹		
○ Breastfeeding (exclusive) ¹	○ Formula feeding/preparation ¹	○ Acholic stools ²
_		O Supplementation: O water O other fluids
○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	O Supplementation: O water O other fluids
_	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other nuits
○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other nuits
○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other nuits
○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other nuits
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○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other hulus
○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other hulus
○ Vitamin D 400 IU/day ¹	[600–900 mL (20–30 oz)/day]	3 Supplementation. 3 water 3 other nuitos
O Vitamin D 400 IU/day¹ COMMENTS EDUCATION AND ADVICE Repeat discuss	ion 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 pa	ion 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).
COMMENTS EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa	ion of items is based on perceived need. Practice ir renting behaviours and routines that promote earl Family functioning & Behaviour issues ²	nclusive, anti-racist, culturally safe care. y relational health (ERH). Environmental Health ¹
COMMENTS EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific palnjury Prevention Motorized vehicle safety/Car seat Motorized vehicle safety/Car seat	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ²	nclusive, anti-racist, culturally safe care. y relational health (ERH). Environmental Health ¹ O 2nd hand smoke/E-cigs/Cannabis exposure ¹
COMMENTS EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention Motorized vehicle safety/Car seat Safe sleep (position, room sharing,	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ²	nclusive, anti-racist, culturally safe care. y relational health (ERH). Environmental Health ¹ O 2nd hand smoke/E-cigs/Cannabis exposure ¹ O Pesticide exposure ¹
COMMENTS 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) 1	ion of items is based on perceived need. Practice ir renting behaviours and routines that promote earl Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ² O Parental fatigue/Depression ²	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
COMMENTS EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention Motorized vehicle safety/Car seat Safe sleep (position, room sharing,	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ²	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
○ Vitamin D 400 IU/day¹ COMMENTS EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention¹ ○ Motorized vehicle safety/Car seat¹ ○ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ ○ Poisons/Ingestions¹; PCC#¹	ion of items is based on perceived need. Practice ir renting behaviours and routines that promote earl Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ² O Parental fatigue/Depression ² O Family Stress/Inquire re: difficulty	nclusive, anti-racist, culturally safe care. y relational health (ERH). Environmental Health ¹ O 2nd hand smoke/E-cigs/Cannabis exposure ¹ O Pesticide exposure ¹ O Sun exposure/Sunscreens/Insect repellent ¹ Other Issues ¹ O Supervised tummy time while awake ¹
○ 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 earl Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ² O Parental fatigue/Depression ² O Family Stress/Inquire re: difficulty making ends meet or food insecurity ²	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 Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride
○ 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	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting	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 Falls (stairs, change table, unstable furniture/	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ²	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 Other Issues Supervised tummy time while awake Teething 1/Dental cleaning/Fluoride
O Vitamin D 400 IU/day¹ COMMENTS EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention¹ Motorized vehicle safety/Car seat¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ Poisons/Ingestions¹; PCC#¹ Firearm safety¹ Pacifier use¹ Hot water <49°C/Bath safety¹ Electric plugs/Cords Falls (stairs, change table, unstable furniture/TV, no walkers)¹	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/	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 pa Injury Prevention¹ Motorized vehicle safety/Car seat¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ Poisons/Ingestions¹; PCC#¹ Firearm safety¹ Pacifier use¹ Hot water <49°C/Bath safety¹ Electric plugs/Cords Falls (stairs, change table, unstable furniture/TV, no walkers)¹ Carbon monoxide/Smoke detectors¹	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues2 O Healthy sleep habits²/Night waking² O Crying/Soothability/Colic² O Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² O Parent-infant interaction/Parenting skills programs² Encourage reading, telling stories, singing to/with infant² Family healthy active living/ Sedentary behaviour/Screen time²	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 pa Injury Prevention¹ Motorized vehicle safety/Car seat¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ Poisons/Ingestions¹; PCC#¹ Firearm safety¹ Pacifier use¹ Hot water <49°C/Bath safety¹ Electric plugs/Cords Falls (stairs, change table, unstable furniture/TV, no walkers)¹	ion of items is based on perceived need. Practice ir renting behaviours and routines that promote earl Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ² Child care ² /Return to work	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 pa Injury Prevention¹ Motorized vehicle safety/Car seat¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ Poisons/Ingestions¹; PCC#¹ Firearm safety¹ Pacifier use¹ Hot water <49°C/Bath safety¹ Electric plugs/Cords Falls (stairs, change table, unstable furniture/TV, no walkers)¹ Carbon monoxide/Smoke detectors¹	ion of items is based on perceived need. Practice in renting behaviours and routines that promote earl Family functioning & Behaviour issues2 O Healthy sleep habits²/Night waking² O Crying/Soothability/Colic² O Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² O Parent-infant interaction/Parenting skills programs² Encourage reading, telling stories, singing to/with infant² Family healthy active living/ Sedentary behaviour/Screen time²	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









ONTARIO GUIDE IIA 2 MONTH VISIT

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

ME:			
n Day (d/m/yy):// 20 M	□ F □		
EVELOPMENT ² Inquiry and observation o cial-emotional. Tasks are set <u>after</u> the time of lestone, loss of attained milestones or parent	typical milestone acquisition. Further assestal concern. 4 Ensure milestones have been	ssment of development is merit achieved for any missed visits.	ed by the absence of any
rticular milestones may be culturally depend Lifts head up while lying on tummy Follows movement with eyes Turns head towards sounds	 Smiles responsively Can be comforted & calmed by touchin No parent/caregiver concerns² 		
DMMENTS			
HYSICAL EXAMINATION ² a appropriate age-specific physical examinati	on is recommended at each visit. Evidence-	-based screening for specific co	nditions is highlighted.
Sentinel injuries (bruising, subconjunctival	○ Eyes/Red reflex ²	O Heart/Lungs/Abo	
hemorrhages, intra-oral) ²	• Hearing inquiry/screening ²	O Hips (Ortolani) ²	
Fontanelles ²	O Neck/Torticollis ²	O Muscle tone ²	
Skin (jaundice ²)			
SSESSMENT AND PLANS / CURRENT A			
g. medical specialist, breastfeeding supports a	and services, dietitian, speech, audiology, P	T, OT, eyes, dental, social deterr	minants resources
VESTIGATIONS / SCREENING ² AND IN	MMUNIZATION ³ Record vaccines admi	nistered, address hesitancy a	nd missing vaccines. ³
DMMENTS			
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

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

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ONTARIO GUIDE IIB 4 MONTH VISIT

IAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
	/I □ F □ Gestational Age:	
, , , ,	irth Weight: g	
_	g g	
irth Head Circumference: cm		
CDOWTHI WAY A STATE OF THE STAT		
-	ge until 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For ea	ach ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.
	·	
NUTRITION ¹		
O Breastfeeding (exclusive) ¹	○ Formula feeding/preparation ¹ [750–1080 mL (25–36 oz)/day]
○ Vitamin D 400 IU/day ¹		phasis on iron containing and allergenic foods ¹
	O Supplementation: O water O other fluids	
COMMENTS		
EDUCATION AND ADVICE Repeat discuss	sion of items is based on perceived need. Practice inc prenting behaviours and routines that promote early	
EDUCATION AND ADVICE 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 ²	relational health (ERH). Environmental Health ¹
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	relational health (ERH).
EDUCATION AND ADVICE Repeat discuss Observe, discuss, model, and praise specific pa Injury Prevention O Motorized vehicle safety/Car seat	Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ²	relational health (ERH). Environmental Health ¹ O 2nd hand smoke/E-cigs/Cannabis exposure ¹
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) 1	Family functioning & Behaviour issues ² O Healthy sleep habits ² /Night waking ² O Crying/Soothability/Colic ²	relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent
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 ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ²	relational health (ERH). Environmental Health 2 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues 1
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 ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² 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 Supervised tummy time while awake
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	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parenting skills programs ²	relational health (ERH). Environmental Health 2 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues 1
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 Pacifier use Hot water <49°C/Bath safety Electric plugs/Cords	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parenting skills programs ² Encourage reading, telling stories,	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
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/	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ²	relational health (ERH). Environmental Health 2nd hand smoke/E-cigs/Cannabis exposure Pesticide exposure Sun exposure/Sunscreens/Insect repellent Other Issues Supervised tummy time while awake Teething No OTC cough/cold medicine
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 ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/	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
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 To safe discuss Carbon monoxide/Smoke detectors	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ²	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 Dental cleaning/Fluoride No OTC cough/cold medicine Complementary/alternative medicine
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 ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ² Child care ² /Return to work	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
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 Carbon monoxide/Smoke detectors¹ Choking/Safe toys¹	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ²	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
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 To safe discuss Carbon monoxide/Smoke detectors	Family functioning & Behaviour issues ² Healthy sleep habits ² /Night waking ² Crying/Soothability/Colic ² Parental fatigue/Depression ² Family Stress/Inquire re: difficulty making ends meet or food insecurity ² Parent-infant interaction/ Parenting skills programs ² Encourage reading, telling stories, singing to/with infant ² Family healthy active living/ Sedentary behaviour/Screen time ² Child care ² /Return to work	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 IIB 4 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 lestone, loss of attained milestones or parent rticular milestones may be culturally depend	typical milestone acquisitic tal concern. 4 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		with excitement (leg mov	yamant/nantina	/vocalizino
Holds an object briefly when placed in hand		• Coos responsively	with excitement (leg mov	ement/panting	/ vocalizing
Follows a moving toy or person with eyes past	midline	O No parent/caregive	r concerns 2		
DMMENTS					
IVCICAL EVAMINATION?					
HYSICAL EXAMINATION ² n appropriate age-specific physical examination		visit. Evidence-based so		ditions is highli	ghted.
Sentinel injuries (bruising, subconjunctival	O Eyes/Red reflex ²	•	O Neck/Torticollis ²		
hemorrhages, intra-oral) ²	• Hearing inquiry/screer	=	O Hips (limited hip a	abd'n)	
Anterior fontanelle ²	O Heart/Lungs/Abdome	en	O Muscle tone ²		
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 ² AND IN	MMUNIZATION ³ Record	vaccines administere	ed, address hesitancy a	nd missing va	ccines. ³
PMMENTS					
CNATURE			DATE OF WORT		/20
GNATURE			DATE OF VISIT	•	







ONTARIO GUIDE IIC 6 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20 M	☐ F ☐ Gestational Age:	
	rth Weight: g	
Birth Head Circumference: cm	33	
on the chedimerence.		
GROWTH ¹ use <u>WHO growth charts</u> . Correct ag	e until 24–36 months if < 37 weeks gestation.	
Length	Weight (x2 BW)	Head Circ.
-		
PARENT / CAREGIVER CONCERNS For ea	ch \odot item discussed below, indicate " \checkmark " for no con	cerns, or "X" if concerns.
NUTRITION1		
NUTRITION ¹		
 Breastfeeding – introduction of solids¹ Vitamin D 400 IU/day¹ 	 Iron containing foods (meat, wild game, fish, legumes, tofu, whole eggs, 	 Avoid juice and food/beverages high in sugar or salt¹
O Formula feeding/preparation ¹	iron-fortified infant cereal) ¹	O Choking/Safe food ¹
[750–1080 mL (25–36 oz)/day]	Allergenic foods	O No honey ¹
• Fruits, vegetables, and milk products	(especially eggs and peanut products) ¹	O No bottles in bed
(yogurt, cheese)	(copedian) eggs and peanut products,	O Inquire about vegetarian, vegan and other diets 1
COMMENTS		o maana aacaa regeraman, regamana cine aleus
COMMENTS		
	on of items is based on perceived need. Practice in	
Observe, discuss, model, and praise specific par	enting behaviours and routines that promote early	relational health (ERH).
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
O Safe sleep (position, room sharing,	○ Crying/Soothability/Colic ²	O Pesticide exposure ¹
avoid bed sharing, crib safety) ¹	O Parental fatigue/ Depression²	O Sun exposure/Sunscreens/Insect repellent ¹
O Poisons/Ingestions ¹ ; PCC# ¹	O Family Stress/Inquire re: difficulty	Other Issues ¹
O Firearm safety ¹	making ends meet or food insecurity ²	O Supervised tummy time while awake ¹
O Pacifier use ¹	O Parent-infant interaction/	○ Teething ¹ /Dental cleaning/Fluoride ¹
O Hot water <49°C/Bath safety ¹	Parenting skills programs ²	O No OTC cough/cold medicine ¹
 Electric plugs/Cords Falls (stairs, change table, unstable furniture/	 Encourage reading, telling stories, singing to/with infant² 	○ Complementary/alternative medicine ¹
TV, no walkers) ¹	○ Family healthy active living/	O Fever advice/Thermometers ¹
O Carbon monoxide/ <i>Smoke detectors</i> ¹	Sedentary behaviour/Screen time ²	
O Choking/Safe toys ¹	○ Child care ² /Return to work	
	O Assess home visit need ²	
COMMENTS		



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

www.rourkebabyrecord.ca @2024 Drs. L Rourke, D Leduc and J Rourke. Revised May 18, 2024







ONTARIO GUIDE IIC 6 MONTH VISIT

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. • Rolls from back to side ○ No persistent closed/fisted hands O Vocalizes pleasure and displeasure with • Sits with support with head and neck control • Hears sounds & laughs when spoken to good eye contact • Reaches/grasps objects with both hands/ ○ No parent/caregiver concerns² no hand preference **COMMENTS** PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted. • Sentinel injuries (bruising, subconjunctival • Hearing inquiry/screening² O Heart/Lungs/Abdomen hemorrhages, intra-oral)2 O Corneal light reflex/ O Hips (limited hip abd'n)² O Muscle tone²/No head lag/ Anterior fontanelle² Cover-uncover test & inquiry² ○ Teeth/Caries risk assessment² Developmental reflexes gone² O Eyes/Red reflex² **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 / SCREENING² AND IMMUNIZATION³ Record vaccines administered, address hesitancy and missing vaccines.³ • Anemia/iron deficiency screening (if at risk) O Inquire about risk factors for TB² O Follow-up Hep B vaccine status as indicated³ **COMMENTS** DATE OF VISIT _____/ /20 SIGNATURE ___

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







ONTARIO GUIDE IIIA 9 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Birth Day (d/m/yy):// 20 M	☐ F ☐ Gestational Age:	
Birth Length: cm Bir	th Weight: g	
Birth Head Circumference: cm		
		
GROWTH1 use WHO growth charts. Correct age unti	I 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
DADENT / CARECIVED CONCERNS -		115.01.25
PARENT / CAREGIVER CONCERNS For each	:h \bigcirc item discussed below, indicate " \checkmark " for no cond	cerns, or "X" if concerns.
NUTRITION1		
NUTRITION ¹	O Associativity and the addle second are blink in	O No haddas in had
 Breastfeeding¹/Vitamin D 400 IU/day¹ Formula feeding/preparation¹ 	O Avoid juice and food/beverages high in sugar or salt 1	O No bottles in bed O Eats a variety of textures
[720–960 mLs (24–32 oz)/day]	• At 9-12 mos, add 3.25% MF cow milk –	O No honey ¹
O Iron containing foods ¹ , Allergenic foods ¹ ,		O Independent/self-feeding/Family meals 1
fruits, vegetables	○ Choking/Safe foods ¹	O Inquire about vegetarian, vegan and other diets 1
-	O Encourage change from bottle to cup	
COMMENTS		
	on of items is based on perceived need. Practice inc enting behaviours and routines that promote early	
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
O Safe sleep (position, avoid bed sharing,	O Crying/Soothability ²	O Pesticide exposure ¹
crib safety) ¹	O Parental fatigue/ Depression²	• Sun exposure/Sunscreens/Insect repellent 1
O Poisons/Ingestions (e.g. safe storage	O Family Stress/Inquire re: difficulty making	Other Issues ¹
of cannabis) ¹ ; PCC# ¹	ends meet or food insecurity ²	O Teething 1/Dental cleaning/Fluoride/
○ Firearm safety ¹	O Parent-infant interaction/	Dentist ¹
O Pacifier use ¹	Parenting skills programs ²	○ No OTC cough/cold medicine ¹
O Bath safety ¹ /Burns ¹	O Encourage reading, telling stories,	○ Complementary/alternative medicine ¹
O Carbon monoxide/Smoke detectors ¹	singing to/with child ²	O Fever advice/Thermometers ¹
Childproofing, including:	• Family healthy active living/	O Footwear ¹
O Falls (stairs, change table, unstable furniture/	Sedentary behaviour/Screen time ² O Child care ² /Return to work	
TV, no walkers) ¹	O Assess home visit need ²	
 Electric plugs/Cords Choking/Safe toys¹ 	- Autor Home Visit Heed	
- ,		
COMMENTS		









ONTARIO GUIDE IIIA 9 MONTH VISIT

AME:		_
rth Day (d/m/yy):// 20 M	_ F _	
EVELOPMENT2 Inquiry and observation o	f milestones, listed below in the following orde	er: gross motor, fine motor, communication, cognitive,
ocial-emotional. Tasks are set <u>after</u> the time of	typical milestone acquisition. Further assessm	ent of development is merited by the absence of any
	tal concern.4 Ensure milestones have been ach lent. NB–Correct for age until 2 yrs if < 37 week	nieved for any missed visits. Parental familiarity with secretarion.
Stands with support when helped into standing position	Babbles repeated consonant sounds (e.g. babababa)	 Responds differently to different people Shows distress when separated from parent/
Sits without support	O Looks for an object seen hidden	caregiver
Uses both hands/no hand preference	O Plays social games with you	○ No parent/caregiver concerns ²
Uses fingers to "rake" food toward self	(e.g. nose touching, peek-a-boo)	The parent, caregiver concerns
OMMENTS	(eig.11000 tout.1111, pecit at 000)	
PHYSICAL EXAMINATION ²		
	on is recommended at each visit. Evidence-base	ed screening for specific conditions is highlighted.
Sentinel injuries (bruising, subconjunctival	○ Hearing inquiry/screening ²	O Heart/Lungs/Abdomen
hemorrhages, intra-oral) 2	O Corneal light reflex/	O Hips (limited hip abd'n) ²
Anterior fontanelle ²	Cover-uncover test & inquiry ²	O Muscle tone ²
Eyes/Red reflex ²	○ Teeth/Caries risk assessment²	
OMMENTS		
SSESSMENT AND PLANS / CURRENT A.g. medical specialist, breastfeeding supports a	AND NEW REFERRALS4 and services, dietitian, speech, audiology, PT, C	T, eyes, dental, social determinants resources
NVESTIGATIONS / SCREENING ² AND I	MMUNIZATION ³ Record vaccines adminis	tered, address hesitancy and missing vaccines. ³
PIFHESAg positive mother check HBV antibo PROOF BIOOD LEAD IF AT TISK	dies and HBsAg ³ (at 9 or 12 months)	○ Anemia/iron deficiency screening (If at risk) ²
CNATURE		DATE OF WISHT / /20
IGNATURE		_ DATE OF VISIT/ /20







ONTARIO GUIDE IIIB 12-13 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
	☐ F ☐ Gestational Age:	
	th Weight: g	
Birth Head Circumference: cm	<u></u> 9	
bitti i lead circumerence ciri		
GROWTH1 use WHO growth charts. Correct age unti	il 24–36 months if < 37 weeks gestation.	
Length	Weight (x3 BW)	Head Circ. (avg 47 cm)
_	_	
PARENT / CAREGIVER CONCERNS For each	n \odot item discussed below, indicate " \checkmark " for no concerns, o	"X" if concerns.
NUTRITION1		
	O No hottles in had	
O Breastfeeding ¹ /Vitamin D 400 IU/day ¹ O 3.25% MF cow milk – max 500-600 mLs (16-20)	O No bottles in bed O oz)/day ¹ O Independent/self-fee	eding/Family meals1
O Avoid juice and food/beverages high in sug	·	
O Choking/Safe foods ¹	-	arian, vegan and other diets ¹
O Promote open cup instead of bottle		. 3
COMMENTS		
	on of items is based on perceived need. Practice inc	
	enting behaviours and routines that promote early	
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
O Poisons/Ingestions (e.g. safe storage	O Crying/Soothability ²	O Pesticide exposure ¹
of cannabis) ¹ ; PCC# ¹ O Firearm safety ¹	 Parental fatigue/Depression² Family Stress/Inquire re: difficulty making 	O Sun exposure/Sunscreens/Insect repellent ¹
O Pacifier use ¹	ends meet or food insecurity ²	Other Issues ¹
O Bath safety ¹ /Burns ¹	O Parent-infant interaction/	○ Teething ¹ /Dental cleaning/Fluoride/
O Carbon monoxide/ <i>Smoke detectors</i> ¹	Parenting skills programs ²	Dentist ¹ O No OTC cough/cold medicine ¹
Childproofing, including:	○ Encourage reading, telling stories,	○ Complementary/alternative medicine ¹
• Falls (stairs, change table, unstable furniture/	singing to/with child ²	O Fever advice/Thermometers ¹
TV, no walkers)1	O Family healthy active living/	O Footwear ¹
○ Electric plugs/Cords	Sedentary behaviour/Screen time ²	
○ Choking/Safe toys ¹	○ Child care ² /Return to work	
COMMENTS	O Assess home visit need ²	
COMMENTS		



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)

IAME:			
irth Day (d/m/yy):/ 20 M 🔲 F 🖂			
DEVELOPMENT2 Inquiry and observation of milestones, listed below social-emotional. Tasks are set <u>after</u> the time of typical milestone acquisiti milestone, loss of attained milestones or parental concern. Ensure miles particular milestones may be culturally dependent. NB-Correct for age ur	ion. Further assessment c tones have been achieve	of development is merited of for any missed visits. P	ed by the absence of any
 Pulls to stand/walks holding on Crawls or 'bum' shuffles Uses both hands equally Uses fingers to rake food with thumb against side of curled index finger Babbles a series of different sounds and occasional words Responds to own name COMMENTS	Understands simpleMakes sounds/gestuFollows your gaze to	requests, (e.g. "Where is the res with eye contact to ge jointly reference an objec egiver and has stranger anx	t attention t
PHYSICAL EXAMINATION2 An appropriate age-specific physical examination is recommended at eacl	n visit. Evidence-based sc	reening for specific cond	itions is highlighted.
 ○ Anterior fontanelle² ○ Eyes/Red reflex² ○ Hearing inquiry/screening² ○ Tonsil size/Sleep-dia ○ Teeth/Caries risk asse 	:/ t & inquiry ² isordered breathing ²	Heart/Lungs/AbdoHips (limited hip aMuscle tone²	omen
COMMENTS			
ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS E.g. medical specialist, breastfeeding supports and services, dietitian, spe		es, dental, social determ	inants resources
INVESTIGATIONS / SCREENING ² AND IMMUNIZATION ³ Record of the HBsAg positive mother check HBV antibodies and HBsAg ³ (at 9 or 1) along lead if at risk ¹ COMMENTS			nd missing vaccines. ³ ncy screening (If at risk) ²
SIGNATURE		DATE OF VISIT	/ /20

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

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

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

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ONTARIO GUIDE IIIC 15 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
	☐ F ☐ Gestational Age:	
Birth Length: cm Bir	th Weight: g	
Birth Head Circumference: cm	<u></u> 9	
on thread circumsteries em		
GROWTH ¹ use <u>WHO growth charts</u> . Correct ag	e until 24–36 months if < 37 weeks gestation.	
Length	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For ea	ch ○ item discussed below, indicate "✓" for no cor	ncerns, or "X" if concerns.
NUTRITION1		
○ Breastfeeding ¹ /Vitamin D 400 IU/day ¹	○ Promote open cup	instead of bottle
O 3.25% MF cow milk – max 500-600 mLs (16-2	20 oz)/day ¹ O No bottles in bed	
O Avoid juice and food/beverages high in su	igar or salt ¹ O Independent/self-f	eeding/Family meals ¹
○ Choking/Safe foods ¹	O Inquire about vege	tarian, 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 ¹	Family functioning & Behaviour issues ²	Environmental Health ¹
O Motorized vehicle safety/Car seat ¹	O Healthy sleep habits ² /Night waking ²	O 2nd hand smoke/E-cigs/Cannabis exposure ¹
O Poisons/Ingestions (e.g. safe storage	○ Crying/Soothability ²	O Pesticide exposure ¹
of cannabis) ¹ ; PCC# ¹	O Parental fatigue/ Depression ²	${\bf O}$ Sun exposure/Sunscreens/Insect repellent ${\bf 1}$
○ Firearm safety ¹	O Family Stress/Inquire re: difficulty making	Other Issues ¹
O Pacifier use 1	ends meet or food insecurity ²	O Teething 1/Dental cleaning/Fluoride/
O Bath safety ¹ /Burns ¹	O Parent-infant interaction/	Dentist ¹
O Carbon monoxide/Smoke detectors ¹	Parenting skills programs ²	○ No OTC cough/cold medicine ¹
Childproofing, including:	O Encourage reading, telling stories,	○ Complementary/alternative medicine ¹
O Falls (stairs, change table, unstable furniture/	singing to/with child ²	O Fever advice/Thermometers ¹
TV, no walkers) ¹	O Family healthy active living/Sedentary	○ Footwear ¹
	behaviour/Screen time ²	
O Electric plugs/Cords O Choking/Safe toys ¹	Child care 2/Poturn to work	
	 Child care²/Return to work Assess home visit need² 	
	 Child care²/Return to work Assess home visit need² 	



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







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)

IAME:			-		
irth Day (d/m/yy):// 20	_ M 🗆 F 🗀				
DEVELOPMENT² Inquiry and observ ocial-emotional. Tasks are set <u>after</u> the nilestone, loss of attained milestones of articular milestones may be culturally of	time of typical milestone acc r parental concern. 4 Ensure r	uisition. Further assessme nilestones have been achie	nt of development is merit eved for any missed visits. I	ed by the abser	nce of any
Stands up alone		O Turns pages in a	board book		
Walks sideways holding onto furniture		○ Says 5 or more wo	rds (words do not have to be c	lear)	
Crawls up a few stairs/steps		 Shows fear of strange people/places 			
Uses mature pincer grasp with pads of	thumb and index finger	○ No parent/caregi	iver concerns 2		
COMMENTS					
PHYSICAL EXAMINATION ²					
An appropriate age-specific physical exa					lighted.
O Anterior fontanelle ²	O Corneal light r		O Heart/Lungs/Abo		
O Eyes/Red reflex ²		test & inquiry ²	O Hips (limited hip	abd'n) ²	
D Hearing inquiry/screening ²		ep-disordered breathing?	2		
	○ Teeth/Caries risk	assessment ²			
OMMENTS					
		A1.64			
ASSESSMENT AND PLANS / CURF i.g. medical specialist, breastfeeding su			eves dental social detern	ninants resourc	AS
.g. medicar specialist, breasticealing sal	pports and services, dictition	, speceri, addiology, 1-1, 01	, cycs, acritai, social acteri	illiants resourc	C 3
NVESTIGATIONS / SCREENING ² /	AND IMMUNIZATION ³ R	ecord vaccines administe	ered, address hesitancy a	nd missing vac	ccines. ³
• Anemia/iron deficiency screening (If at ris					
COMMENTS					
				,	/2.2
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

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ONTARIO GUIDE IVA 18 MONTH VISIT

NAME:		Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
Enhanced 18-Month Well-Baby Visit Ontario.ca			
GROWTH ¹ use <u>WHO growth charts</u> . Correct age unti	124 26 months if < 27 weeks gostation		
Length	Weight	Head Circ.	
PARENT / CAREGIVER CONCERNS For each	O item discussed below, indicate "✓" for no concerns, o	r "X" if concerns.	
NUTRITION			
NUTRITION ¹ O Breastfeeding ¹ /Vitamin D 400 IU/day ¹	O Avoid juice and food/beverages high	O Independent/self-fee	eding/Family meals ¹
○ 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day ¹	in sugar or salt ¹ O No bottles	O Inquire about vegeta other diets ¹	
COMMENTS			
	on of items is based on perceived need. Practice inc enting behaviours and routines that promote early		y safe care.
Injury Prevention ¹	Family functioning & Behaviour issues ² O Healthy sleep habits ²	Environmental Heal	
O Motorized vehicle safety/Car seat (child/booster) ¹	O Parental fatigue/Depression ²	O Pesticide exposure	cigs/Cannabis exposure ¹ I
O Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹	O Family Stress/Inquire re: difficulty making ends meet or food insecurity ²	O Sun exposure/Sunsci	reens/Insect repellent 1
O Bath safety 1/Burns 1	O Parent-child interaction/Parenting	Other Issues ¹ O Dental care/Dentist	1
O Choking/Safe toys ¹	skills programs ²	O Toilet learning ²	
 Wean from pacifier¹ Falls (stairs, change table, unstable furniture/TV)¹ 	 Encourage reading, telling stories, singing to/with child² 		
	 Family healthy active living/Sedentary behaviour/Screen time² 		
	O Socializing/Peer play opportunities		
COMMENTS			



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

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ONTARIO GUIDE IVA 18 MONTH VISIT

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

AME:		
rth Day (d/m/yy):// 20 M [] F []	
DEVELOPMENT? In antique and alternation of	sellanta una linta di balancius tela Callancius anglam susa	
ocial-emotional. Tasks are set after the time of ty	milestones, listed below in the following order: gros pical milestone acquisition. Further assessment of	development is merited by the absence of any
nilestone, loss of attained milestones or parental	l concern. 4 Ensure milestones have been achieved t	for any missed visits. Parental familiarity with
	nt. NB–Correct for age until 2 yrs if < 37 weeks gesta a brief, age-appropriate standardized developmenta	
O Walks alone		Interested in other children
Feeds self with fingers/tries to use spoon	Produces 4 consonants, (e.g. B D G H N W)Tries to get your attention to show you something	Usually easy to soothe
Points to several different body parts	Turns/responds when name is called	Child's behaviour is usually manageable
Follows 1 step directions	O Points to what he/she wants with alternating	• Comes for comfort when distressed
Removes hat/socks without help	gaze with parent/caregiver	○ No parent/caregiver concerns ²
Says 10 or more words (words do not have to be clear)		, 5
COMMENTS		
	is recommended at each visit. Evidence-based scre	
O Anterior fontanelle closed ²	O Corneal light reflex/	O Tonsil size/Sleep-disordered breathing ²
D Eyes/Red reflex ² D Hearing inquiry	Cover-uncover test & inquiry ² O Teeth/Caries Risk ²	O Heart/Lungs/Abdomen
	J reetify Curies hisk-	
COMMENTS		
ASSESSMENT AND PLANS / CURRENT AN	ID NEW REFERRALS4	
	services, dietitian, speech, audiology, PT, OT, eyes, den	tal, social determinants resources
NVESTIGATIONS / SCREENING ² AND IM	MUNIZATION ³ Record vaccines administered,	address hesitancy and missing vaccines. ³
O Anemia/iron deficiency screening (If at risk) ² COMMENTS	○ Blood lead if at risk ¹	
SIGNATURE		DATE OF VISIT/ /20

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

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ONTARIO GUIDE IVB

NAME:	1 □ F □	Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
GROWTH¹ use WHO growth charts. Correct ag Height Weight	ge until 24–36 months if < 37 weeks gestation. Head Circ. (if prior abN)	ВМІ	
PARENT / CAREGIVER CONCERNS For each	ach ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.	
NUTRITION1 O Breastfeeding 1/Vitamin D 400 IU/day1 O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day1 COMMENTS	O Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt. 1	○ Canada's Food Guide ○ Inquire about vegeta other diets¹	•
	sion of items is based on perceived need. Practice inc renting behaviours and routines that promote early		y safe care.
Injury Prevention Motorized vehicle safety/ Car seat (child/booster) Bike helmets Poisons/Ingestions (e.g. cannabis) Firearm safety Water safety Carbon monoxide/smoke detectors Burns Matches	Family functioning & Behaviour issues ² O Healthy sleep habits ² O Parental fatigue/Depression ² O Family Stress/Inquire re: difficulty	Environmental Heal	cigs/Cannabis exposure ¹ reens/Insect repellent ¹ roride/Dentist ¹ rnative medicine ¹









ONTARIO GUIDE IVB 2 YEAR VISIT

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

AME:		
th Day (d/m/yy):// 20	M 🗆 F 🗆	
EVELOPMENT2 Inquiry and observation	n of milestones, listed below in the following order: gro	ess motor, fine motor, communication, cognitive
cial-emotional. Tasks are set after the time	of typical milestone acquisition. Further assessment of	f development is merited by the absence of any
ilestone, loss of attained milestones or par irticular milestones may be culturally depe	ental concern. ⁴ Ensure milestones have been achieved endent. NB–Correct for age until 2 yrs if < 37 weeks gesi	for any missed visits. Parental familiarity with tation.
Kicks a large ball	○ Combines 2 or more words	○ Likes to please
Tries to run	Uses toys for pretend play (e.g. give doll a drink)	O No parent/caregiver concerns ²
Puts objects into small container	• Feeds self using spoon	, 3
DMMENTS		
HYSICAL EXAMINATION ² appropriate age-specific physical examin	nation is recommended at each visit. Evidence-based sc	reening for specific conditions is highlighted.
Eyes/Red reflex/Visual acuity ²	○ Teeth/Caries Risk ²	O Hearing inquiry
Corneal light reflex/Cover-uncover test & inquiry ²	O Tonsil size/Sleep-disordered breathing ²	O Heart/Lungs/Abdomen
OMMENTS		
SSESSMENT AND PLANS / CURRENT	T AND NEW PEEERPALS4	
	ts and services, dietitian, speech, audiology, PT, OT, eye	es, dental, social determinants resources
, , , , , , , , , , , , , , , , , , , ,		
VESTIGATIONS / SCREENING ² AND	IMMUNIZATION ³ Record vaccines administered	, address hesitancy and missing vaccines. ³
Anemia/iron deficiency screening (If at risk) ²	○ Blood lead if at risk1	
DMMENTS	- 5.500 feed if defining	
VINITE IN I 3		
IGNATURE		DATE OF VISIT/ /20

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







ONTARIO GUIDE IVC 3 YEAR VISIT

NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
Gestational Age:	_ • _	
Gestational Age		
CPOWTH1 WILD grounds about Courset and	until 24 26 months if 427 works months in	
GROWTH ¹ use <u>WHO growth charts</u> . Correct age		20.00
Height Weight	Head Circ. (if prior abN)	BMI
PARENT / CAREGIVER CONCERNS For each	h ○ item discussed below, indicate "✓" for no con	cerns, or "X" if concerns.
		·
NUTRITION ¹		
O Breastfeeding ¹ /Vitamin D 400 IU/day ¹	O Choose healthy fats/Limit highly processed	O Canada's Food Guide/Family meals ¹
O Cow's milk or unsweetened fortified soy	foods and foods/beverages with saturated	O Inquire about vegetarian, vegan and
beverage – max 500-600 mLs (16-20 oz)/day ¹	fats, added sugars and salt.1	other diets ¹
COMMENTS		
EDUCATION AND ADVICE Repeat discussion	on of items is based on perceived need. Practice in enting behaviours and routines that promote early	clusive, anti-racist, culturally safe care.
	, ,	
Injury Prevention ¹ O Motorized vehicle safety/	Family functioning & Behaviour issues ² O Healthy sleep habits ²	Environmental Health ¹
Car seat (child/booster) ¹	O Parental fatique/Depression ²	 2nd hand smoke/E-cigs/Cannabis exposure¹ Pesticide exposure¹
O Bike helmets ¹	O Family Stress/Inquire re: difficulty	O Sun exposure/Sunscreens/Insect repellent ¹
O Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹	-	·
O Firearm safety ¹	O Parent-child interaction/	Other Issues ¹
○ Water safety ¹	Parenting skills programs ²	 Dental cleaning/Fluoride/Dentist¹ Complementary/alternative medicine¹
O Carbon monoxide/smoke detectors ¹ /	O Encourage reading, telling stories,	O No OTC cough/cold medicine ¹
Burns 1/Matches	singing to/with child. ²	O Toilet learning ²
○ Falls (stairs, unstable furniture/TV,	O Family healthy active living/Sedentary	
trampolines) ¹	behaviour/Screen time ²	
O No pacifiers ¹	O Socializing/Peer play opportunities	
	• Assess child care/Preschool needs/School	
	readiness ²	
COMMENTS		









ONTARIO GUIDE IVC 3 YEAR VISIT

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

IAME:		
irth Day (d/m/yy):// 20 M	_ F _	
DEVELOPMENT2 Inquiry and observation of mile Tasks are set <u>after</u> the time of typical milestone acquis or parental concern. ⁴ Ensure milestones have been ac NB–Correct for age until 2 yrs if < 37 weeks gestation.	estones, listed below in the following order: gross motor, fir ition. Further assessment of development is merited by the chieved for any missed visits. Parental familiarity with partic	ne motor, communication, cognitive, social-emotional absence of any milestone, loss of attained milestones ular milestones may be culturally dependent.
 Walks up stairs using handrail Twists lids off jars or turns knobs Turns pages one at a time Follows 2 step directions (e.g. "Pick up your shoes and put them in the closet.") COMMENTS 	 Uses sentences with 3 or more words → Plays make-believe games with actions and words → Listens to music or stories for 5–10 minutes → Shares some of the time 	 ○ Starts to say emotions (e.g. happy, sad, mad) ○ No parent/caregiver concerns²
PHYSICAL EXAMINATION2 An appropriate age-specific physical examination O Eyes/Red reflex/Visual acuity ²	n is recommended at each visit. Evidence-based scree O Blood pressure if at risk2	ening for specific conditions is highlighted.
 Corneal light reflex/ Cover-uncover test & inquiry² COMMENTS 	 Teeth/Caries Risk² Tonsil size/Sleep-disordered breathing² 	O Heart/Lungs/Abdomen
ASSESSMENT AND PLANS / CURRENT A E.g. medical specialist, breastfeeding supports a	ND NEW REFERRALS⁴ nd services, dietitian, speech, audiology, PT, OT, eyes	, dental, social determinants resources
INVESTIGATIONS / SCREENING ² AND IM	IMUNIZATION ³ Record vaccines administered,	address hesitancy and missing vaccines. ³
O Anemia/iron deficiency screening (If at risk) ² COMMENTS	○ Blood lead if at risk ¹	
SIGNATURE		DATE OF VISIT/ /20

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







ONTARIO GUIDE IVD 4 YEAR VISIT

NAME:		Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
Birth Day (d/m/yy):// 20			
Gestational Age:			
destationar/ige			
GROWTH ¹ use <u>WHO growth charts</u> . Correct age	until 24–36 months if < 37 weeks gestation		
Height	Weight	BMI	
J .	_		
PARENT / CAREGIVER CONCERNS For each	\mathbf{O} item discussed below, indicate " \checkmark " for no con	cerns, or "X" if concerns.	
NUTRITION ¹			
O Cow's milk or unsweetened fortified soy	O Choose healthy fats/Limit highly processed	O Canada's Food Guide	•
beverage – max 500-600 mLs (16-20 oz)/day ¹	foods and foods/beverages with saturated fats, added sugars and salt.1	 Inquire about vegeta other diets¹ 	rian, vegan and
COMMENTS	iats, added sugars and sait.	other diets.	
COMMENTS			
	n of items is based on perceived need. Practice inc		y safe care.
Observe, discuss, model, and praise specific pare			4.1
Injury Prevention ¹	Family functioning & Behaviour issues ²	Environmental Heal	th I cigs/Cannabis exposure1
O Motorized vehicle safety/Car seat (child/booster) ¹	 Healthy sleep habits² Parental fatigue/Depression² 	O Pesticide exposure	•
O Bike helmets ¹	O Family Stress/Inquire re: difficulty	O Sun exposure/Sunsci	
O Poisons/Ingestions (e.g. cannabis) ¹ ; PCC# ¹	making ends meet or food insecurity ²	Other Issues ¹	
○ Firearm safety ¹	O Parent-child interaction/	O Dental cleaning/Flu	oride/Dentist1
○ Water safety ¹	Parenting skills programs ²	O Complementary/alter	
O Carbon monoxide/smoke detectors ¹ /	O Encourage reading, telling stories,	O No OTC cough/cold	
Burns 1/Matches	singing to/with child. ²	O Toilet learning ²	
O Falls (stairs, unstable furniture/TV,	O Family healthy active living/Sedentary	3	
trampolines) ¹	behaviour/Screen time ²		
O No pacifiers ¹	Socializing/Peer play opportunities Assess child care/Preschool needs/School		
	readiness ²		
COMMENTS			
			









ONTARIO GUIDE IVD 4 YEAR VISIT

AME:		_	
th Day (d/m/yy):/ 20	M _ F _		
EVELOPMENT ² Inquiry and observation	of milestones, listed below in the following order: gross r	notor, fine motor, communication	on, cognitive, social-emotion
parental concern. Ensure milestones have b B-Correct for age until 2 yrs if < 37 weeks gest	acquisition. Further assessment of development is merite een achieved for any missed visits. Parental familiarity wit	h particular milestones may be	culturally dependent.
Walks up/down stairs alternating feet		O Tries to comfort so	•
Asks and answers lots of questions (e.g. "V	our shoe, then stand up and clap your hands.") What are you doing?")	○ No parent/caregive	er concerns *
OMMENTS	vinat are you doing.		
HYSICAL EXAMINATION ²			
	ination is recommended at each visit. Evidence-base	ed screening for specific cond	ditions is highlighted.
Eyes/Red reflex/Visual acuity ²	O Blood pressure if at risk2	O Hearing inquiry	
Corneal light reflex/	○ Teeth/Caries Risk ²	O Heart/Lungs/Abdo	men
Cover-uncover test & inquiry ²	O Tonsil size/Sleep-disordered breathing	g ²	
OMMENTS			
SSESSMENT AND PLANS / CURRE g. medical specialist, breastfeeding supp	NT AND NEW REFERRALS4 orts and services, dietitian, speech, audiology, PT, C	OT, eyes, dental, social detern	ninants resources
IVESTIGATIONS / SCREENING ² AN	ND IMMUNIZATION ³ Record vaccines adminis	tered, address hesitancy a	nd missing vaccines. ³
Anemia/iron deficiency screening (If at risk)	2 O Blood lead if at risk ¹		
GNATURE		_ DATE OF VISIT	/ /20







ONTARIO GUIDE IVE

	NAME:		Pregnancy/Birth remarks/Apgar: Risk factors/Family history:
NUTRITION	Birth Day (d/m/yy):// 20 M [] F []	
NUTRITION O Cow's milk or unsweetened fortified soy beverage — max 500-600 mils (16-20 oz)/da ¹ (conds and foods/beverages with saturated foods and foods/beverages with saturated foods and foods/beverages with saturated foots and foods/beverages with saturated other diets! COMMENTS EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and plasse specific parenting behaviours and routines that promote early relational health (EBH). Injury Prevention! Family functioning & Behaviour issues? Observe, discuss, model, and plasse specific parenting behaviours and routines that promote early relational health (EBH). Injury Prevention! Parenting falls (prevention) Parental fatigue/Depression? Parental fatigue/Depression? Parenting falls (programs) Parenting falls (progr	Gestational Age:		
NUTRITION O Cow's milk or unsweetened fortified soy beverage — max 500-600 mils (16-20 oz)/day1 COMMENTS COMMENTS Commanda And paise specific parenting behaviours and routines that promote early editational health (ERH). Family functioning & Behaviour issues2 O Blike helmets1 Parenting skills programs 2 Parenting skills progr			
NUTRITION O Cow's milk or unsweetened fortified soy beverage — max 500-600 mils (16-20 oz)/day1 COMMENTS COMMENTS Commanda And paise specific parenting behaviours and routines that promote early editational health (ERH). Family functioning & Behaviour issues2 O Blike helmets1 Parenting skills programs 2 Parenting skills progr			
NUTRITION O Cow's milk or unsweetened fortified soy beverage - max 500-600 mts (16-20 cz)/day¹ COMMENTS O Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt.¹ O Com's milk or unsweetened fortified soy beverage - max 500-600 mts (16-20 cz)/day¹ COMMENTS EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH. Injury Prevention¹ O Motorized vehicle safety/ Car seat (child/hooster)¹ O Parental fatigue/Depression² O	GROWTH¹ use <u>WHO growth charts</u> . Correct age	until 24–36 months if < 37 weeks gestation.	
NUTRITION O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day¹ fats, added sugars and salt.¹	Height	Weight	BMI
NUTRITION O Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day¹ fats, added sugars and salt.¹	PARENT / CAREGIVER CONCERNS For each	 item discussed below, indicate "√" for no concerns, o 	or "X" if concerns.
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School readiness 2			
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ONTARIO GUIDE IVE 5 YEAR VISIT

ME:				
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	f milestones, listed below in the following order: gross			
cial-emotional. Tasks are set <u>after</u> the time	e of typical milestone acquisition. Further assessment c rental concern. 4 Ensure milestones have been achieve	of development is merited by the absence of a		
articular milestones may be culturally depe	ental concern. • Ensure fillestones have been achieved endent. NB–Correct for age until 2 yrs if < 37 weeks ges	station.		
Throws and catches a ball	○ Counts 6 objects to answer	O 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 ²		
OMMENTS				
HYSICAL EXAMINATION ²				
	nation is recommended at each visit. Evidence-based s			
Eyes/Red reflex/Visual acuity ²	 Blood pressure if at risk² Teeth/Caries Risk² 	O Hearing inquiry		
Corneal light reflex/ Cover-uncover test & inquiry ²	○ Tonsil size/Sleep-disordered breathing ²	O Heart/Lungs/Abdomen		
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OMMENTS				
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DVECTIC ATIONS (CCDEENING) AND				
	DIMMUNIZATION ³ Record vaccines administered	d, address hesitancy and missing vaccines.		
O Anemia/iron deficiency screening (If at risk) ² OMMENTS	○ Blood lead if at risk ¹			
IGNATURE		DATE OF VISIT/ /20		









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

• Breastfeeding: Support exclusive breastfeeding for the first six months of life for healthy term infants. Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) may continue for up to two years and beyond unless contraindicated. Breastfeeding is associated with better health outcomes (e.g. fewer gastrointestinal and respiratory illness, lower incidence of SIDS). Maternal support (both antepartum and postpartum) increases breastfeeding and prolongs its duration. Early and frequent parent-infant skin-to-skin contact, rooming in, and banning handouts of free infant formula increase breastfeeding rates.

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

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

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

ENVIRONMENTAL HEALTH

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

- 2nd hand smoke/e-cigs/Cannabis exposure: There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce 2nd hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS, and neuro-behavioural disorders. Offer smoking cessation resources. Educate parents on the health risks and harms associated with e-cigs, and on safe storage.
- Sun exposure/Sunscreens: Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF \geq 30 for those > 6 months of age. Sun safety tips (HC)
- Insect bites/repellents: Prevent insect bites. No DEET in < 6 months; 6–24 months 10% DEET apply max once daily; 2–12 years 10% DEET apply max TID. Insect bites/repellents: (HC) (CPS Caring for Kids)
- Pesticides: Ask about pesticide use and storage at home; avoid exposure. Exposure to pesticides is associated with adverse neurodevelopmental outcomes. Wash all fruits and vegetables that cannot be peeled. Food additives and child health (AAP) Pesticide Exposure in Children (AAP)
- Well water: should be tested regularly for contamination. Health Canada March 2019: Be Well Aware: Test your well water
- Lead: There is no safe level of lead exposure in children. Evidence suggests that low blood lead levels can have adverse health effects on a child's cognitive function. Blood Lead Screening is recommended for children who:
- in the last 6 months lived in a house or apartment built before 1960;
- live in a home with recent or ongoing renovations or peeling or chipped paint;
- have a sibling, housemate, or playmate with a prior history of lead poisoning;
- live near point sources of lead contamination;
- have household members with lead-related occupations or hobbies;
- are refugees aged 6 months-6 years, within 3 months of arrival and again in 3-6 months;
- have emigrated or been internationally adopted from a country where population lead levels are higher than in Canada;
- are at risk of lead exposure from water pipes.

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







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 ≥ 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.

INCLUSIVE AND ANTI-OPPRESSIVE CARE







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

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

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

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

Our Kids' Health: Cultural chapters

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

RELATIONSHIPS, PARENTING, FAMILY FUNCTION

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

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

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

• Mental health:

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

• Prevention of child maltreatment:

International Adoption (Kids New to Canada)

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

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

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

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

• Nonparental child care: Inquire about current child care arrangements. High quality child care is associated with improved paediatric outcomes in all children. Factors enhancing quality child care include: practitioner general education and specific training, group size and child/staff ratio, licensing and registration/accreditation, infection control and injury prevention, and emergency procedures. Guide to child-care in Canada (CPS): Well Beings Child care: Making the best choice (CPS Caring for Kids) A parents' guide to quality child care (Childcare Resource and Research Unit)

HEALTHY ROUTINES

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

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

- Night waking: Occurs in 20% of infants and toddlers who do not require night feeding. Counselling around positive bedtime routines (including training the child to fall asleep alone), removing nighttime positive reinforcers, keeping morning awakening time consistent, and rewarding good sleep behaviour have been shown to reduce the prevalence of night waking, especially when this counselling begins in the first 3 weeks of life. Healthy sleep (CPS Caring for
- Infant crying/colic: Excessive crying may be caused by behavioural or physical factors, or be the upper limit of the normal spectrum. Colic: Recurrent and prolonged periods of infant crying, fussing, or irritability onset <5 months old that occur without obvious cause and cannot be prevented or resolved by caregivers. Caregiver frustration with infant crying can lead to child maltreatment/inflicted injury (head injury, fractures, bruising).

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

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

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

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







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

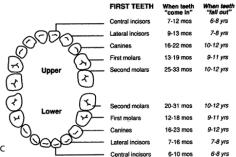
PHYSICAL EXAMINATION

- 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,
- 12 months of age.
- Children 2 years and above who are at highest risk of invasive pneumococcal disease should receive Pneu-P-23. Consult NACI guidelines for eligibility and dosing schedule.
- Pneu-C-15 or Pneu-C-20 are now available and are being used in some jurisdictions instead of Pneu-C-13. See NACI for details including products, doses, and timing.

Meningococcal vaccine:

- Canadian children should be immunized with a MCV-C at 12 months of age, or earlier depending on provincial/territorial vaccine programs; suggested one dose at 12 months of age.
- MCV-4 (A, C, Y, W) should be given to children two months of age and older who are at increased risk for meningococcal disease or who have been in close contact with a case of invasive meningococcal A,C,Y, or W disease. MCV-4-CRM (MenveoTM) should be used for those less than 2 years old; any MCV-4 may be used for older children.
- A routine booster dose with MCV-4 or MCV-C is recommended at approximately 12 years of age. High risk children require boosters at 5 year intervals.
- MCV-4 should be given to children two months of age and older travelling to areas where meningococcal vaccine is recommended. MCV-4 CRM is recommended for immunization of children 2 months to less than 2 years of age. Any MCV-4 may be used for older children.
- Multi-component meningococcal serogroup B (4CMenB) vaccine should be considered for active immunization of children ≥ 2 months of age who are at high risk of meningococcal disease or who have been in close contact with a case of invasive meningococcal B disease or travelling to an area where risk of transmission of meningococcus B is high. Two to 3 doses are required at 4 or 8 wk intervals depending on age.
- Routine prophylactic administration of acetaminophen after immunization and/or separating 4CMenB vaccination from routine vaccination schedule may be considered for preventing fever in infants and children up to 3 years of age.
- Influenza vaccine: Recommended for all children, particularly those aged 6-59 months and other children at high risk.
- Previously unvaccinated children up to 9 years of age require 2 doses with an interval of at least 4 weeks. The second dose is not required if the child has received one or more doses of influenza vaccine during the previous immunization season. A quadrivalent vaccine should be used if
- For children between 6 and 23 months, the quadrivalent inactivated influenza vaccine (QIV) should be used, and if not available, either unadjuvanted or adjuvanted trivalent inactivated vaccine (TIV).
- Children 2-18 years of age should be given QIV, or quadrivalent live attenuated influenza vaccine (LAIV) if not contraindicated. If a quadrivalent vaccine is not available, TIV should be used. Egg allergy is not a contraindication to vaccination with QIV, TIV, or LAIV.
- Immunize with TIV or QIV in the second or third trimester to provide protection for the pregnant woman and infant <6 months of age.
- LAIV is contraindicated for children i) with immune compromising conditions, ii) with severe asthma (defined as current active wheezing or currently on oral or high-dose inhaled glucocorticosteroids, or medically attended wheezing within the previous 7 days), or iii) on aspirin.

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







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