

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

GUIDE III

| | | | | | | | | | |
|---|--|--------|------------|--|--------|----|--|--------|------------|
| | | | | | | | | | |
| DATE OF VISIT | 9 months | | | 12-13 months | | | 15 months | | |
| GROWTH* | Height | Weight | Head circ. | Height | Weight | HC | Height | Weight | Head Circ. |
| PARENTAL CONCERNS | | | | | | | | | |
| NUTRITION* | <input type="checkbox"/> Breastfeeding*/Vitamin D 400 IU/day* <input type="checkbox"/> Formula Feeding - iron-fortified <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> Breastfeeding* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> Breastfeeding* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| EDUCATION AND ADVICE | <div> <input checked="" type="checkbox"/> </div> <div> <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Smoke detector <input type="checkbox"/> Electric plugs/cords </div> <div> <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Hot water < 49°C/bath safety <input type="checkbox"/> Falls/stairs/walkers </div> <div> <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> </div> <div> <input type="checkbox"/> Night waking <input type="checkbox"/> Parenting </div> <div> <input type="checkbox"/> High risk children/assess home visit need <input type="checkbox"/> Child care </div> <div> <input type="checkbox"/> Second hand smoke* <input type="checkbox"/> </div> <div> <input type="checkbox"/> Dental cleaning/Fluoride/Dentist <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Complementary/alternative medicine* <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Serum lead if at risk* </div> <div> <input type="checkbox"/> No OTC cough/cold medn* <input type="checkbox"/> Pacifier use* <input type="checkbox"/> Pesticide exposure* </div> | | | | | | | | |
| DEVELOPMENT | <input type="checkbox"/> Looks for an object seen hidden <input type="checkbox"/> Babbles a series of different sounds (eg. baba, duhduh) <input type="checkbox"/> Responds differently to different people <input type="checkbox"/> Makes sounds/gestures to get attention or help <input type="checkbox"/> Sits without support <input type="checkbox"/> Stands with support when helped into standing position <input type="checkbox"/> Opposes thumb and fingers when grasps objects <input type="checkbox"/> Plays social games with you (eg. nose touching, peek-a-boo) <input type="checkbox"/> Cries or shouts for attention <input type="checkbox"/> No parent/caregiver concerns | | | <input type="checkbox"/> Responds to own name <input type="checkbox"/> Understands simple requests, eg. Where is the ball? <input type="checkbox"/> Makes at least 1 consonant/vowel combination <input type="checkbox"/> Says 3 or more words (do not have to be clear) <input type="checkbox"/> Crawls or 'bum' shuffles <input type="checkbox"/> Pulls to stand/walks holding on <input type="checkbox"/> Shows distress when separated from parent/caregiver <input type="checkbox"/> Follows your gaze to jointly reference an object <input type="checkbox"/> No parent/caregiver concerns | | | <input type="checkbox"/> Says 5 or more words (words do not have to be clear) <input type="checkbox"/> Picks up and eats finger foods <input type="checkbox"/> Walks sideways holding onto furniture <input type="checkbox"/> Shows fear of strange people/places <input type="checkbox"/> Crawls up a few stairs/steps <input type="checkbox"/> <input type="checkbox"/> No parent/caregiver concerns | | |
| after | | | | | | | | | |
| Absence of any item suggests consideration for further assessment of development. | | | | | | | | | |
| PHYSICAL EXAMINATION | <input type="checkbox"/> <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry/screening <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry/screening <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry/screening <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| PROBLEMS AND PLANS | <input type="checkbox"/> Anti-HBs and HbsAG* <input type="checkbox"/> Hemoglobin (If at risk)* | | | <input type="checkbox"/> Hemoglobin (If at risk)* | | | | | |
| IMMUNIZATION | Record on Guide V: Immunization Record | | | Record on Guide V: Immunization Record | | | Record on Guide V: Immunization Record | | |
| | Signature | | | Signature | | | Signature | | |

Good (bold type) Fair (italic type)