

Birth remarks/Apgar:	Risk factors/Family history:
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# Rourke Baby Record: EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE I

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

Birth Length: \_\_\_\_\_ cm Head Circ: \_\_\_\_\_ cm Birth Wt.: \_\_\_\_\_ g Discharge Wt.: \_\_\_\_\_ g

DATE OF VISIT	within 1 week	2 weeks (optional)	1 month (optional)
<b>GROWTH *</b> Correct percentiles if < 36 weeks gestation	Height Weight Head circ. av. 35 cm	Height Weight Head circ.	Height Weight Head circ.
<b>PARENTAL CONCERNS</b>			
<b>NUTRITION*</b>	<input type="radio"/> <b>Breastfeeding (exclusive)*</b> <b>Vitamin D 10 µg = 400 IU/day*</b> <input type="radio"/> <i>Formula Feeding</i> (iron-fortified) [150 mL = 5 oz/kg/day] <input type="radio"/> Stool pattern and urine output	<input type="radio"/> <b>Breastfeeding (exclusive)*</b> <b>Vitamin D 10 µg = 400 IU/day*</b> <input type="radio"/> <i>Formula Feeding</i> (iron-fortified) [150 mL = 5 oz/kg/day] <input type="radio"/> Stool pattern and urine output	<input type="radio"/> <b>Breastfeeding (exclusive)*</b> <b>Vitamin D 10 µg = 400 IU/day*</b> <input type="radio"/> <i>Formula Feeding</i> (iron-fortified) <input type="radio"/> Stool pattern and urine output
<b>EDUCATION AND ADVICE</b>  <input checked="" type="checkbox"/> discussed and no concerns <input type="checkbox"/> if concerns	Injury Prevention <input type="radio"/> <b>Car seat (infant)*</b> <input type="radio"/> <b>Sleep position/bed sharing/co-sleeping*</b> <input type="radio"/> <b>Crib safety*</b> <input type="radio"/> <b>Firearm safety/removal*</b> <input type="radio"/> Carbon monoxide/ <i>Smoke detectors*</i> <input type="radio"/> <i>Hot water &lt;49°C*</i> <input type="radio"/> Choking/safe toys*  Behaviour and family issues <input type="radio"/> Sleeping/crying** <input type="radio"/> Soothability/responsiveness <input type="radio"/> <b>Assess home visit need**</b> <input type="radio"/> Parenting/bonding <input type="radio"/> Parental fatigue/postpartum depression** <input type="radio"/> Family conflict/stress <input type="radio"/> Siblings  Other Issues <input type="radio"/> <b>Second-hand smoke*</b> <input type="radio"/> <i>Inquiry on complementary/alternative medicine*</i> <input type="radio"/> <i>Counsel on pacifier use*</i> <input type="radio"/> Fever advice/thermometers* <input type="radio"/> <i>Temperature control and overdressing*</i> <input type="radio"/> Sun exposure/sunscreens/insect repellent*		
<b>DEVELOPMENT**</b> <i>(Inquiry and observation of milestones)</i> Tasks are set <b>after</b> the time of normal milestone acquisition. <b>Absence of any item suggests the need for further assessment of development.</b> NB-Correct for age if < 36 weeks gestation <input checked="" type="checkbox"/> if attained <input type="checkbox"/> if not attained			<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud or sudden noise <input type="radio"/> Sucks well on nipple <input type="radio"/> No parent concerns
<b>PHYSICAL EXAMINATION</b>  Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	<input type="radio"/> <i>Skin (jaundice, dry)</i> <input type="radio"/> Fontanelles <input type="radio"/> <i>Eyes (red reflex)*</i> <input type="radio"/> <i>Ears (TMs) Hearing inquiry/screening*</i> <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> <i>Hips</i> <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> <i>Skin (jaundice, dry)</i> <input type="radio"/> Fontanelles <input type="radio"/> <i>Eyes (red reflex)*</i> <input type="radio"/> <i>Ears (TMs) Hearing inquiry/screening*</i> <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> <i>Hips</i> <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> Fontanelles <input type="radio"/> <i>Eyes (red reflex)*</i> <input type="radio"/> <i>Corneal light reflex*</i> <input type="radio"/> <i>Hearing inquiry/screening*</i> <input type="radio"/> Heart <input type="radio"/> <i>Hips</i> <input type="radio"/> Muscle tone*
<b>PROBLEMS AND PLANS</b>	<input type="radio"/> <b>PKU, Thyroid</b> <input type="radio"/> <b>Hemoglobinopathy screen (if at risk)*</b>		
<b>IMMUNIZATION</b> Provincial guidelines vary <b>Signature</b>	<b>Record on Guide V: Immunization Record</b> If HBsAg-positive parent or sibling: <input type="radio"/> <b>Hepatitis B vaccine</b>	<b>Record on Guide V: Immunization Record</b>	<b>Record on Guide V: Immunization Record</b> If HBsAg-positive parent or sibling: <input type="radio"/> <b>Hepatitis B vaccine</b>

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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