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Past problems/Risk factors:	Family history:

Rourke Baby Record: EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE II

NAME: _____ Birth Date (d/m/yr): _____ M [ ] F [ ]

DATE OF VISIT	**2 months**			**4 months**			**6 months**		
GROWTH*	*Height*	*Weight*	*Head circ.*	*Height*	*Weight*	*Head circ.*	*Height*	*Weight (x2 BW)*	*Head circ.*
PARENTAL CONCERNS									
NUTRITION*	○ **Breastfeeding (exclusive)*** **Vitamin D 10 µg = 400 IU/day*** ○ *Formula Feeding* (iron-fortified)			○ **Breastfeeding (exclusive)*** **Vitamin D 10 µg = 400 IU/day*** ○ *Formula Feeding* (iron-fortified)			○ **Breastfeeding* - initial introduction of solids** **Vitamin D 10 µg = 400 IU/day*** ○ *Formula Feeding – iron-fortified follow-up* ○ No bottles in bed ○ No sweetened liquids, encourage water ○ Iron containing foods (cereals, meat, egg yolk, tofu) ○ Fruits and vegetables to follow ○ No egg white, nuts, or honey ○ Choking/safe food*		
EDUCATION AND ADVICE √ discussed and no concerns X if concerns	Injury Prevention ○ **Car seat (infant)*** ○ **Sleep position/bed sharing/co-sleeping/crib safety*** ○ **Poisons*; PCC#*** ○ **Firearm safety/removal*** ○ *Electric plugs/cords* ○ Carbon monoxide/*Smoke detectors** ○ *Hot water <49°C/Bath safety** ○ *Falls (stairs, walkers, change table)** ○ Choking/safe toys* Behaviour and family issues ○ Sleeping/crying/**Night waking**** ○ Soothability/responsiveness ○ **Assess home visit need**** ○ Parenting/bonding ○ Parental fatigue/postpartum depression** ○ Family conflict/stress ○ Siblings ○ Child care/return to work Other Issues ○ **Second-hand smoke*** ○ Teething/**Dental cleaning/Fluoride*** ○ *Complementary/alternative medicine** ○ *Pacifier use** ○ *Temperature control and overdressing** ○ Fever advice/thermometers* ○ Sun exposure/sunscreens/insect repellent* ○ *Pesticide exposure**								
DEVELOPMENT** *(Inquiry and observation of milestones)* *Tasks are set **after** the time of normal milestone acquisition.* **Absence of any item suggests the need for further assessment of development.** NB-Correct for age if < 36 weeks gestation √ if attained X if not attained	○ Follows movement with eyes ○ Has a variety of sounds and cries ○ Holds head up when held at adult's shoulder ○ Enjoys being touched and cuddled ○ Smiles responsively ○ No parent concerns			○ Turns head toward sounds ○ Laughs/squeals at parent ○ Head steady ○ Grasps/reaches ○ No parent concerns			○ Follows a moving object ○ Looks in the direction of a new sound ○ Babbles ○ Rolls from back to stomach or stomach to back ○ Sits with support ○ Brings hands or toys to mouth ○ No parent concerns		
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	○ Fontanelles ○ *Eyes (red reflex)** ○ *Corneal light reflex** ○ *Hearing inquiry/screening** ○ Heart ○ *Hips* ○ Muscle tone*			○ *Eyes (red reflex)** ○ *Corneal light reflex** ○ *Hearing inquiry/screening** ○ *Hips* ○ Muscle tone*			○ Fontanelles ○ *Eyes (red reflex)** ○ *Corneal light reflex/Cover-uncover test and inquiry** ○ *Hearing inquiry/screening** ○ *Hips* ○ Muscle tone*		
PROBLEMS AND PLANS							○ Inquire about risk factors for TB		
IMMUNIZATION Provincial guidelines vary **Signature**	**Record on Guide V: Immunization Record**			**Record on Guide V: Immunization Record**			**Record on Guide V: Immunization Record** If HBsAg-positive parent or sibling: ○ **Hepatitis B vaccine***		

Grades of evidence: (A) **Bold type – Good evidence** (B) *Italic – Fair evidence* (C) Plain – Consensus with no definitive evidence
(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record: EB is meant to be used as a guide only.
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