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|--|--|---|--------|---|---|----------------|---------------|--|--------|------------------|--|
| Past problems/Risk factors: | | Family history: | | Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance | | | | | | GUIDE III | |
| | | | | NAME: _____ Birth Day (d/m/yr): _____ M F | | | | | | | |
| DATE OF VISIT | | 9 months (optional) | | | 12-13 months | | | 15 months (optional) | | | |
| GROWTH* Correct percentiles until 24-36 months if < 37 weeks gestation | | Height | Weight | Head circ. | Height | Weight (x3 BW) | HC (avg 47cm) | Height | Weight | Head Circ. | |
| PARENTAL CONCERNS | | | | | | | | | | | |
| NUTRITION* | | <input type="checkbox"/> Breastfeeding* /Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding - iron-fortified</i> [720-960 mLs(24-32 oz) /day*] <input type="checkbox"/> No bottles in bed <input type="checkbox"/> Avoid sweetened liquids <input type="checkbox"/> Cereal, meat/alternatives, fruits, vegetables <input type="checkbox"/> 1 st introduction cow's milk products <input type="checkbox"/> No egg white, nut products, or honey <input type="checkbox"/> Choking/safe foods* | | | <input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage standard cup instead of bottle [500-750 mLs(16-24 oz) /day*] <input type="checkbox"/> Appetite reduced <input type="checkbox"/> Choking/safe foods* | | | <input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage standard cup instead of bottle [500-750 mLs(16-24 oz) /day*] <input type="checkbox"/> Choking/safe foods* | | | |
| EDUCATION AND ADVICE | | <div> <input checked="" type="checkbox"/> discussed and no concerns X if concerns </div> <div> <u>Injury Prevention</u> <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Carbon monoxide/Smoke detectors* Childproofing, including: <input type="checkbox"/> <i>Electric plugs/cords</i> </div> <div> <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> <i>Hot water <49°C/bath safety*</i> <input type="checkbox"/> <i>Falls/stairs/walkers*</i> </div> <div> <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Choking/safe toys* </div> <div> <u>Behaviour and family issues</u> <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> <i>Parenting**</i> </div> <div> <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Parental fatigue/depression** </div> <div> <input type="checkbox"/> High risk children/assess home visit need** <input type="checkbox"/> Family conflict/stress </div> <div> <input type="checkbox"/> Siblings <input type="checkbox"/> <i>Child care**/return to work</i> </div> <div> <u>Other Issues</u> <input type="checkbox"/> Second hand smoke* <input type="checkbox"/> Fever advice/thermometers* Environmental health including: </div> <div> <input type="checkbox"/> Teething/Dental cleaning/Fluoride/Dentist* <input type="checkbox"/> Active healthy living/screen time* <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* </div> <div> <input type="checkbox"/> <i>Complementary/alternative medicine*</i> <input type="checkbox"/> <i>Encourage reading**</i> <input type="checkbox"/> <i>Serum lead if at risk*</i> </div> <div> <input type="checkbox"/> No OTC cough/cold medn* <input type="checkbox"/> Pacifier use* <input type="checkbox"/> Footwear* <input type="checkbox"/> Pesticide exposure* </div> | | | | | | | | | |

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.

Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.