



Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance GUIDE I: 0-1 mo

NAME: **Sample-Test, Baby** Birth Day (d/m/yr): **20/12/2013** M F

Gestational Age: **35w 4d** Birth Length: **53** cm Birth Wt: **4000** g Head Circ: **33** cm Discharge Wt: **5000** g

DATE OF VISIT	within 1 week 2013/12/27			2 weeks (optional) / /			1 month 2014/01/15		
GROWTH * Correct percentiles until 24-36 months if < 37 weeks gestation	Height (cm) 54.4	Weight (g) 4300	HC (avg 35 cm) 36	Height (cm)	Weight (g) (regains BW 1-3 wks)	Head Circ. (cm)	Height (cm) 58.3	Weight (g) 5200	Head Circ. (cm) 42
PARENT/CAREGIVER CONCERNS	Ulputate tortor et velit pellentesque, non dignissim libero imperdiet. Aenean libero massa, laoreet varius tincidunt ac, suscipit at lectus. Donec te.						Cante ipsum primis in faucibus. Integer in enim nunc. Quisque quis aliquam odio. Nam dui leo, porta vel dapibus quis, sagittis quis eros. Nulla non interdum eratna.		
NUTRITION *	<input checked="" type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding (iron-fortified)</i> [150 mL(5 oz)/kg/day] <input checked="" type="checkbox"/> Stool pattern and urine output			<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding (iron-fortified)</i> [150 mL(5 oz)/kg/day] <input type="checkbox"/> Stool pattern and urine output			<input checked="" type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding (iron-fortified)</i> [450-750 mL(15-25 oz)/kg/day] <input checked="" type="checkbox"/> Stool pattern and urine output		
EDUCATION AND ADVICE ✓ discussed and no concerns X if concerns	Injury Prevention <input checked="" type="checkbox"/> Car seat (infant)* <input checked="" type="checkbox"/> Sleep position/bed sharing/co-sleeping* <input checked="" type="checkbox"/> Crib safety* <input type="checkbox"/> Firearm safety/removal* <input checked="" type="checkbox"/> Carbon monoxide/Smoke detectors* <input checked="" type="checkbox"/> Hot water <49 °C* <input checked="" type="checkbox"/> Choking/safe toys* Behaviour and family issues <input checked="" type="checkbox"/> Sleeping/crying** <input checked="" type="checkbox"/> Soothability/responsiveness <input checked="" type="checkbox"/> High risk infants/assess home visit need** <input checked="" type="checkbox"/> Parenting/bonding <input checked="" type="checkbox"/> Parental fatigue/postpartum depression** <input checked="" type="checkbox"/> Family conflict/stress <input type="checkbox"/> Siblings Other Issues <input type="checkbox"/> Second-hand smoke* <input checked="" type="checkbox"/> No OTC cough/cold medn* <input checked="" type="checkbox"/> <i>Inquiry on complementary/alternative medicine*</i> <input checked="" type="checkbox"/> <i>Counsel on pacifier use*</i> <input checked="" type="checkbox"/> <i>Temperature control and overdressing</i> <input checked="" type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input checked="" type="checkbox"/> <i>Fever advice/thermometers*</i>								
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. <u>Absence of any item suggests consideration for further assessment of development.</u> NB-Correct for age if < 37 weeks gestation ✓ if attained X if not attained	Mpor et nisi ut aliquet. Nam fringilla turpis ac turpis tristique, et molestie lacus pulvinar. Quisque laoreet ut justo facilisis hendrerit. Aliquam sit amet mattis felis. Sed ac pretium arcu, eget dictum nulla. Sed sit amet placerat purus. Maecenas fringilla laoreet risus, non ornare nisi mattis ut. Morbi tellus metus, egestas sit amet laoreet cursus, conv.			<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns			<input checked="" type="checkbox"/> <i>Focuses gaze</i> <input checked="" type="checkbox"/> <i>Startles to loud noise</i> <input checked="" type="checkbox"/> <i>Calms when comforted</i> <input checked="" type="checkbox"/> Sucks well on nipple <input checked="" type="checkbox"/> No parent/caregiver concerns		
PHYSICAL EXAMINATION 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 checked="" type="checkbox"/> <i>Skin (jaundice, dry)</i> <input checked="" type="checkbox"/> Fontanelles* <input checked="" type="checkbox"/> Eyes (red reflex)* <input checked="" type="checkbox"/> <i>Ears (TMs) Hearing inquiry/screening*</i> <input checked="" type="checkbox"/> Heart/Lungs <input checked="" type="checkbox"/> Umbilicus <input checked="" type="checkbox"/> Femoral pulses <input checked="" type="checkbox"/> Hips* <input checked="" type="checkbox"/> Muscle tone* <input checked="" type="checkbox"/> Testicles <input checked="" type="checkbox"/> Male urinary stream/foreskin care			<input type="checkbox"/> <i>Skin (jaundice, dry)</i> <input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> <i>Ears (TMs) Hearing inquiry/screening*</i> <input type="checkbox"/> Heart/Lungs <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips* <input type="checkbox"/> Muscle tone* <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/foreskin care			<input checked="" type="checkbox"/> <i>Skin (jaundice)</i> <input checked="" type="checkbox"/> Fontanelles <input checked="" type="checkbox"/> Eyes (red reflex)* <input checked="" type="checkbox"/> Corneal light reflex* <input checked="" type="checkbox"/> <i>Hearing inquiry/screening</i> <input checked="" type="checkbox"/> Heart <input checked="" type="checkbox"/> Hips* <input checked="" type="checkbox"/> Muscle tone*		
PROBLEMS AND PLANS	Allis quis magna. Cras sit amet felis commodo, porttitor nibh vel, convallis tellus quisq.						Ue nec adipiscing tortor, ut auctor neque. Mauris ut bibendum lorem. Interdum et malesuada famesa.		
INVESTIGATIONS/ IMMUNIZATION Discuss immunization pain reduction strategies***	<input checked="" type="checkbox"/> PKU, Thyroid <input type="checkbox"/> Hemoglobinopathy screen (if at risk)* <input checked="" type="checkbox"/> Universal newborn hearing screening (UNHS)* <input checked="" type="checkbox"/> If HBsAg-positive parent or sibling Hep B vaccine #1*** <input checked="" type="checkbox"/> Record Vaccines on Guide V			<input type="checkbox"/> Record Vaccines on Guide V			<input checked="" type="checkbox"/> If HBsAg-positive parent or sibling Hep B vaccine #2*** <input checked="" type="checkbox"/> Record Vaccines on Guide V		
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 Rourke Baby Record Resources 1: General (**) see Rourke Baby Record Resources 2: Healthy Child Development (***) see Rourke Baby Record Resources 3: Immunization/Infectious Diseases
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.
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