

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

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

DATE OF VISIT	9 months (optional)			12-13 months			15 months (optional)		
GROWTH*	<i>Height</i>	<i>Weight</i>	<i>Head circ.</i>	<i>Height</i>	<i>Weight (x3 BW)</i>	<i>Head circ.</i> (av. 47cm)	<i>Height</i>	<i>Weight</i>	<i>Head Circ.</i>
PARENTAL CONCERNS									
NUTRITION*	<input type="checkbox"/> Breastfeeding* / Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> <i>Formula Feeding – iron-fortified follow-up</i> <input type="checkbox"/> No bottles in bed <input type="checkbox"/> No sweetened liquids, encourage water <input type="checkbox"/> Cereal, meat/alternatives, fruits, vegetables <input type="checkbox"/> 1 st introduction cow's milk products <input type="checkbox"/> No egg white, nuts, or honey <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage cup instead of bottle <input type="checkbox"/> Appetite reduced <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Choking/safe foods* <input type="checkbox"/> Encourage cup instead of bottle		
EDUCATION AND ADVICE √ discussed and no concerns X if concerns	<p>Injury Prevention <input type="checkbox"/> Car seat (infant/child)* <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Carbon monoxide/<i>Smoke detectors*</i> <input type="checkbox"/> <i>Hot water < 49°C /Bath safety*</i> Childproofing, including: <input type="checkbox"/> <i>Electric plugs/cords</i> <input type="checkbox"/> <i>Falls/stairs/walkers*</i> <input type="checkbox"/> Choking/safe toys*</p> <p>Behaviour and family issues <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Assess home visit need** <input type="checkbox"/> Parenting <input type="checkbox"/> Parental fatigue/depression** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Siblings <input type="checkbox"/> Child care/return to work</p> <p>Other Issues <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> Teething/Dental cleaning/Fluoride/Dentist* <input type="checkbox"/> <i>Complementary/alternative medicine*</i> <input type="checkbox"/> <i>Pacifier use*</i> <input type="checkbox"/> Fever advice/thermometers* <input type="checkbox"/> Active healthy living/media use* <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Footwear Environmental health including: <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> <i>Check serum lead if at risk*</i> <input type="checkbox"/> <i>Pesticide exposure*</i></p>								
DEVELOPMENT** <i>(Inquiry and observation of milestones)</i> <i>Tasks are set after the time of normal milestone acquisition.</i> 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	<input type="checkbox"/> Looks for hidden toy <input type="checkbox"/> Babbles different sounds <input type="checkbox"/> Makes sounds to get attention <input type="checkbox"/> Sits without support <input type="checkbox"/> Stands with support <input type="checkbox"/> Opposes thumb and index finger <input type="checkbox"/> Reaches to be picked up and held <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Responds to own name <input type="checkbox"/> Understands simple requests, e.g. find your shoes <input type="checkbox"/> Chatters using 3 different sounds <input type="checkbox"/> Crawls or 'bum' shuffles <input type="checkbox"/> Pulls to stand/walks holding on <input type="checkbox"/> Shows many emotions <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Attempts to say 2 or more words (words do not have to be clear) <input type="checkbox"/> Tries to get something by making sounds, while reaching or pointing <input type="checkbox"/> Picks up and eats finger foods <input type="checkbox"/> Crawls up stairs/steps <input type="checkbox"/> Tries to squat to pick up toys from the floor <input type="checkbox"/> Removes socks and tries to untie shoes <input type="checkbox"/> Stacks 2 blocks <input type="checkbox"/> Looks at you to see how to react (when falls or with strangers) <input type="checkbox"/> 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.	<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> <i>Hips</i>			<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Tonsil size/Teeth* <input type="checkbox"/> <i>Hips</i>			<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Tonsil size/Teeth* <input type="checkbox"/> <i>Hips</i>		
PROBLEMS AND PLANS	<input type="checkbox"/> Anti-HBs and HbsAG* (If HbsAg positive mother) <input type="checkbox"/> <i>Hemoglobin (If at risk)*</i>			<input type="checkbox"/> <i>Hemoglobin (If at risk)*</i>					
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record		

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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