

Nova Scotia RBR: Evidence-Based Infant/Child Health Maintenance www.rourkebabyrecord.ca | See RBR parent web portal for corresponding parent resources @2017 Drs. L Rourke, D Leduc and J Rourke. Revised Apr. 4, 2018

NOVA SCOTIA GUIDE I. U - I	IA GUIDE I: 0-1 mo
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©2017 Drs. L Rourke, D Leduc and J Rourke. Revised Apr. 4, 2018						Pregnancy/Birth remarks/Apgar: Risk factors/Family history:			
NAME:			Birth Day (d/m/yy):	// 20	_ M 🗌 F 🗌				
Gestational Age:		Birth Length:	cm	Birth Weight:	g				
Birth Head Circumfer	ence: cn	n Discharge Weight	: g						
WITHIN 1 WEEK			2 WEEKS (OPTION	IAL)		1 MONTH			
DATE OF VISIT	// 20		DATE OF VISIT	// 20		DATE OF VISIT	/	_/ 20	
GROWTH1 use WHO	O growth charts. Corre	ct age until 24–36 mon	ths if < 37 weeks gesta						
Length	Weight	Head Circ. (avg 35 cm)	Length	Weight (regains BW 1-3 weeks)	Head Circ.	Length	Weight	Head Circ.	
PARENT/CAREGIV	/ER CONCERNS					ı			
NUTRITION ¹ For	each O item discusse	d, indicate "✓" for no	concerns, or "X" if con	cerns					
supplementation, O I O Vitamin D 400 O Formula Feeding (i [150 mL(5 oz)/kg/ O Type of formul or powdered)_ O Advised no pow O Do not add cer O If on well water O Advised to boil O Infant-led feed O Stool pattern and o	oll/day¹ ron-fortified)/preparat day¹] a being used (concent wdered infant formula eal to bottle have water checked H2O for 2 minutes ing for formula fed bal arine output unce for growth spurts	ion ¹ rate, ready to feed (PIF)	supplementation, O : O Vitamin D 400 O Formula Feeding (: [150 mL/c oz) /kg O No bottle prop O Infant-led feed O Stool pattern and	Olv/day¹ iron-fortified)/preparat/day¹] ping ing for formula fed ba urine output ance for growth spurts	ion1	or powdered) O Advised no po O Do not add ce	No breastfeeding 0 IU/day ¹ (iron-fortified)/pre-25 oz) /day ¹] la being used (convidered infant for real to bottle ding for formula fourine output lance for growth s	paration ¹ ncentrate, ready to feed mula (PIF) ed babies	
EDUCATION AND	ADVICE Repeat di	scussion of items is ba	sed on perceived risk o	r need					
INJURY PREVENTION¹ O Motorized vehicles/Car seat¹ O Carbon monoxide/Smoke detectors¹ O Firearm safety¹ O Hot water <49°C/Bath safety¹ O Choking/Safe toys¹ O Pacifier use¹ (No pacifier until breastfeeding is well established) O Safe sleep (position, room sharing, avoid bed sharing, crib safety)¹ O Falls (stairs, change table)¹ O Do Not Use Q-Tips to clean ears			 Siblings Parental fatigue/Po High risk infants, with public health 	O Healthy sleep O Soothability/Re ng O Family conflict ostpartum depression (Assess home visit nee	esponsiveness /Stress 2 ed ² (Check contact	ENIRONMENTAL HEALTH¹ O Second hand smoke¹ O Sun exposure¹ OTHER ISSUES¹ O No OTC cough/Cold medicine¹ O Inquiry on complementary/Alternative medicine¹ O Temperature control and overdressing O Fever advice/Thermometers¹ O Supervised tummy time while awake¹ O Pets O Encourage reading			
	(Inquiry and observa		nce of any item suggest	e consideration for fu	rther assessment of dev	elonment NR Correc	et for age if < 37 w	ealre gestation	
O Sucks well on nipp	le re sucks before swallo		O Sucks well on nipp No parent/caregive	ble	ther assessment of dev	O Focuses gaze O Startles to loud no Calms when comf O Sucks well on nip O No parent/caregiv	oise forted ple	eeks gestation	
PHYSICAL EXAM	INATION ² An appro	opriate age-specific phy	vsical examination is re	commended at each v	isit. Evidence-based scr	reening for specific cor	nditions is highlig	hted.	
O Fontanelles ² O Eyes (red reflex) ² O Tongue mobility ² O Heart/Lungs O Umbilicus O Umbilicus O Male urinary strea O Patency of anus	O Neck/Torticoll: O Abdomen/Fem O Hips (Barlow/Ce O Testicles/Genit	ring inquiry/screening ² is ² oral pulses Ortolani) ²	 ○ Fontanelles² ○ Eyes (red reflex)² ○ Tongue mobility² ○ Heart/Lungs ○ Umbilicus ○ Testicles/Genitalia ○ Muscle tone² 	O Neck/Torticoll O Abdomen/Fem O Hips (Barlow/O	ring inquiry/screening ² is ² toral pulses	O Skin (jaundice ² - b O Eyes (red reflex) ² O Hearing inquiry/S O Heart/Abdomen O Hips (Barlow/Ort O Muscle tone ²	2 Screening ²	 ○ Fontanelles² ○ Corneal light reflex² ○ Tongue mobility² ○ Neck/Torticollis² 	
•		& NEW REFERRA	LS⁴ E.g. medical spec	cialist, dietitian. Breast	feeding support, speech	n, audiology, PT, OT. e	yes, dental, social	-determinants resources	
			,		5 11 , - 1 , - 1	0,,, - 2, 0	, , , , , , , , , , , , , , , , , , , ,		
INVESTIGATIONS	S/SCREENING ² AN	ID IMMUNIZATIO	N ³ Record Vaccines or	n Guide V					
O If HBsAg-positive	n hearing screening (parent/sibling Hep I regivers have Pertussis	3 vaccine #1 ³				O If HBsAg-positiv O Pain reduction str O Discuss NACI rec immunization	rategies for immu	nizations ³	
SIGNATURE									
x			x			x			
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NOVA SCOTIA	GUIDE II: 2-6 mo
THO HILDOOT ME	

©2017 Drs. L Rourke, D Leduc and J Rourke. Revised Apr. 4, 2018					Past Prob	Past Problems / Risk factors Family history:					
NAME:				Birth Day (d/m/yy	/):/	/ 20 M 🔲 F 🗀					
Gestational Age:		_	Birth Length: _	cm	Birth Weig	yht: g					
Birth Head Circumfe	rence:	cn	า								
2 MONTHS			4 MONTHS			6 MON	6 MONTHS				
DATE OF VISIT _	/	/ 20		DATE OF VISIT	/	/ 20	DATE O	F VISIT/_	/ 20_		
${f GROWTH^1}$ use ${f \underline{WI}}$	HO growth cha	arts. Corre	ct age until 24–36 r	nonths if < 37 weeks g	gestation			ļ.			
Length	Weight		Head Circ.	Length	Weight	Head Circ.	Length	Weight	(x2 BW)	Head Circ.	
PARENT/CAREG	IVER CONC	ERNS									
NUTRITION ¹ Fo	or each () ite	m discusse	rd. indicate "√" for	no concerns, or "X" if	f concerns						
Breastfeeding O Ex					Exclusive ¹ , O B	reastfeeding with	O Brea	stfeeding ¹ – introduction	on of solids ¹ .	2 No breastfeeding	
supplementation, O O Vitamin D 40 O Formula Feeding [600-900 mL(20-	No breastfee 10 IU/day 1 (iron-fortified 30 oz) /day 1 la being used ss of powdere	eding l)/preparat l (concent d (fraction of the concent) d infant for	rate, ready to feed	supplementation. O Vitamin D Formula Feedi [750–1080 m] Type of for or powdere O Discussed Discuss future breastfeeding Introduction readiness – a f	, O No breastfeed) 400 IU/day¹ ing (iron-fortified), L(25-36 oz) /day¹ rmula being used ed) risks of powdered e introduction of s of solids: should b	/preparation ¹ (concentrate, ready to be infant formula (PIF) solids ¹ and continuation to lead by infant signs on just after 6 months.	feed O V O Form [750] O T O D O Iron legue O Fruit O No h O Avoi O No b	Vitamin D 400 IU/day ¹ nula Feeding – iron-fort –1080 mL(25–36 oz) /c/ ype of formula being u r powdered). Discussed risks of powd containing foods ¹ (iro mes, poultry, fish, who is, vegetables and milk p noney ¹ id juices/sweetened liq oottles in bed Information Sheet pro	ified/preparation lay 1 sed (concentre ered infant for on fortified cer le eggs) roducts (yogur O Chokin uids 1 (encoun	ate, ready to feed rmula (PIF) reals, meat, tofu, t, cheese) to follow tg/Safe food ¹	
EDUCATION AN	D ADVICE	Repeat di	scussion of items is	based on perceived ri	isk or need						
INJURY PREVENTION ¹ O Poisons ¹ ; PCC# 1-800-565-8161 ¹ O Firearm safety ¹ Hot water <49°C/Bath safety ¹ O Choking/Safe toys ¹ Pacifier use ¹ Electric plugs/Cords Motorized vehicles/Car seat ¹ Carbon monoxide/Smoke detectors ¹ Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ Falls (stairs, change table, unstable furniture/TV, no walkers) ¹			O Crying ² O Night waking O Parenting/Bo O Siblings O Encourage rea O Parental fatigu O High risk infa O Inquire re diffi O Family healthy	onding O Family O Child	O Seco O Sun o OTHER O OTO O No C O Tent O Feve out time2 O Teetl	ENVIRONMENTAL HEALTH¹ O Second hand smoke¹ O Pesticide exposure¹ O Sun exposure/sunscreens/insect repellent¹ OTHER ISSUES¹ O OTC/Complementary/Alternative medicine¹ O No OTC cough/Cold medicine¹ O Temperature control and overdressing O Fever advice/Thermometers¹ O Teething/Dental cleaning/Fluoride¹ O Supervised tummy time while awake¹					
DEVELOPMENT Tasks are set after th				bsence of any item sug	ggests consideration	on for further assessme	ent of development	. NB-Correct for age i	f < 37 weeks g	estation	
Tasks are set after the time of normal milestone acquisition. Absortion Follows movement with eyes Coos – throaty, gurgling sounds Lifts head up while lying on tummy Can be comforted & calmed by touching/rocking Sequences 2 or more sucks before swallowing/breathing Smiles responsively No parent/caregiver concerns			 Follows a mov Responds to pervocalizing Holds head stesitting position 	ring toy or person weople with excitements ady when support to the place of the p	ting/ O Turn O Make O Voca in a O Rolls O Sits v O Reac	 Turns head toward sounds Makes sounds while you talk to him/her Vocalizes pleasure and displeasure Rolls from back to side Sits with support (e.g., pillows) Reaches/grasps objects No parent/caregiver concerns 					
PHYSICAL EXAM	/INATION ²	An appro	opriate age-specific	physical examination	is recommended	at each visit. Evidence-	-based screening fo	or specific conditions is	highlighted.		
O Fontanelles ² O Corneal light ret O Heart/Abdomen O Muscle tone ² O Skin (jaundice ² , b	flex ² O Hea O Ne O Hip	ck/Tortico	iry/screening ²	 Anterior fonta Corneal light Neck/Torticol Muscle tone² 	reflex ² O Hear	s (red reflex) ² ring inquiry/screening ² s (limited hip abd'n) ² sing ²	O Hear O Corr O Hips	erior fontanelle ² ring inquiry/screening ² neal light reflex/Cover i (limited hip abd'n) ² h ² – caries risk assessm	O Bruis -uncover test O Musc	& inquiry ²	
PROBLEMS AND	PLANS/C	URRENT	& NEW REFER	RALS ⁴ E.g. medical	specialist, dietitia	n, Breastfeeding suppo	ort, speech, audiolo	gy, PT, OT, eyes, denta	l, social-deter	ninants resources	
INVESTIGATION	IS/SCREEN	IING ² AN	ID IMMUNIZAT	ION ³ Record Vaccin	es on Guide V						
 Pain reduction st Discuss NACI re immunization Immunization has 	commended 1			O Pain reduction O Immunization	n strategies for im 1 handouts	munizations ³	O Inqu O If HI O Pain	noglobin (If at risk) ² ire about risk factors for BsAg-positive parent/s reduction strategies for unization handouts	sibling Hep B	_	
SIGNATURE											
x				x			x				



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NOVA SCOTIA	GUIDE III: 9-15 m
Past problems / Risk factors:	Family history:

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NAME:			Birth Day (d/m/yy):							
Gestational Age: Birth Head Circumfe		Birth Length:	cm	Birth Weight:	9					
			12 - 13 MONTHS			15 MONTHS (OP	TIONAL)			
9 MONTHS (OPTIONAL) DATE OF VISIT / / 20			DATE OF VISIT	//20		15 MONTHS (OPTIONAL) DATE OF VISIT / / 20				
	HO growth charts. Corre					DATE OF VISIT		20		
Length	Weight	Head Circ.	Length	Weight (x3 BW)	Head Circ. (avg 47 cm)	Length	Weight	Head Circ.		
					,					
PARENT/CAREG	IVER CONCERNS									
NUTRITION ¹ Fo	or each O item discusse	ed, indicate "✓" for no	concerns, or "X" if cor	ncerns						
O Formula Feeding [720–960 mLs(24) O Iron containing O Cow's milk product Goat's milk must bas a milk source Encourage chang O Eats a variety of t	foods ¹ , fruits, vegetabl s (e.g., yogurt, cheese, hom he supplemented with fol the from bottle to cup textures ON textened liquids ¹ (encound- feeding ¹ ods ¹	es ogenized milk). ic acid & Vit D if used o honey ¹	O Homogenized mil O Cow's milk products Goat's milk must be as a milk source O Appetite reduced O Choking/safe food O Avoid juices/swee O Promote open cur O Inquire re: vegetar	etened liquids ¹ (encounts of instead of bottle rian diets ¹ with a variety of textur feeding ¹ g	4 oz) /day ¹] ogenized milk). c acid & Vit D if used urage water)	O Homogenized mi O Cow's milk products	lk [500–750 mLs(16- (e.g., yogurt, cheese, ho e supplemented with t ds ¹ etened liquids ¹ (ence p instead of bottle rian diets ¹ -feeding ¹	omogenized milk). folic acid & Vit D if used		
EDUCATION AN	D ADVICE Repeat d	iscussion of items is ba	sed on perceived risk o	or need						
INJURY PREVENTION ¹ O Poisons ¹ ; PCC# 1-800-565-8161 ¹ O Firearm safety ¹ O Hot water <49°C/bath safety ¹ O Carbon monoxide/Smoke detectors ¹ O Motorized vehicles/Car seat ¹ Childproofing, including: O Falls (stairs, change table, unstable furniture/TV, no walkers) ¹ O Electric plugs/Cords O Choking/safe toys ¹			O Family healthy act	O Healthy sleep O Soothability/Re O Encourage read O Family conflict n to work	esponsiveness ling ² /Stress eed ² chaviour/screen time ²	ENVIRONMENTAL HEALTH¹ O Second hand smoke¹ O Sun exposure/Sunscreens/insect repellent¹ O Pesticide exposure¹ OTHER ISSUES¹ O Teething/Dental cleaning/Fluoride/Dentist¹ O Complementary/Alternative medicine¹ O No OTC cough/Cold medicine¹ O Footwear¹ Fever advice/Thermometers¹				
	² (Inquiry and observa		<i>C</i>			1				
O Looks for an object O Cries or shouts for O Babbles a series of Responds differen O Makes sounds/ges O Stands with suppo Opposes thumb an	ct seen hidden r attention f different sounds (e.g., i tly to different people stures to get attention or ort when helped into sta and fingers when grasps o s with you (e.g., nose to	paba, duhduh) help nding position bjects and finger foods	O Responds to own n O Understands simpl O Makes at least 1 cc O Says 3 or more wo O Crawls or 'bum' sh O Pulls to stand/wall O Has pincer grasp t O Shows distress whe	name le requests, (e.g., Where onsonant/vowel combin rds (do not have to be c tuffles ks holding on o pick up and eat finger en separated from parer to jointly reference an c	ation lear) foods nt/caregiver	O Says 5 or more wo Walks sideways he Shows fear of strai Crawls up a few st Tries to squat to p No parent/caregiv	ords (words do not ha olding onto furniture nge people/places airs/steps oick up toys from the	ve to be clear)		
PHYSICAL EXAM	MINATION ² An appr	opriate age-specific phy	ysical examination is re	ecommended at each v	isit. Evidence-based scr	reening for specific cor	nditions is highlighte	d.		
O Anterior fontanelle ² O Eyes (red reflex) ² O Corneal light reflex/Cover-uncover test & inquiry ² O Hearing inquiry/screening ² O Teeth ² – caries risk assessment O Hips (limited hip abd'n) ²			 Hearing inquiry/sc Teeth² - caries ris Tonsil size/Sleep- Hips (limited hip 	lex/Cover-uncover test creening ² sk assessment -disordered breathing abd'n) ²	2	O Anterior fontanelle ² O Eyes (red reflex) ² O Corneal light reflex/Cover-uncover test & inquiry ² O Hearing inquiry/screening ² O Teeth ² - caries risk assessment O Tonsil size/Sleep-disordered breathing ² O Hips (limited hip abd'n) ²				
PROBLEMS AND	PLANS/CURRENT	Γ& NEW REFERRA	LS ⁴ E.g. medical spec	cialist, dietitian, Breast	feeding support, speech	n, audiology, PT, OT, e	yes, dental, social-de	terminants resources		
INVESTIGATION	IS/SCREENING ² AI	ND IMMUNIZATIO	N ³ Record Vaccines o	n Guide V						
	ve mother check HBV rategies for immunizat		g ³ (at 9 or 12 months)	O Hemoglob	in (If at risk) ²	O Blood lead if at risk	1			
SIGNATURE										
x			x			x				



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NOVA SCOTIA	GUIDE IV: 18 r	nos – 5

0.	2017 Drs. L Rourke, D Leduc a	and J Rourke. Revised Apr. 4, 20	18	31			Past problems / Risk fac	tors:	Family hist	ory:
NAME:			Birth Day (d/m/	yy):/	/ 20 M	F				
Gestational Age:		Birth Length:	cm	n Birth W	eight:	g				
Birth Head Circumfer	rence: cr	m								
18 MONTHS			2 – 3 YEARS				4 – 5 YEARS			
DATE OF VISIT	// 20)	DATE OF VISIT		/ 20		DATE OF VISIT	/	/ 20	
GROWTH ¹ use WH	O growth charts. Corre	ect age until 24-36 mo	nths if < 37 weeks	gestation		I				
Length	Weight	Head Circ. (HC)	Height	Weight	HC if prior abN	BMI	Height	Weight		BMI
PARENT/CAREGI	VER CONCERNS									
NUTRITION ¹ For	r each 🔾 item discuss	ed, indicate "√" for no	concerns, or "X"	if concerns						
	itamin D 400 IU/day	•	1		IU/day ¹ • Canad	a's Food Guide ¹	O Skim, 1% or 2% r	nilk [~ 500	mLs(16 oz)	/day ¹]
O Homogenized milk [500–750 mLs(16–24 oz) /day¹] O Avoid juices/sweetened liquids¹ (encourage water) O No bottles O Inquire re: vegetarian diets¹ O Independent/self-feeding¹ O RBR Information Sheet provided			O Avoid juices O Inquire re: v O Gradual tran O Skim, 1% or	s/sweetened liqu regetarian diets ¹ nsition to lower fa	ids ¹ (encourage v at diet ¹ mLs(16 oz) /day ¹	vater)	O Avoid juices/sweetened liquids ¹ (encourage water) O Inquire re: vegetarian diets ¹ O Canada's Food Guide ¹ O RBR Information Sheet provided			
EDUCATION ANI	D ADVICE Repeat d	liscussion of items is ba	sed on perceived	risk or need						
O Bath safety ¹ O Choking/Safe toys ¹ O Falls (stairs, change O Poisons ¹ ; PCC# ¹ BEHAVIOUR ² O Parent/child interac O Discipline/Parenti FAMILY ² O High-risk children	s/Car seat (child/boosts able, unstable furniture -800-565-8161 ction O H ng skills programs ² 2 O E	Vean from pacifier ¹	O Motorized vo BEHAVIOUR ² O Parent/Child O Parental fatig FAMILY ² O Healthy slee O Encourage rea	st oxide/smoke detect ehicles/Car seat (c interaction gue/Depression ² p habits ² ading ²	O Disciplin O Family c	ne/Parenting skill onflict/Stress tild care /Preschool nealthy active livi	○ Matches/Lighters ○ Falls (stairs, unstable ○ No pacifiers¹ Is programs² ! needs/school readiness² ng/sedentary behaviour	furniture/TV O H O S:	V, trampoline ligh-risk chi iblings ocializing op	ldren ²
O Inquire re difficulty ENVIRONMENT HEALT O Second-hand smol O Sun exposure/Suns OTHER O Dental care/Dentis	ay opportunities re living/Sedentary behar making ends meet or fee Hu creens/Insect repellent st O Te	ENVIRONMENT HEALTH O Second-hand smoke ¹ O Sun exposure/Sunscreens/insect repellent ¹ O Pesticide exposure ¹ O Dental cleaning/Fluoride/Dentist ¹ O Toilet learning ² O No OTC cough/Cold medicine ¹					sure ¹			
	(Inquiry and observa	ation of milestones) stone acquisition. <u>Abse</u>	ence of any item s	uggests considera	ation for further a	ssessment of dev	velopment. NB-Correc	t for age if	< 37 weeks	gestation
SOCIAL EMOTIONAL ² Onterested in other c Child's behaviour is Comes for comfort v COMMUNICATION SK Points to several diff Tries to get your att Tirrns/Responds wh Points to what helsl Looks for toy when on the common of the c	hildren O U usually manageable when distressed ILLS ² ferent body parts ention to show you some en name is called ne wants asked or pointed in direc dis and gestures rds (words do not have t nts, (e.g., B D G H N W, n with little spilling O W rithout help O No	sually easy to soothe ething tion o be clear) /alks alone	2 YEARS ² O Combines 2 o Understands directions Walks backwe without support Tries to run Puts objects in container Uses toys for (e.g., give dol Continues to skills No parent/can	or more words 1 and 2 step ard 2 steps ort nto small pretend play 1 a drink) develop new regiver concerns	3 YEARS O Understands directions (expense) hat and shoes the closet.") Uses sentence words Walks up stail Twists lids off; Shares some of Plays make-b with actions a pretending to fix a car) Turns pages of Listens to mu 5–10 minutes No parent/car	2 and 3 step 2, "Pick up your and put them in s with 5 or more rs using handrail ars or turns knobs of the time elieve games and words (e.g., cook a meal, one at a time usic or stories for s regiver concerns	4 YEARS Understands 3-par Asks and answers I questions (e.g., "Widoing?") Walks up/down sta alternating feet Undoes buttons and Tries to comfort son is upset No parent/caregive	t directions ots of nat are you irs d zippers neone who r concerns	5 YEARS O Counts to answ there? O Speaks of sentence Throws Hops on Dresses little hel Coopera requests Retells t Separata caregive No pare	out loud or on fingers er "How many are clearly in adult-like es most of the time and catches a ball in 1 foot several times and undresses with lip ites with adult it most of the time he sequence of a story es easily from parent/
		ropriate age-specific ph	ĺ	_		vidence-based sc		_	0 0	. 2
Hearing inquiryTonsil size/Sleep-	ex/Cover-uncover tes O T disordered breathing	eeth ²	O Corneal light O Tonsil size/S	flex)/Visual acui ht reflex/Cover-u Sleep-disordered		quiry ²	O Blood pressure if a O Eyes (red reflex) O Corneal light ref O Tonsil size/Sleep	Visual acu lex/Cover-u -disordered	uncover tes d breathing	earing inquiry t & inquiry ² 2
	- Zimo, comen		2.g. medica	a. specialist, afti	man, predotteedill	g support, spect.		, co, dental,	Journal West	and resources
INVESTIGATION	S/SCREENING ² AI	ND IMMUNIZATIO	N ³ Record Vacci	ines on Guide V						
O Hemoglobin (If at	risk) ² O Blo	od lead if at risk ¹	O Pain reduc	ction strategies fo	or immunizations	3				
SIGNATURE										
<u>x</u>			<u>x</u>				<u>x</u>			



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NOVA SCOTIA GUIDE V: Immunization

For additional information, refer to the National Advisory Committee on Immunization website.

NAME: _ ___ Birth Day (d/m/yy): _____/ ____/ 20_____ M 🔲 F 🗍 Canadian Immunization Guide as per NACI Recommendations (as of October 2016) and Nova Scotia Immunization Schedule*

VACCINE	NS SCHEDULE	DATE GIVEN	INJECTION SITE	LOT NUMBER	EXPIRY DATE	INITIALS	COMMENTS
	dose #1 (2 months)						
DTaP-IPV-Hib ³ 4 doses	dose #2 (4 months)						
(2, 4, 6, 18 months)	dose #3 (6 months)						
	dose #4 (18 months)						
Pneu-C-13 ³	dose #1 (2 months)						
3 doses (2, 4, 12 months)	dose #2 (4 months)						
	dose #3 (12 months)						
MMRV ³	dose #1 (12 months)						
2 doses (12 months, between 18 months and 6 years)	dose #2 (between 18 months and 6 years – before starting school)						
Men-Conjugate ³ MenC-C: 1 dose at 12 months	MenC-C: 1 dose at 12 months						
Men-P-ACYW-135: 1 dose at school based immunization program	Men-P-ACYW-135: 1 dose at school based immunization program						
Tdap-IPV ³	1 dose (4-6 years)						
Tdap 1 dose at school based immunization program							
HPV	dose #1						
2 doses at school based immunization program	dose #2						
Hepatitis B ³ 2 doses at school based immunization program	dose #1						
Can be combined with Hep A vaccine – not publicly funded	dose #2						
Influenza ³ 1 dose annually (6 months and older First yr only for < 9 years –							
give 2 doses at least 4 weeks apart							
OTHER - NACI recommended - not publicly funded							
Rotavirus ³	dose #1 (6 weeks-14 weeks/6 days)						
2 or 3 doses # doses varies with manufacturer	dose #2						
	± dose #3 (by 8 months/0 days)						

⁻ If medically at high risk refer to NS Publically funded vaccine eligibility for individuals at high rish of acquiring vaccine preventable diseases policy.

⁻ For those immunized or partially immunized refer to the Canadian Immunization Guide.