

Pregnancy/Birth remarks/Apgar:		Risk factors/Family history:		<b>Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance</b>  <b>GUIDE IV (Ontario)</b>  NAME: _____ Birth Day (d/m/yr): _____ M     F				
<b>DATE OF VISIT</b>	<b>18 months</b>			<b>2-3 years</b>			<b>4-5 years</b>	
<b>GROWTH*</b> Correct percentiles until 24-36 mos if < 37 weeks gestation	Height	Weight	Head circ.	Height	Weight	HC if prior abN	Height Weight	
<b>PARENTAL CONCERNS</b>								
<b>NUTRITION*</b>	<input type="checkbox"/> <b>Breastfeeding*</b> <input type="checkbox"/> Homogenized milk <input type="checkbox"/> No bottles [500-750 mLs(16-24 oz) /day*]			<input type="checkbox"/> 1% to 2% milk <input type="checkbox"/> <i>Gradual transition to lower fat diet*</i> <input type="checkbox"/> Canada's Food Guide* [~ 500 mLs(16 oz) /day*]			<input type="checkbox"/> 1% to 2% milk <input type="checkbox"/> Canada's Food Guide* [~ 500 mLs(16 oz) /day*]	
<b>EDUCATION AND ADVICE</b> Injury Prevention  Behaviour  Family  Other  ✓ discussed and no concerns X if concerns	<input type="checkbox"/> <b>Car seat (child)*</b> <input type="checkbox"/> <i>Bath safety*</i> <input type="checkbox"/> Choking/safe toys*  <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> <i>Discipline/Parenting skills programs**</i>  <input type="checkbox"/> Parental fatigue/stress/depression** <input type="checkbox"/> <b>High-risk children**</b>  <input type="checkbox"/> Socializing/peer play opportunities <input type="checkbox"/> <i>Wean from pacifier*</i> <input type="checkbox"/> <b>Dental care/Dentist*</b> <input type="checkbox"/> Toilet learning** <input type="checkbox"/> <i>Encourage reading**</i>			<input type="checkbox"/> <b>Car seat (child/booster)*</b> <input type="checkbox"/> Carbon monoxide/smoke detectors*  <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> Parental fatigue/depression*  <input type="checkbox"/> <b>Second-hand smoke*</b> <input type="checkbox"/> <i>Complementary/alternative medicine*</i> <input type="checkbox"/> Active healthy living/screen time* <input type="checkbox"/> <i>Assess child care /preschool needs/school readiness**</i>  Environmental health including: <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> <i>Pesticide exposure*</i> <input type="checkbox"/> <i>Serum lead if at risk*</i>				<input type="checkbox"/> <b>Bike helmets*</b> <input type="checkbox"/> Matches  <input type="checkbox"/> <i>Discipline/parenting skills programs**</i> <input type="checkbox"/> Family conflict/stress  <input type="checkbox"/> <b>High-risk children**</b> <input type="checkbox"/> Siblings  <input type="checkbox"/> <i>No pacifiers*</i> <input type="checkbox"/> <b>No OTC cough/cold medn*</b> <input type="checkbox"/> <i>Encourage reading**</i>
<b>DEVELOPMENT**</b> (Inquiry and observation of milestones)  Tasks are set <b>after</b> the time of normal milestone acquisition.  <b>Absence of any item suggests consideration for further assessment of development.</b>  NB-Correct for age if < 37 weeks gestation ✓ if attained X if not attained	Enhanced inquiry after Nipissing Developmental Screen (NDDS) ** List NDDS items not yet attained: _____ <u>Social/Emotional</u> <input type="checkbox"/> <i>Child's behaviour is usually manageable</i> <input type="checkbox"/> <i>Interested in other children</i> <input type="checkbox"/> <i>Usually easy to soothe</i> <input type="checkbox"/> <i>Comes for comfort when distressed</i> <u>Communication Skills</u> <input type="checkbox"/> <i>Points to several different body parts</i> <input type="checkbox"/> <i>Tries to get your attention to show you something</i> <input type="checkbox"/> <i>Turns/responds when name is called</i> <input type="checkbox"/> <i>Points to what he/she wants</i> <input type="checkbox"/> <i>Looks for toy when asked or pointed in direction</i> <input type="checkbox"/> <i>Imitates speech sounds and gestures</i> <input type="checkbox"/> <i>Says 20 or more words (words do not have to be clear)</i> <input type="checkbox"/> <i>Produces 4 consonants, e.g. B D G H N W</i> <u>Motor Skills</u> <input type="checkbox"/> <i>Walks alone</i> <input type="checkbox"/> <i>Feeds self with spoon with little spilling</i> <u>Adaptive Skills</u> <input type="checkbox"/> <i>Removes hat/socks without help</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			<b>2 years</b> <input type="checkbox"/> <i>Combines 2 or more words</i> <input type="checkbox"/> <i>Understands 1 and 2 step directions</i> <input type="checkbox"/> <i>Walks backward 2 steps without support</i> <input type="checkbox"/> <i>Tries to run</i> <input type="checkbox"/> <i>Puts objects into small container</i> <input type="checkbox"/> <i>Uses toys for pretend play (eg. give doll a drink)</i> <input type="checkbox"/> <i>Continues to develop new skills</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>  <b>3 years</b> <input type="checkbox"/> <i>Understands 2 and 3 step directions (eg. "Pick up your hat and shoes and put them in the closet.")</i> <input type="checkbox"/> <i>Uses sentences with 5 or more words</i> <input type="checkbox"/> <i>Walks up stairs using handrail</i> <input type="checkbox"/> <i>Twists lids off jars or turns knobs</i> <input type="checkbox"/> <i>Shares some of the time</i> <input type="checkbox"/> <i>Plays make-believe games with actions and words (eg. pretending to cook a meal, fix a car)</i> <input type="checkbox"/> <i>Turns pages one at a time</i> <input type="checkbox"/> <i>Listens to music or stories for 5 - 10 minutes</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			<b>4 years</b> <input type="checkbox"/> <i>Understands 3-part directions</i> <input type="checkbox"/> <i>Asks and answers lots of questions (eg. "What are you doing?")</i> <input type="checkbox"/> <i>Walks up/down stairs alternating feet</i> <input type="checkbox"/> <i>Undoes buttons and zippers</i> <input type="checkbox"/> <i>Tries to comfort someone who is upset</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>  <b>5 years</b> <input type="checkbox"/> <i>Counts out loud or on fingers to answer "How many are there?"</i> <input type="checkbox"/> <i>Speaks clearly in adult-like sentences most of the time</i> <input type="checkbox"/> <i>Throws and catches a ball</i> <input type="checkbox"/> <i>Hops on 1 foot several times</i> <input type="checkbox"/> <i>Dresses and undresses with little help</i> <input type="checkbox"/> <i>Cooperates with adult requests most of the time</i> <input type="checkbox"/> <i>Retells the sequence of a story</i> <input type="checkbox"/> <i>Separates easily from parent/caregiver</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>	
<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. ✓ if normal X if abnormal	<input type="checkbox"/> Fontanelles closed <input type="checkbox"/> <b>Eyes (red reflex)*</b> <input type="checkbox"/> <b>Corneal light reflex/Cover-uncover test &amp; inquiry*</b> <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*			<input type="checkbox"/> Blood pressure <input type="checkbox"/> <b>Eyes (red reflex)/Visual acuity*</b> <input type="checkbox"/> <b>Corneal light reflex/Cover-uncover test &amp; inquiry*</b> <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*			<input type="checkbox"/> Blood pressure <input type="checkbox"/> <b>Eyes (red reflex)/Visual acuity*</b> <input type="checkbox"/> <b>Corneal light reflex/Cover-uncover test &amp; inquiry*</b> <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*	
<b>PROBLEMS AND PLANS</b>								
<b>IMMUNIZATION</b> Provincial guidelines vary	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record	
	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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