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

www.rourkebabyrecord.ca | See RBR parent web portal for corresponding parent resources



**GUIDE I: 0–1 mo** (National)

| Pregnancy/Birth remarks/Apgar: | Risk factors/Family history: |
|---|---|
| | |
| | |
| | |

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

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm Discharge Weight: _____ g

| WITHIN 1 WEEK | 2 WEEKS (OPTIONAL) | 1 MONTH |
|---|---|---|
| DATE OF VISIT _____/_____/20____ | DATE OF VISIT _____/_____/20____ | DATE OF VISIT _____/_____/20____ |

**GROWTH**[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

| Length | Weight | Head Circ. (avg 35 cm) | Length | Weight (regains BW 1–3 weeks) | Head Circ. | Length | Weight | Head Circ. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

**PARENT / CAREGIVER CONCERNS**

**NUTRITION**[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

| | | |
|---|---|---|
| ❍ **Breastfeeding (exclusive)**[1]<br>❍ **Vitamin D 400 IU/day**[1]<br>❍ *Formula feeding/preparation*[1] [150 mL(5 oz)/kg/day[1]]<br>❍ Stool pattern and urine output | ❍ **Breastfeeding (exclusive)**[1]<br>❍ **Vitamin D 400 IU/day**[1]<br>❍ *Formula feeding/preparation*[1] [150 mL(5 oz) /kg/day[1]]<br>❍ Stool pattern and urine output | ❍ **Breastfeeding (exclusive)**[1]<br>❍ **Vitamin D 400 IU/day**[1]<br>❍ *Formula feeding/preparation*[1] [450–750 mL(15–25 oz) /day[1]]<br>❍ Stool pattern and urine output |

**EDUCATION AND ADVICE** Repeat discussion of items is based on perceived risk or need

| | | |
|---|---|---|
| Injury Prevention[1]<br>❍ **Motorized vehicle safety/Car seat**[1]<br>❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]<br>❍ **Firearm safety**[1]<br>❍ *Pacifier use*[1]<br>❍ *Hot water <49°C/Bath safety*[1]<br>❍ *Falls (stairs, change table)*[1]<br>❍ Carbon monoxide/*Smoke detectors*[1]<br>❍ Choking/Safe toys[1] | Behaviour and Family Issues[2]<br>❍ **Night waking**[2] ❍ **Healthy sleep habits**[2]<br>❍ Crying[2] ❍ Soothability/Responsiveness<br>❍ **Parenting/Bonding**[2] ❍ Family conflict/Stress<br>❍ Parental fatigue/**Postpartum depression**[2]<br>❍ **Inquire re: difficulty making ends meet or food insecurity**[2]<br>❍ **High risk infants/Assess home visit need**[2]<br>❍ Siblings | Environmental Health[1]<br>❍ **2nd hand smoke**/E-cigs/Cannabis[1]<br>❍ Sun exposure[1]<br><br>Other Issues[1]<br>❍ **Supervised tummy time while awake**[1]<br>❍ **No OTC cough/cold medicine**[1]<br>❍ *Inquiry on complementary/alternative medicine*[1]<br>❍ *Temperature control and overdressing*<br>❍ Fever advice/Thermometers[1] |

**DEVELOPMENT**[2] (Inquiry and observation of milestones)
Tasks are set after the time of typical milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB–Correct for age if < 37 weeks gestation

| | | |
|---|---|---|
| ❍ Sucks well on nipple | ❍ Sucks well on nipple<br>❍ *No parent/caregiver concerns*[2] | ❍ *Focuses gaze*<br>❍ *Startles to loud noise*<br>❍ *Calms when comforted*<br>❍ Sucks well on nipple<br>❍ *No parent/caregiver concerns*[2] |

**PHYSICAL EXAMINATION**[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

| | | |
|---|---|---|
| ❍ Fontanelles[2] ❍ *Skin (jaundice*[2]*,* bruising[2])<br>❍ **Eyes (red reflex)**[2] ❍ *Ears/TMs–Hearing inquiry/screening*[2]<br>❍ Neck/Torticollis[2] ❍ Intact palate (inspection/palpation)[2]<br>❍ Tongue mobility if breastfeeding problems[2]<br>❍ Heart/Lungs ❍ Abdomen/Umbilicus[2]<br>❍ Femoral pulses ❍ Hips (Barlow/Ortolani)[2]<br>❍ Testicles/Genitalia ❍ Male urinary stream/Foreskin care<br>❍ Spine (dimple/sinus)[2]/Patency of anus[2]<br>❍ Muscle tone[2] | ❍ Fontanelles[2] ❍ *Skin (jaundice*[2]*,* bruising[2])<br>❍ **Eyes (red reflex)**[2] ❍ *Ears/TMs–Hearing inquiry/screening*[2]<br>❍ Neck/Torticollis[2] ❍ Intact palate (inspection/palpation)[2]<br>❍ Tongue mobility if breastfeeding problems[2]<br>❍ Heart/Lungs ❍ Abdomen/Umbilicus[2]<br>❍ Femoral pulses ❍ Hips (Barlow/Ortolani)[2]<br>❍ Testicles/Genitalia ❍ Male urinary stream/Foreskin care<br>❍ Spine (dimple/sinus)[2]<br>❍ Muscle tone[2] | ❍ Fontanelles[2] ❍ *Skin (jaundice*[2]*,* bruising[2])<br>❍ **Eyes (red reflex)**[2] ❍ *Hearing inquiry/screening*[2]<br>❍ Intact palate (inspection/palpation)[2]<br>❍ Tongue mobility if breastfeeding problems[2]<br>❍ Neck/Torticollis[2]<br>❍ Heart/Lungs/Abdomen<br>❍ Hips (Barlow/Ortolani)[2]<br>❍ Muscle tone[2] |

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS**[4] E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

**INVESTIGATIONS / SCREENING**[2] **AND IMMUNIZATION**[3] **Discuss immunization benefits and pain reduction strategies**[3] Record Vaccines on Guide V

| | | |
|---|---|---|
| ❍ **Newborn screening as per province**<br>❍ **Hemoglobinopathy screen (if at risk)**[2]<br>❍ **Universal newborn hearing screening (UNHS)**[2]<br>❍ **If HBsAg-positive parent/sibling Hep B vaccine #1**[3] | | ❍ **If HBsAg-positive parent/sibling Hep B vaccine #2**[3] |

**SIGNATURE**

| | | |
|---|---|---|
| x _____ | x _____ | x _____ |

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; *Fair (italic type)*; Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
[1]Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]Resources 2: Family, Behaviour, Development, P/E, Investigations [3]Resources 3: Immunization [4]Resources 4: ECD Resources System and Table

**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.



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APR 29

# Rourke Baby Record:
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## GUIDE II: 2–6 mos (National)

| Past problems/Risk factors: | Family history: |
|---|---|
| | |
| | |
| | |
| | |

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

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm

| 2 MONTHS | 4 MONTHS | 6 MONTHS |
|---|---|---|
| DATE OF VISIT ____/____/20____ | DATE OF VISIT ____/____/20____ | DATE OF VISIT ____/____/20____ |

**GROWTH**[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

| Length | Weight | Head Circ. | Length | Weight | Head Circ. | Length | Weight (x2 BW) | Head Circ. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

**PARENT / CAREGIVER CONCERNS**

**NUTRITION**[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

| 2 MONTHS | 4 MONTHS | 6 MONTHS |
|---|---|---|
| ❍ **Breastfeeding (exclusive)**[1]<br>❍ **Vitamin D 400 IU/day**[1]<br>❍ *Formula feeding/preparation*[1] [600–900 mL(20–30 oz) /day[1]] | ❍ **Breastfeeding (exclusive)**[1]<br>❍ **Vitamin D 400 IU/day**[1]<br>❍ *Formula feeding/preparation*[1] [750–1080 mL(25–36 oz) /day[1]]<br>❍ Discuss future introduction of solids, **with emphasis on iron containing and allergenic foods**[1] | ❍ **Breastfeeding**[1] **– introduction of solids**[1]<br>❍ **Vitamin D 400 IU/day**[1]<br>❍ *Formula feeding/preparation*[1] [750–1080 mL(25–36 oz) /day[1]]<br>❍ **Iron containing foods**[1] **(iron fortified infant cereals, meat, tofu, legumes, poultry, fish, whole eggs)**<br>❍ **Allergenic foods (especially eggs and peanut products)**[1]<br>❍ Fruits, vegetables, and milk products (yogurt, cheese) to follow<br>❍ **Avoid juice and food/beverages high in sugar** or salt[1]<br>❍ Choking/Safe food[1] ❍ No honey[1] ❍ No bottles in bed |

**EDUCATION AND ADVICE** Repeat discussion of items is based on perceived risk or need

Injury Prevention[1]
- ❍ **Motorized vehicle safety/Car seat**[1]
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]
- ❍ **Poisons**[1]**; PCC#**[1]
- ❍ **Firearm safety**[1]
- ❍ *Pacifier use*[1]
- ❍ *Hot water <49°C/Bath safety*[1]
- ❍ *Electric plugs/Cords*
- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
- ❍ Carbon monoxide/*Smoke detectors*[1]
- ❍ Choking/Safe toys[1]

Behaviour and Family Issues[2]
- ❍ **Night waking**[2] ❍ **Healthy sleep habits**[2]
- ❍ Crying[2] ❍ Soothability/Responsiveness
- ❍ **Parenting/Bonding**[2] ❍ Family conflict/Stress
- ❍ Parental fatigue/**Postpartum depression**[2]
- ❍ **Inquire re: difficulty making ends meet or food insecurity**[2]
- ❍ **High risk infants/Assess home visit need**[2]
- ❍ **Family healthy active living/Sedentary behaviour/Screen time**[2]
- ❍ *Encourage reading*[2]
- ❍ *Child care*[2]/Return to work
- ❍ Siblings

Environmental Health[1]
- ❍ **2nd hand smoke**/E-cigs/Cannabis[1]
- ❍ *Pesticide exposure*[1]
- ❍ Sun exposure/Sunscreens/Insect repellent[1]

Other Issues[1]
- ❍ **Supervised tummy time while awake**[1]
- ❍ Teething[1]**/Dental cleaning/Fluoride**[1]
- ❍ **No OTC cough/cold medicine**[1]
- ❍ *Complementary/alternative medicine*[1]
- ❍ *Temperature control and overdressing*
- ❍ Fever advice/Thermometers[1]

**DEVELOPMENT**[2] (Inquiry and observation of milestones)

Tasks are set after the time of typical milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB–Correct for age if < 37 weeks gestation

| 2 MONTHS | 4 MONTHS | 6 MONTHS |
|---|---|---|
| ❍ *Follows movement with eyes*<br>❍ *Coos – throaty, gurgling sounds*<br>❍ *Lifts head up while lying on tummy*<br>❍ *Can be comforted & calmed by touching/rocking*<br>❍ *Sequences 2 or more sucks before swallowing/breathing*<br>❍ Smiles responsively<br>❍ *No parent/caregiver concerns*[2] | ❍ *Follows a moving toy or person with eyes*<br>❍ *Responds to people with excitement (leg movement/panting/vocalizing)*<br>❍ *Holds head steady when supported at the chest or waist in a sitting position*<br>❍ *Holds an object briefly when placed in hand*<br>❍ *Laughs/smiles responsively*<br>❍ *No parent/caregiver concerns*[2] | ❍ *Turns head toward sounds*<br>❍ *Makes sounds while you talk to him/her*<br>❍ *Vocalizes pleasure and displeasure*<br>❍ *Rolls from back to side*<br>❍ *Sits with support (e.g. pillows)*<br>❍ *Reaches/grasps objects with both hands equally*<br>❍ No persistent closed/fisted hands<br>❍ *No parent/caregiver concerns*[2] |

**PHYSICAL EXAMINATION**[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

| 2 MONTHS | 4 MONTHS | 6 MONTHS |
|---|---|---|
| ❍ Fontanelles[2] ❍ *Skin (jaundice*[2]*,* bruising[2])<br>❍ **Eyes (red reflex)**[2] ❍ *Hearing inquiry/screening*[2]<br>❍ Neck/Torticollis[2]<br>❍ Heart/Lungs/Abdomen<br>❍ Hips (Barlow/Ortolani)[2]<br>❍ Muscle tone[2] | ❍ Anterior fontanelle[2] ❍ Bruising[2]<br>❍ **Eyes (red reflex)**[2] ❍ *Hearing inquiry/screening*[2]<br>❍ Neck/Torticollis[2]<br>❍ Heart/Lungs/Abdomen<br>❍ Hips (limited hip abd'n)[2]<br>❍ Muscle tone[2] | ❍ Anterior fontanelle[2] ❍ Bruising[2]<br>❍ **Eyes (red reflex)**[2] ❍ *Hearing inquiry/screening*[2]<br>❍ **Corneal light reflex/Cover-uncover test & inquiry**[2]<br>❍ *Teeth/Caries risk assessment*[2]<br>❍ Heart/Lungs/Abdomen ❍ Hips (limited hip abd'n)[2]<br>❍ Muscle tone[2] /No head lag |

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS**[4] E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

**INVESTIGATIONS / SCREENING**[2] **and IMMUNIZATION**[3] **Discuss immunization benefits and pain reduction strategies**[3] Record Vaccines on Guide V

- ❍ *Anemia screening (If at risk)*[2]
- ❍ Inquire about risk factors for TB[2]
- ❍ **If HBsAg-positive parent/sibling Hep B vaccine #3**[3]

**SIGNATURE**

| 2 MONTHS | 4 MONTHS | 6 MONTHS |
|---|---|---|
| x | x | x |

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

[1]Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]Resources 2: Family, Behaviour, Development, P/E, Investigations [3]Resources 3: Immunization [4]Resources 4: ECD Resources System and Table

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## GUIDE III: 9–15 mos (National)

| Past problems/Risk factors: | Family history: |
|---|---|
| | |
| | |
| | |
| | |

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

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm

| 9 MONTHS (OPTIONAL) | 12–13 MONTHS | 15 MONTHS (OPTIONAL) |
|---|---|---|
| DATE OF VISIT _____/_____/20____ | DATE OF VISIT _____/_____/20____ | DATE OF VISIT _____/_____/20____ |

### GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

| Length | Weight | Head Circ. | Length | Weight (x3 BW) | Head Circ. (avg 47 cm) | Length | Weight | Head Circ. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

### PARENT / CAREGIVER CONCERNS

### NUTRITION[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

**9 MONTHS (OPTIONAL)**

- ❍ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ❍ *Formula feeding/preparation[1]* [720–960 mLs(24–32 oz) /day[1]]
- ❍ **Iron containing foods[1], Allergenic foods[1],** fruits, vegetables
- ❍ **Avoid juice and food/beverages high in sugar** or salt[1]
- ❍ Cow's milk products (e.g. yogurt, cheese, homogenized milk)
- ❍ Choking/Safe foods[1]
- ❍ Encourage change from bottle to cup ❍ No bottles in bed
- ❍ Eats a variety of textures ❍ Independent/self-feeding[1]
- ❍ No honey[1]

**12–13 MONTHS**

- ❍ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]]
- ❍ **Avoid juice and food/beverages high in sugar** or salt[1]
- ❍ Choking/Safe foods[1]
- ❍ Promote open cup instead of bottle
- ❍ No bottles in bed
- ❍ Independent/self-feeding[1]
- ❍ Appetite reduced
- ❍ Eats family foods with a variety of textures.
- ❍ Inquire re: vegetarian diets[1]

**15 MONTHS (OPTIONAL)**

- ❍ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]]
- ❍ **Avoid juice and food/beverages high in sugar** or salt[1]
- ❍ Choking/Safe foods[1]
- ❍ Promote open cup instead of bottle
- ❍ No bottles in bed
- ❍ Independent/self-feeding[1]
- ❍ Inquire re: vegetarian diets[1]

### EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need

Injury Prevention[1]

- ❍ **Motorized vehicle safety/Car seat[1]**
- ❍ **Safe sleep (9 mo: position, avoid bed sharing, crib safety)[1]**
- ❍ **Poisons[1]; PCC#[1]**
- ❍ **Firearm safety[1]**
- ❍ *Pacifier use[1]*
- ❍ *Bath safety[1]*/Burns[1]
- ❍ Carbon monoxide/*Smoke detectors[1]*

Childproofing, including:

- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)[1]*
- ❍ *Electric plugs/Cords* ❍ Choking/Safe toys[1]

Behaviour and Family Issues[2]

- ❍ **Night waking[2]** ❍ **Healthy sleep habits[2]**
- ❍ Crying[2] ❍ Soothability/Responsiveness
- ❍ **Parenting[2]** ❍ Family conflict/Stress
- ❍ Parental fatigue/**Depression[2]**
- ❍ **Inquire re: difficulty making ends meet or food insecurity[2]**
- ❍ **High risk infants/Assess home visit need[2]**
- ❍ **Family healthy active living/Sedentary behaviour/Screen time[2]**
- ❍ *Encourage reading[2]*
- ❍ *Child care[2]*/Return to work
- ❍ Siblings

Environmental Health[1]

- ❍ **2nd hand smoke**/E-cigs/Cannabis[1]
- ❍ *Pesticide exposure[1]*
- ❍ Sun exposure/Sunscreens/Insect repellent[1]

Other Issues[1]

- ❍ Teething[1]/**Dental cleaning/Fluoride/Dentist[1]**
- ❍ **No OTC cough/cold medicine[1]**
- ❍ *Complementary/alternative medicine[1]*
- ❍ Fever advice/Thermometers[1]
- ❍ Footwear[1]

### DEVELOPMENT[2] (Inquiry and observation of milestones)

Tasks are set after the time of typical milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB–Correct for age if < 37 weeks gestation

- ❍ *Looks for an object seen hidden*
- ❍ *Cries or shouts for attention*
- ❍ *Babbles a series of different sounds (e.g. baba, duhduh)*
- ❍ *Responds differently to different people*
- ❍ *Makes sounds/gestures to get attention or help*
- ❍ *Stands with support when helped into standing position*
- ❍ *Sits without support* ❍ Uses both hands equally
- ❍ *Opposes thumb and fingers when grasps objects and finger foods*
- ❍ *Plays social games with you (e.g. nose touching, peek-a-boo)*
- ❍ *No parent/caregiver concerns[2]*

- ❍ *Responds to own name*
- ❍ *Understands simple requests, (e.g. Where is the ball?)*
- ❍ *Makes at least 1 consonant/vowel combination*
- ❍ *Says 3 or more words (do not have to be clear)*
- ❍ *Crawls or 'bum' shuffles* ❍ *Pulls to stand/walks holding on*
- ❍ *Has pincer grasp to pick up and eat finger foods*
- ❍ Uses both hands equally
- ❍ *Shows distress when separated from parent/caregiver*
- ❍ *Follows your gaze to jointly reference an object*
- ❍ *No parent/caregiver concerns[2]*

- ❍ *Says 5 or more words (words do not have to be clear)*
- ❍ *Walks sideways holding onto furniture*
- ❍ *Shows fear of strange people/places*
- ❍ *Crawls up a few stairs/steps*
- ❍ Tries to squat to pick up toys from the floor
- ❍ *No parent/caregiver concerns[2]*

### PHYSICAL EXAMINATION[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- ❍ Anterior fontanelle[2]
- ❍ **Eyes (red reflex)[2]** ❍ *Hearing inquiry/screening[2]*
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ *Teeth/Caries risk assessment[2]*
- ❍ Heart/Lungs/Abdomen ❍ Hips (limited hip abd'n)[2]
- ❍ Muscle tone[2]

- ❍ Anterior fontanelle[2]
- ❍ **Eyes (red reflex)[2]** ❍ *Hearing inquiry/screening[2]*
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ **Tonsil size/Sleep-disordered breathing[2]**
- ❍ *Teeth/Caries risk assessment[2]*
- ❍ Heart/Lungs/Abdomen ❍ Hips (limited hip abd'n)[2]
- ❍ Muscle tone[2]

- ❍ Anterior fontanelle[2]
- ❍ **Eyes (red reflex)[2]** ❍ *Hearing inquiry/screening[2]*
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ **Tonsil size/Sleep-disordered breathing[2]**
- ❍ *Teeth/Caries risk assessment[2]*
- ❍ Heart/Lungs/Abdomen ❍ Hips (limited hip abd'n)[2]

### PROBLEMS AND PLANS/CURRENT & NEW REFERRALS[4] E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

### INVESTIGATIONS / SCREENING[2] AND IMMUNIZATION[3] Discuss immunization benefits and pain reduction strategies[3] Record Vaccines on Guide V

❍ **If HBsAg positive mother check HBV antibodies and HBsAg[3] (at 9 or 12 months)** ❍ *Anemia screening (If at risk)[2]* ❍ *Blood lead if at risk[1]*

### SIGNATURE

x _____ x _____ x _____

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

[1]Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]Resources 2: Family, Behaviour, Development, P/E, Investigations [3]Resources 3: Immunization [4]Resources 4: ECD Resources System and Table

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

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## GUIDE IV: 18 mos–5 yr (National)

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

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm

Past problems/Risk factors:

Family history:

| 18 MONTHS | 2–3 YEARS | 4–5 YEARS |
|---|---|---|
| DATE OF VISIT ____/____/20____ | DATE OF VISIT ____/____/20____ | DATE OF VISIT ____/____/20____ |

**GROWTH[1]** use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

| Length | Weight | Head Circ. | Height | Weight | Head Circ. if prior abN | BMI | Height | Weight | BMI |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**PARENT / CAREGIVER CONCERNS**

**NUTRITION[1]** For each ○ item discussed, indicate "✓" for no concerns, or "X" if concerns

- ○ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ○ **Homogenized milk [500–750 mLs(16–24 oz) /day[1]]**
- ○ **Avoid juice and food/beverages high in sugar or salt[1]**
- ○ **No bottles**
- ○ **Independent/self-feeding[1]**
- ○ **Inquire re: vegetarian diets[1]**

- ○ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ○ **Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day[1]]**
- ○ **Avoid juice and food/beverages high in sugar or salt[1]**
- ○ ***Gradual transition to lower fat diet*[1]**
- ○ **Canada's Food Guide[1]**
- ○ **Inquire re: vegetarian diets[1]**

- ○ **Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day[1]]**
- ○ **Avoid juice and food/beverages high in sugar or salt[1]**
- ○ **Canada's Food Guide[1]**
- ○ **Inquire re: vegetarian diets[1]**

**EDUCATION AND ADVICE** Repeat discussion of items is based on perceived risk or need

Injury Prevention[1]
- ○ **Motorized vehicle safety/Car seat (child/booster)[1]**
- ○ **Poisons[1]; PCC#[1]**
- ○ ***Bath safety*[1]/Burns[1]**
- ○ **Choking/Safe toys[1]**
- ○ ***Wean from pacifier*[1]**
- ○ ***Falls (stairs, change table, unstable furniture/TV)*[1]**

Behaviour[2]
- ○ **Parent/child interaction**
- ○ **Healthy sleep habits[2]**
- ○ **Discipline/Parenting skills programs[2]**

Family[2]
- ○ **High-risk children[2]**
- ○ ***Encourage reading*[2]**
- ○ **Parental fatigue/Stress/Depression[2]**
- ○ **Inquire re: difficulty making ends meet or food insecurity[2]**
- ○ **Family healthy active living/Sedentary behaviour/Screen time[2]**
- ○ **Socializing/Peer play opportunities**

Environment Health[1]
- ○ **2nd hand smoke/E-cigs/Cannabis[1]**
- ○ ***Pesticide exposure*[1]**
- ○ **Sun exposure/Sunscreens/Insect repellent[1]**

Other[1]
- ○ **Dental care/Dentist[1]**
- ○ **Toilet learning[2]**

Injury Prevention[1]
- ○ **Motorized vehicle safety/Car seat (child/booster)[1]**
- ○ **Bike helmets[1]**
- ○ **Firearm safety[1]**
- ○ **Poisons[1]; PCC#[1]**
- ○ ***Water safety*[1]**
- ○ **Carbon monoxide/*smoke detectors*[1]/ Burns[1]/Matches**
- ○ ***Falls (stairs, unstable furniture/TV, trampolines)*[1]**
- ○ ***No pacifiers*[1]**

Behaviour[2]
- ○ **Parent/child interaction**
- ○ **Discipline/Parenting skills programs[2]**
- ○ **High-risk children[2]**
- ○ **Parental fatigue/Depression[2]**
- ○ **Family conflict/Stress**
- ○ **Siblings**

Family[2]
- ○ **Inquire re: difficulty making ends meet or food insecurity[2]**
- ○ **Family healthy active living/Sedentary behaviour/Screen time[2]**
- ○ ***Assess child care/Preschool needs*/School readiness[2]**
- ○ **Healthy sleep habits[2]**
- ○ ***Encourage reading*[2]**
- ○ **Socializing opportunities**

Environment Health[1]
- ○ **2nd hand smoke/E-cigs/Cannabis[1]**
- ○ ***Pesticide exposure*[1]**
- ○ **Sun exposure/Sunscreens/Insect repellent[1]**

Other[1]
- ○ **Dental cleaning/Fluoride/Dentist[1]**
- ○ ***Complementary/alternative medicine*[1]**
- ○ **No OTC cough/cold medicine[1]**
- ○ **Toilet learning[2]**

**DEVELOPMENT[2]** (Inquiry and observation of milestones)
Tasks are set after the time of typical milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB–Correct for age if < 37 weeks gestation

Social/Emotional[2]
- ○ ***Interested in other children***
- ○ ***Usually easy to soothe***
- ○ ***Child's behaviour is usually manageable***
- ○ ***Comes for comfort when distressed***

Communication Skills[2]
- ○ ***Points to several different body parts***
- ○ ***Tries to get your attention to show you something***
- ○ ***Turns/responds when name is called***
- ○ ***Points to what he/she wants***
- ○ ***Looks for toy when asked or pointed in direction***
- ○ ***Imitates speech sounds and gestures***
- ○ ***Says 15 or more words (words do not have to be clear)***
- ○ ***Produces 4 consonants, (e.g. B D G H N W)***

Motor Skills
- ○ ***Feeds self with spoon with little spilling***
- ○ ***Walks alone***

Adaptive Skills
- ○ ***Removes hat/socks without help***
- ○ ***No parent/caregiver concerns*[2]**

**2 years[2]**
- ○ ***Combines 2 or more words***
- ○ ***Understands 1 and 2 step directions***
- ○ ***Walks backward 2 steps without support***
- ○ ***Tries to run***
- ○ ***Puts objects into small container***
- ○ ***Uses toys for pretend play (e.g. give doll a drink)***
- ○ **Continues to develop new skills**
- ○ ***No parent/caregiver concerns*[2]**

**3 years**
- ○ ***Understands 2 and 3 step directions (e.g. "Pick up your hat and shoes and put them in the closet.")***
- ○ ***Uses sentences with 5 or more words***
- ○ ***Walks up stairs using handrail***
- ○ ***Twists lids off jars or turns knobs***
- ○ ***Shares some of the time***
- ○ ***Plays make-believe games with actions and words (e.g. pretending to cook a meal, fix a car)***
- ○ **Turns pages one at a time**
- ○ **Listens to music or stories for 5–10 minutes**
- ○ ***No parent/caregiver concerns*[2]**

**4 years**
- ○ ***Understands 3-part directions***
- ○ ***Asks and answers lots of questions (e.g. "What are you doing?")***
- ○ ***Walks up/down stairs alternating feet***
- ○ ***Undoes buttons and zippers***
- ○ ***Tries to comfort someone who is upset***
- ○ ***No parent/caregiver concerns*[2]**

**5 years**
- ○ ***Counts out loud or on fingers to answer "How many are there?***
- ○ ***Speaks clearly in adult-like sentences most of the time***
- ○ ***Throws and catches a ball***
- ○ ***Hops on 1 foot several times***
- ○ ***Dresses and undresses with little help***
- ○ ***Cooperates with adult requests most of the time***
- ○ ***Retells the sequence of a story***
- ○ ***Separates easily from parent/Caregiver***
- ○ ***No parent/caregiver concerns*[2]**

**PHYSICAL EXAMINATION[2]** An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- ○ **Anterior fontanelle closed[2]**
- ○ **Eyes (red reflex)[2]**
- ○ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ○ **Hearing inquiry**
- ○ ***Teeth/Caries Risk*[2]**
- ○ **Tonsil size/Sleep-disordered breathing[2]**
- ○ **Heart/Lungs/Abdomen**

- ○ ***Blood pressure if at risk (3+yrs)*[2]**
- ○ ***Teeth/Caries Risk*[2]**
- ○ **Eyes (red reflex)/Visual acuity[2]**
- ○ **Hearing inquiry**
- ○ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ○ **Tonsil size/Sleep-disordered breathing[2]**
- ○ **Heart/Lungs/Abdomen**

- ○ ***Blood pressure if at risk*[2]**
- ○ ***Teeth/Caries Risk*[2]**
- ○ **Eyes (red reflex)/Visual acuity[2]**
- ○ **Hearing inquiry**
- ○ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ○ **Tonsil size/Sleep-disordered breathing[2]**
- ○ **Heart/Lungs/Abdomen**

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS[4]** E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

**INVESTIGATIONS / SCREENING[2] AND IMMUNIZATION[3]** Discuss immunization benefits and pain reduction strategies[3] Record Vaccines on Guide V

- ○ ***Anemia screening (If at risk)*[2]**
- ○ ***Blood lead if at risk*[1]**

**SIGNATURE**

x _____ x _____ x _____

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

[1]Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]Resources 2: Family, Behaviour, Development, P/E, Investigations [3]Resources 3: Immunization [4]Resources 4: ECD Resources System and Table

**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.

# WHO GROWTH CHARTS FOR CANADA

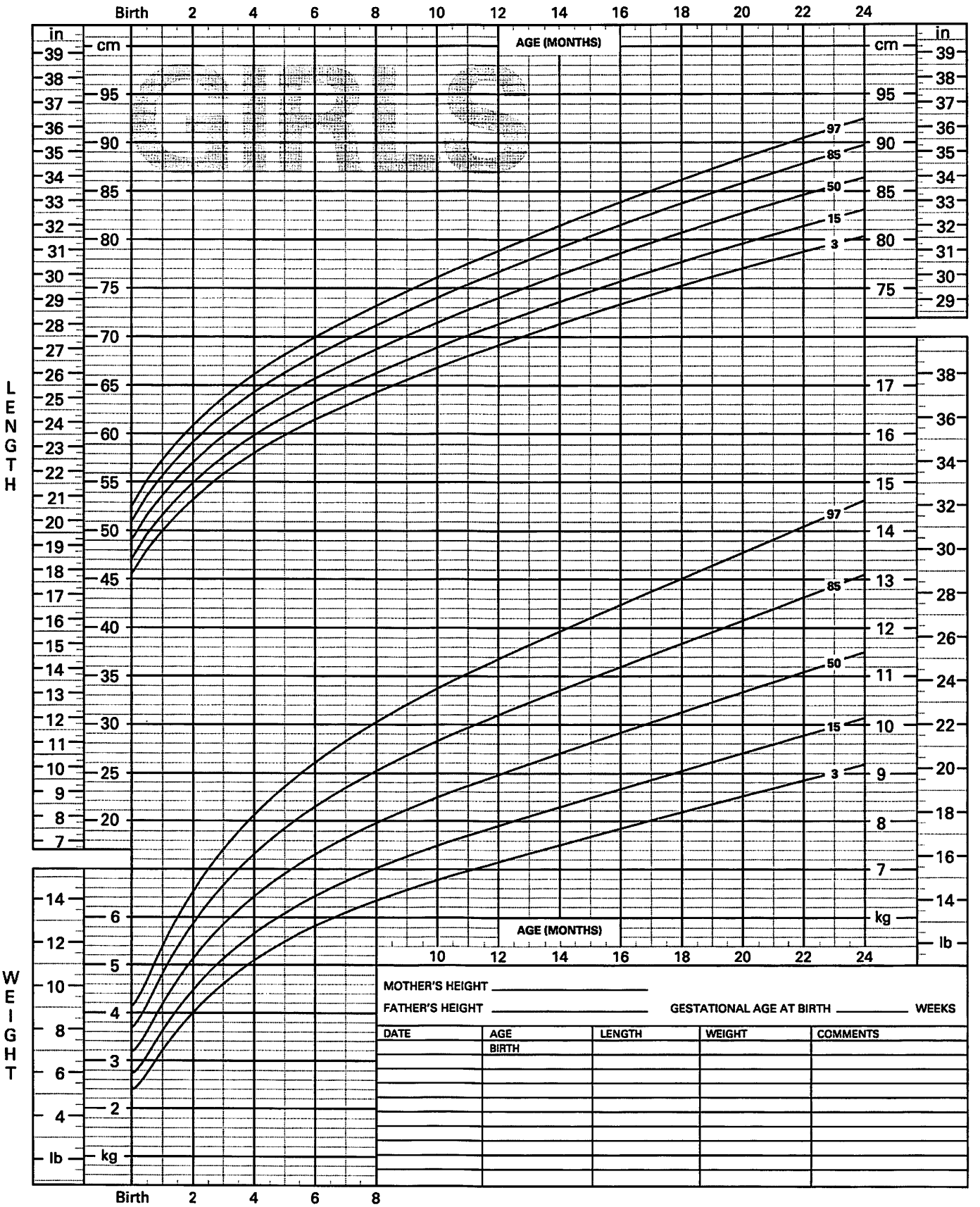
**GIRLS**

## BIRTH TO 24 MONTHS: GIRLS

Length-for-age and Weight-for-age percentiles

**NAME:** _____

**DOB:** _____ **RECORD #** _____




MOTHER'S HEIGHT _____

FATHER'S HEIGHT _____ GESTATIONAL AGE AT BIRTH _____ WEEKS

| DATE | AGE | LENGTH | WEIGHT | COMMENTS |
|---|---|---|---|---|
| | BIRTH | | | |
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**SOURCE:** Based on World Health Organization (WHO) Child Growth Standards (2006) and WHO Reference (2007) and adapted for Canada by Canadian Paediatric Society, Canadian Pediatric Endocrine Group, College of Family Physicians of Canada, Community Health Nurses of Canada and Dietitians of Canada.

# WHO GROWTH CHARTS FOR CANADA

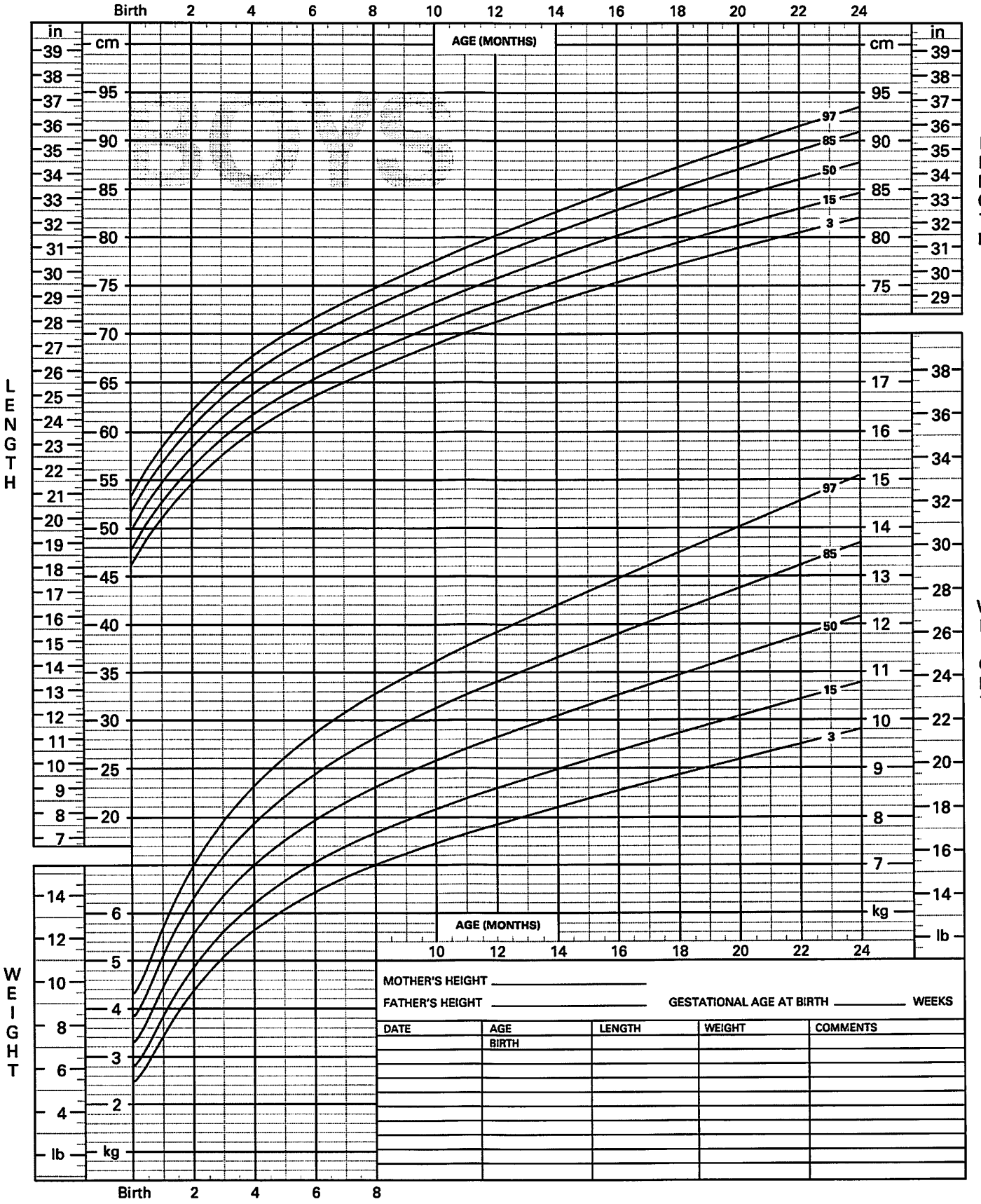
**BOYS**

## BIRTH TO 24 MONTHS: BOYS

Length-for-age and Weight-for-age percentiles

**NAME:** _____

**DOB:** _____ **RECORD #** _____




MOTHER'S HEIGHT _____

FATHER'S HEIGHT _____ GESTATIONAL AGE AT BIRTH _____ WEEKS

| DATE | AGE | LENGTH | WEIGHT | COMMENTS |
|---|---|---|---|---|
| | BIRTH | | | |
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**SOURCE:** Based on World Health Organization (WHO) Child Growth Standards (2006) and WHO Reference (2007) and adapted for Canada by Canadian Paediatric Society, Canadian Pediatric Endocrine Group, College of Family Physicians of Canada, Community Health Nurses of Canada and Dietitians of Canada.