

Past problems/Risk factors:	Family history:			Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance						GUIDE II	
				NAME: _____ Birth Day (d/m/yr): _____ M F							
DATE OF VISIT	2 months			4 months			6 months				
GROWTH* Correct percentiles until 24-36 months if < 37 weeks gestation	Height	Weight	Head circ.	Height	Weight	Head Circ.	Height	Weight (x2 BW)	Head Circ.		
PARENTAL CONCERNS											
NUTRITION*	<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding</i> (iron-fortified) [600-900 mL(20-30 oz) /day*]			<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding</i> (iron-fortified) [750-1080 mL(25-36 oz) /day*]			<input type="checkbox"/> Breastfeeding* – initial introduction of solids Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding</i> – iron-fortified [750-1080 mL(25-36 oz) /day*] <input type="checkbox"/> No bottles in bed <input type="checkbox"/> Avoid sweetened liquids <input type="checkbox"/> Iron containing foods (cereals, meat, egg yolk, tofu) <input type="checkbox"/> Fruits and vegetables to follow <input type="checkbox"/> No egg white, nut products, or honey <input type="checkbox"/> Choking/safe food*				
EDUCATION AND ADVICE <input checked="" type="checkbox"/> discussed and no concerns X if concerns	<u>Injury Prevention</u> <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Sleep position/bed sharing/room-sharing/crib safety <input type="checkbox"/> <i>Electric plugs/cords</i> <input type="checkbox"/> <i>Carbon monoxide/Smoke detectors*</i> <input type="checkbox"/> <i>Falls (stairs, walkers, change table)*</i> <u>Behaviour and family issues</u> <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Parenting/bonding <input type="checkbox"/> Parental fatigue/postpartum depression** <u>Other Issues</u> <input type="checkbox"/> Second hand smoke* <input type="checkbox"/> Teething/Dental cleaning/Fluoride* <input type="checkbox"/> Fever advice/thermometers* <input type="checkbox"/> Temperature control and overdressing <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Hot water <49°C/bath safety* <input type="checkbox"/> Choking/safe toys* <input type="checkbox"/> High risk infants/assess home visit need** <input type="checkbox"/> Siblings <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Child care**/return to work <input type="checkbox"/> No OTC cough/cold medn* <input type="checkbox"/> OTC/complementary/alternative medicine* <input type="checkbox"/> Pesticide exposure* <input type="checkbox"/> Pacifier use*										
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation <input checked="" type="checkbox"/> if attained X if not attained	<input type="checkbox"/> <i>Follows movement with eyes</i> <input type="checkbox"/> <i>Coos - throaty, gurgling sounds</i> <input type="checkbox"/> <i>Lifts head up while lying on tummy</i> <input type="checkbox"/> <i>Can be comforted & calmed by touching/rocking</i> <input type="checkbox"/> <i>Sequences 2 or more sucks before swallowing/breathing</i> <input type="checkbox"/> <i>Smiles responsively</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			<input type="checkbox"/> <i>Follows a moving toy or person with eyes</i> <input type="checkbox"/> <i>Responds to people with excitement (leg movement/ panting/vocalizing)</i> <input type="checkbox"/> <i>Holds head steady when supported at the chest or waist in a sitting position</i> <input type="checkbox"/> <i>Holds an object briefly when placed in hand</i> <input type="checkbox"/> <i>Laughs/smiles responsively</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			<input type="checkbox"/> <i>Turns head toward sounds</i> <input type="checkbox"/> <i>Makes sounds while you talk to him/her</i> <input type="checkbox"/> <i>Vocalizes pleasure and displeasure</i> <input type="checkbox"/> <i>Rolls from back to side</i> <input type="checkbox"/> <i>Sits with support (e.g. pillows)</i> <input type="checkbox"/> <i>Reaches/grasps objects</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>				
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit. <input checked="" type="checkbox"/> if normal X if abnormal	<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Heart <input type="checkbox"/> Hips* <input type="checkbox"/> Muscle tone*			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Hips* <input type="checkbox"/> Muscle tone*			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry** <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Hips* <input type="checkbox"/> Muscle tone*				
PROBLEMS AND PLANS							<input type="checkbox"/> Inquire about risk factors for TB				
IMMUNIZATION Provincial guidelines vary	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="checkbox"/> Hepatitis B vaccine				
	Signature			Signature			Signature				

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: **Good (bold type); Fair (italic type); Consensus (plain type).**

(*) 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 is meant to be used as a guide only.

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