

First Nation and Inuit Health Branch-Alberta 2nd Annual Public Health Update: Well Child, School, and Postpartum Program

Public Health Nurse Consultant: Anju Singh BSc, BN, MPH

Contact: anju.singh@sac-isc.gc.ca

November 29, 2024



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada



Land Acknowledgement

I am speaking to you from the Treaty 7 region. I respectfully acknowledge that I live and work on the traditional lands of the First Nation, Metis, and Inuit Peoples since time immemorial.

Today, I honor the Indigenous Peoples who cared for these sacred lands for *many generations*. I am dedicated to moving forward in partnership with Indigenous communities to optimize their public health and well-being.

Who is your Public Health Nursing Team?

Regional Nurse Educator

Sandra Kennett: sandra.kennett@sac-isc.gc.ca

Nurse Practice Consultant:

Anju Singh: anju.singh@sac-isc.gc.ca

Nurse Practice Advisors:

Kathleen Somers: kathleen.somers@sac-isc.gc.ca

Robyn Lourens: robyn.lourens@sac-isc.gc.ca

Administrative Team:

April Lee: april.lee@sac-isc.gc.ca

Charmaine Munyuki : charmaine.munyuki@sac-isc.gc.ca

Topic Overview

➤ Regional Review & Update

- Mandatory Immunization Certification Policy
- CDC Update
- Safety Update
- PHN Orientation Guide: Immunization and Well Child Program
- Rourke Well Baby Assessments

➤ What's New?

- Grade 6 and 9 School PowerPoints
- Vaccines: A FINCH Video for Expectant Parents
- PHN Orientation Guide: Community Postpartum Program
- Checklist: The Role of a Well Child Clinic Orientation Nurse
- New Nurse Orientation Checklists: Immunization, Well Child, Postpartum Skills

➤ What's Next?

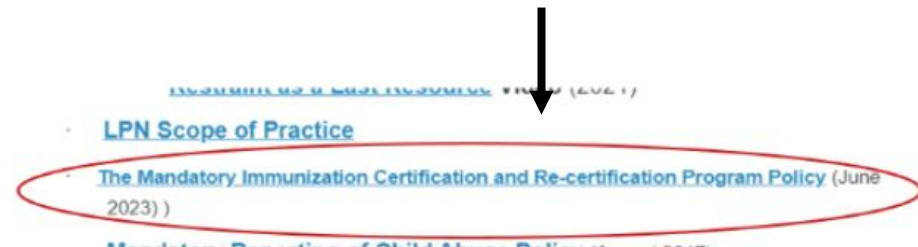
- Upcoming Telehealth Sessions
- You tell us!

Review & Updates

Review: Mandatory Immunization Certification Policy

- All nurses immunizing under the FNIHB MOH must complete **mandatory** immunization certification
- **Initial** certification is completed with a FNIHB PH Nurse Advisor
- **Renewal** is every 3 years and can be completed by ***either*** a Nurse Advisor or a CHN in the community who:
 - is an RN
 - has 1-2 years well child clinic experience
 - a valid (unexpired) immunization certificate
- Nurses are responsible for maintaining and renewing their own certificates
- Nurses cannot provide immunization services under the FNIHB MOH with an expired certificate

Available on OneHealth



*also found under the 'CDC' tab >> 'CDC Education + Forms' subtab

Indigenous Services Canada / Services aux Autochtones Canada

First Nations & Inuit Health Branch Alberta Region

Policy Number: 3.1.9

Nursing Policies & Guidelines

Section: **Nursing Education**
Subject: **Mandatory Immunization Certification and Re-certification Program**
Distribution: **All Nursing Facilities**

Issued: September 01, 2017	Policy Number: 3.1.9
Revised: May 24, 2023	Effective Date:
Approved by: GRONO, SHAWN <small>Digitally signed by grono, shawn Reason: I am approving this document with my legally binding signature Date: 2023.05.08 16:16:51 -0500</small> Shawn Grono, Director of Nursing	June 2023

1. Purpose:

To provide instruction for immunization providers, including community health nurses (CHNs), Nation-employed nurses, and contracted healthcare professionals (HCPs) who provide immunizations under the First Nations & Inuit Health Branch Alberta Region (FNIHB-AB) Medical Officer of Health (MOH), on the Mandatory Immunization Certification and Re-certification Program and the competency requirements needed to provide *publically funded* immunization services.

2. Principles:

- 2.1 To standardize practices for all immunization providers across the FNIHB-AB Region for publically funded vaccines
- 2.2 To ensure that immunization providers achieve and maintain the recommended standards of knowledge, proficiency, and skill in the provision of immunization services based on the Public Health Agency of Canada's (PHAC) immunization competencies and national guidelines
- 2.3 To ensure immunization providers deliver safe, effective, and competent care to individuals residing in First Nation communities

**CDC Update:
Melissa Evans BScN, RN
Laura Mah BN, RN**

CDC Update: Pertussis and Seasonal Immunizations

November 29, 2024



Today's Objective

- To provide clinical information related to Pertussis disease and immunization.
- To provide a review of seasonal respiratory infections and related immunizations.

What is Pertussis?

- Also known as whooping cough
- Highly communicable bacterial illness
 - *Bordetella pertussis*
- Occurs year round, worldwide
- 400,000 global deaths/ year
- Highest Pertussis rates in:
 - Unimmunized infants
 - Unimmunized adolescents



Pertussis in Alberta

Nov 30, 2022 to Nov. 20 2024:

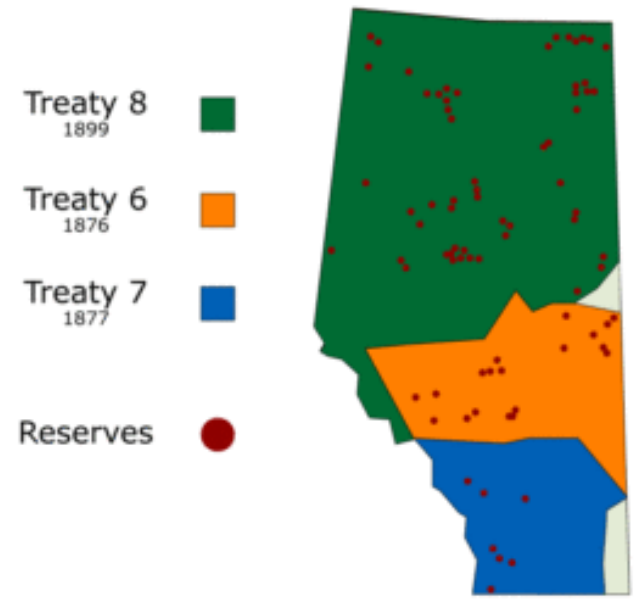
- 1438 cases total
- In 2024, there were 547 cases
 - 26 new cases in last 7 days of October
- 47 pertussis related hospitalizations
- 79.4% of cases are not immunized or partially immunized
- Overall provincial incidence rate has increased from:
 - 0.29 per 100,000 (13 cases in 2022)
 - 19.3 per 100,000 (887 cases in 2023)



Pertussis in Alberta First Nation Communities

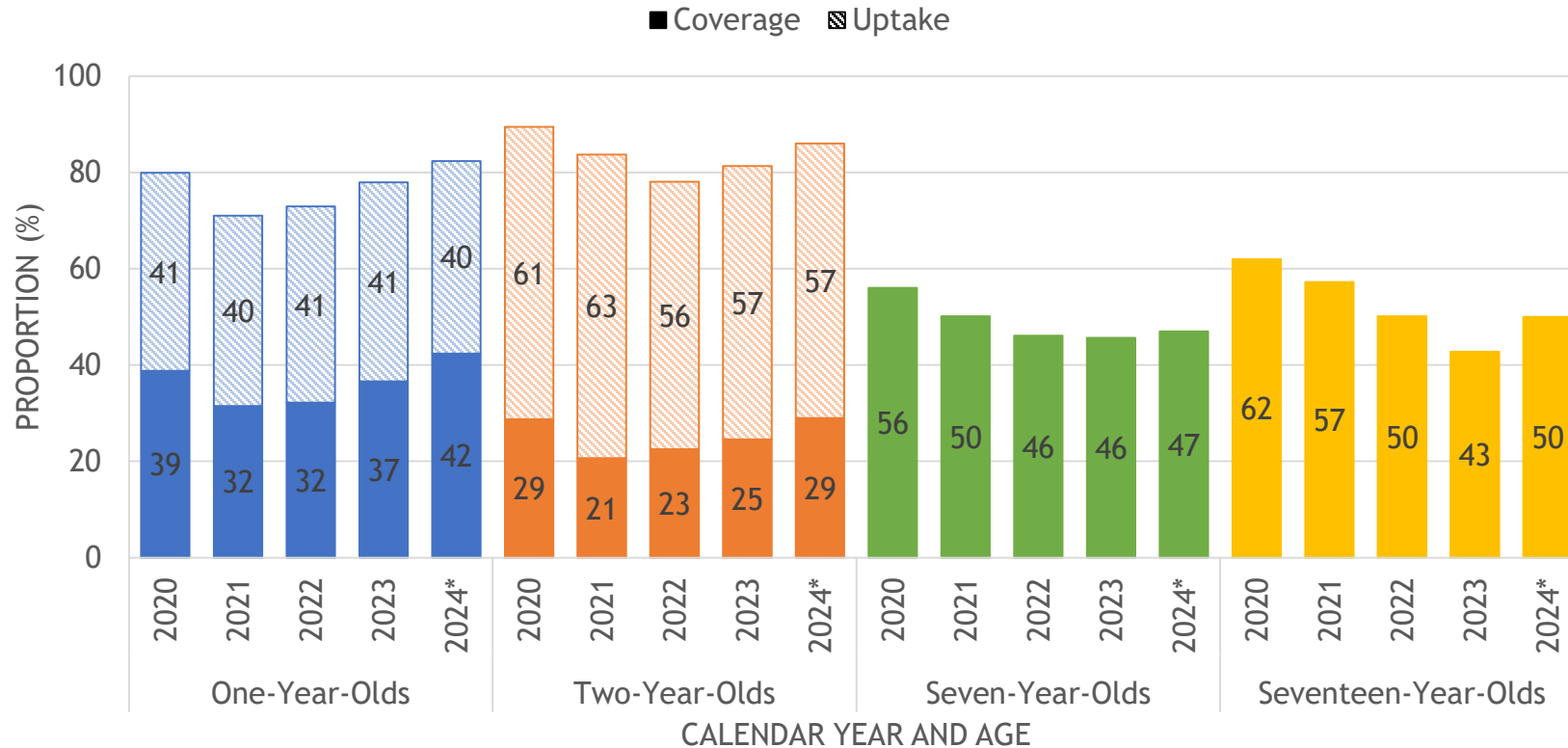
Jan 1, 2023 to Nov. 20, 2024

- 31 cases
 - Most cases identified at Emergency Department
 - 5 people hospitalized
 - All under 1 years of age



Pertussis Immunization Rates in Alberta First Nation Communities

Pertussis Immunization Coverage and Uptake by Age and Year in First Nations in Alberta

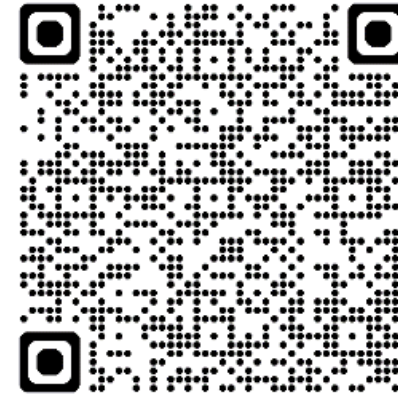


Source: OKAKI CHIP Slice (Instats November 27, 2024) and ISC, FNIHB-Alberta Region, Communicable Disease Control Database.

*2024 only includes data up to November 27, 2024

Clinical Presentation of Pertussis

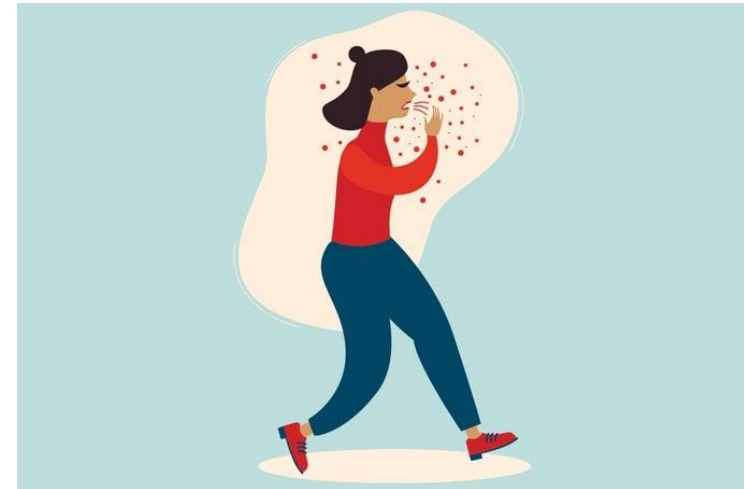
- **3 stages**
 - Catarrhal stage- most infectious
 - Cold-like symptoms
 - Lasts 1-2 weeks
 - Paroxysmal stage
 - Paroxysmal cough
 - Lasts 4-6 weeks, sometimes up to 10 weeks
 - Convalescent stage
 - Cough wanes over weeks to months



Hear the “whoop” that gives whooping cough its name.

Transmission of Pertussis

- Spread by respiratory droplets
- Highly communicable
 - 80% of susceptible household contacts become infected
- Incubation period 5-21 days
- Most infectious during catarrhal stage and first two weeks after onset of cough
- Length of communicability impacted by: Age, Immunization status, Antibiotic treatment, Previous infection.



Pertussis Follow-up

- **Public Health Follow-up:**
 - Exclusion of a case working with vulnerable persons may be required
 - Contact follow up for anyone with a significant exposure
 - Offer immunization if not up to date
 - Post Exposure Prophylaxis
 - Watch for symptoms for 21 days
- **Most Vulnerable to Pertussis Infections**
 - Infants less than 1 year- regardless of immunization status
 - Pregnant women in 3rd trimester



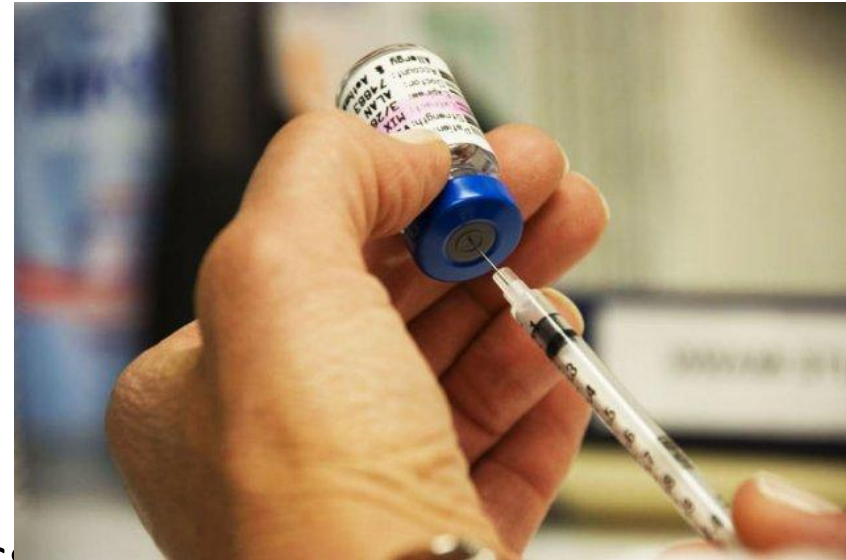
Pertussis Follow-up

- Post Exposure Prophylaxis(PEP) may be offered to close contacts of a confirmed case
 - Antibiotic- provincially funded
 - Given early can reduce symptoms
 - Treatment reduces communicability



Pertussis Immunization

- Childhood and Adolescent Immunizations
 - 2, 4, 6 mo: DTaP-IPV-Hib-HB
 - 18 mo: DTaP-IPV-Hib
 - 4 yrs: Tdap- IPV
 - Grade 9: Tdap

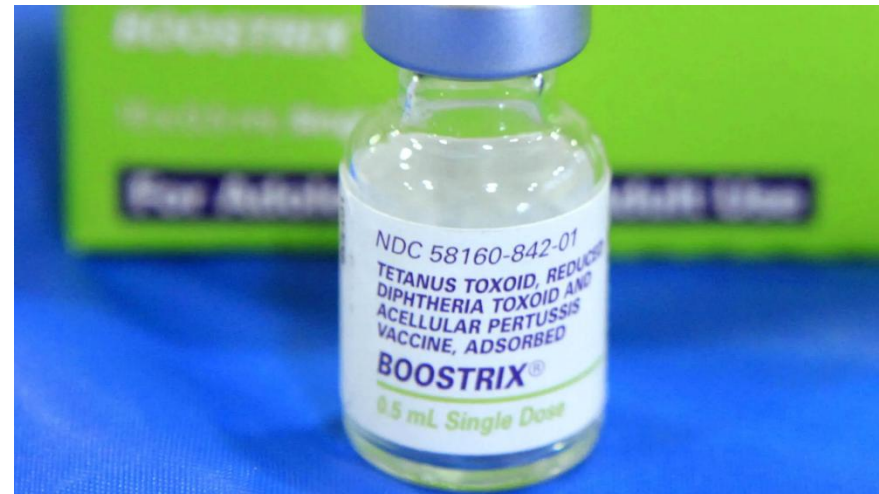


Note: Children who have had pertussis infection should still continue with pertussis containing vaccines.

Pertussis Immunization

Adult

- Completion of Primary series
- Reinforcing dose every 10 years
- 1 dose of Tdap for individuals who have not had a pertussis containing dose, regardless of interval
- Additional doses:
 - After some injuries
 - Third trimester of every pregnancy



Tdap in Pregnancy

- Immunizing pregnant individuals helps protect both the mother and the newborn.
- Offer Tdap to all pregnant individuals- regardless of age.
- Ideally from 27 weeks up to 32 weeks
 - 13 weeks to time of delivery is acceptable
- See Immunization Program Standard Manual for more details

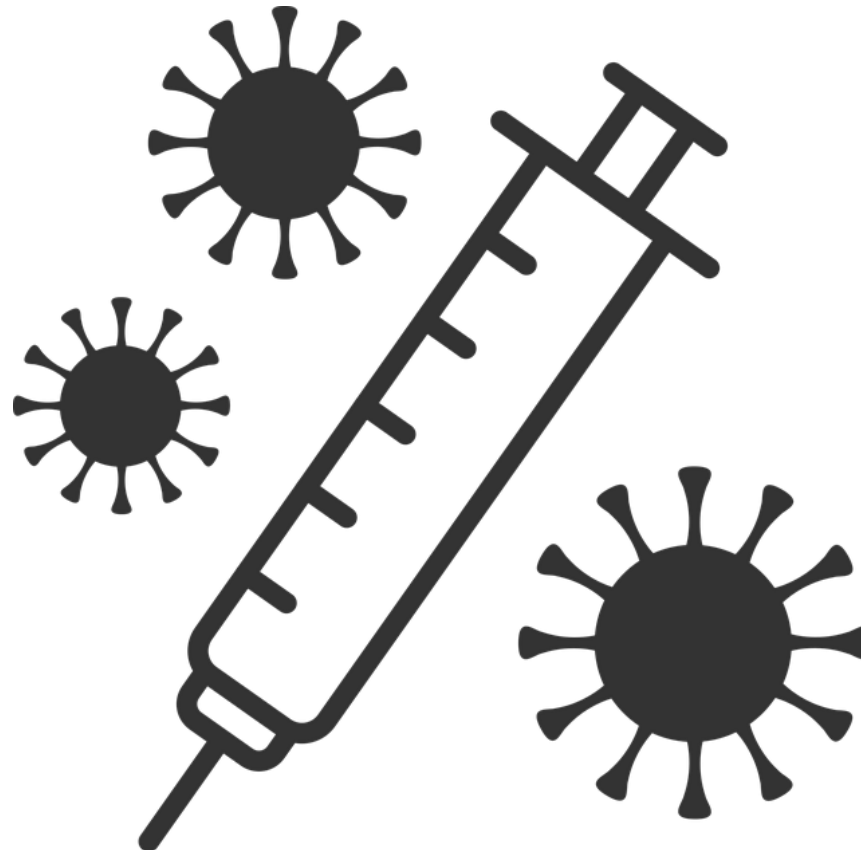


Documenting & immunization

- Document immunizations, refusals, and adverse reactions
- CHIP users:
 - Electronically submit immunization records in CHIP
 - Local immunization coverage rates for children, adolescents, and adults can be viewed in SLICE
 - (contact the Okaki help desk if you need assistance with these processes)

Seasonal Immunization Reminders

- Influenza
- COVID-19
- RSV
- Pneu-C20



Influenza in Alberta

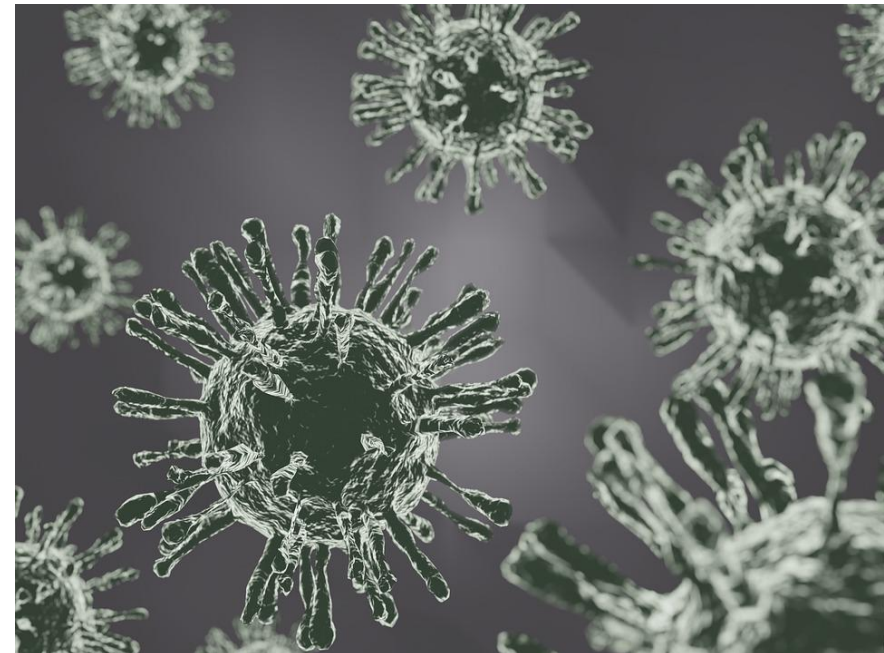
Influenza

	2022-2023	2023-2024	2024-2025*
Hospitalizations	2188	3348	78
ICU	222	364	7
Deaths	123	178	3

Source: Alberta Health Respiratory virus dashboard

Data generally runs from late August to August

*Aug 25, 2024- Nov 16, 2024



COVID-19 in Alberta

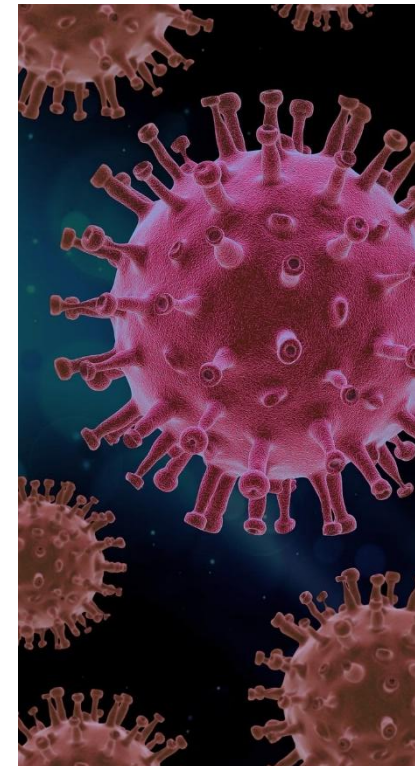
COVID-19

	2022-2023	2023-2024	2024-2025*
Hospitalizations	5918	6083	1684
ICU	462	380	89
Death	973	754	178

source: Alberta Health Respiratory Virus Dashboard

Data generally runs from late August to August

*Aug 25, 2024- Nov 16, 2024



Respiratory Illness in First Nations in Alberta

Influenza

	2023-2024*	2024-2025**
Total	76	0
Hospitalizations	47	0
Deaths	7	0

COVID19

	2023-2024*	2024-2025**
Total	174	24
Hospitalizations	54	17
ICU	Less than 5	Less than 5
Deaths	Less than 5	Less than 5

CHN Role and Seasonal Immunizations

- Offer both Influenza and COVID-19 to all clients
- Spacing reminders:
 - Influenza and COVID-19 can be co-administered
 - Pneu-C20 should be give at least one year after a Pneumo-P to be effective
 - RSV spacing
 - 2 weeks for Influenza and COVID-19
 - 6 weeks for all other vaccines, including Pneu-C20



Questions?

Equipecmtab-abcdeedteam@sac-isc.gc.ca

Melissa Evans: 403-462-1650

Safety Update:
Erin Wagner BScN, RN
Senior Patient Safety Advisor

PATIENT SAFETY

Erin Wagner, Senior Advisor, Patient
Safety and Quality Improvement



What is a Just Culture?



Refers to a values-supportive system of **shared accountability** in which *organizations are accountable* for the systems they have designed and for responding to the behaviors of their employees in a fair and just manner.

Employees are accountable for the quality of their choices and for reporting errors and system vulnerabilities – knowing that as humans we cannot be perfect, but we can strive to make the best possible choices.

Who is included in a Just Culture?

- Simple answer is EVERYONE has a role to play!
- When an error is made the PERSON and the SYSTEM have Accountability and Responsibility to work together to understand, develop, implement, and monitor the solutions to prevent it.

How are we going to get there?

- Redefining what an 'error' is and managing systems reliability.
- Building a "safety culture."
- Leadership support for process improvements supporting staff safety & effectiveness.
- Using a well-articulated review/investigation process as part of the 'way we do things' to disclose, learn from, and prevent safety events.

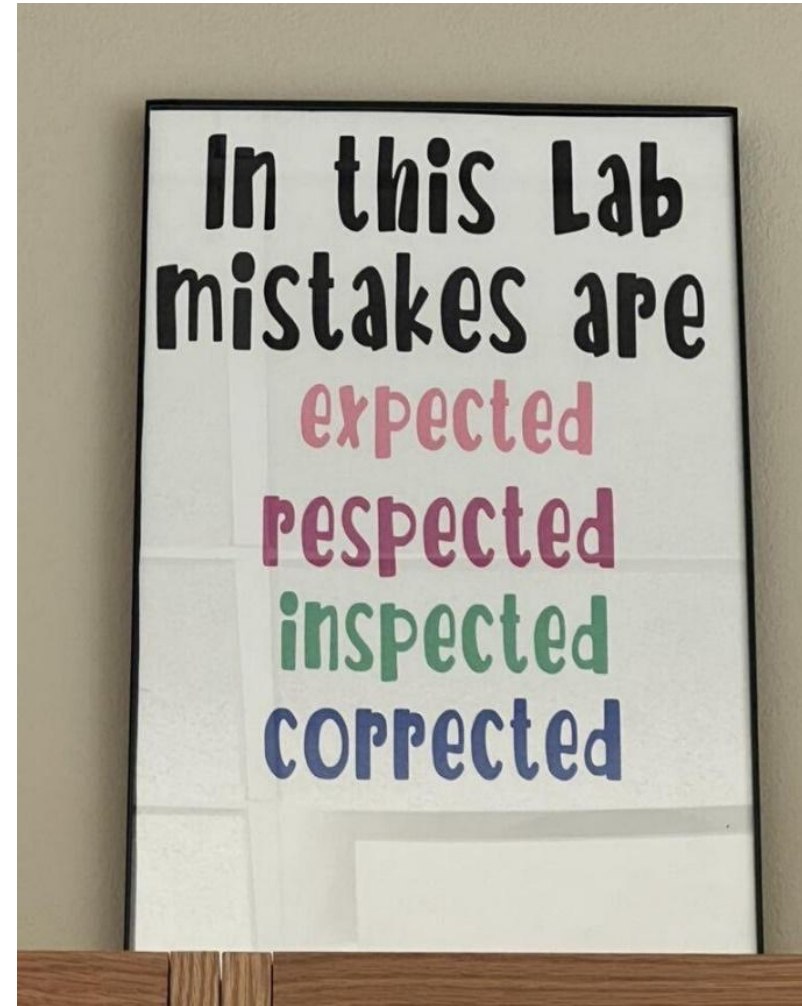
Near Miss



- Close calls happen at a rate of 300 times that of harm events
- Close calls do not result in harm because they were identified, and addressed or eliminated
- Close calls include errors, mistakes, problems, violations or unsafe conditions

Why do we want a 'Just Culture' at ISC?

- We know that creating a safe and transparent environment encourages reporting of mistakes and hazards and ultimately improves the care we provide to our patients.
- The goal in implementing Just Culture is to create a strong culture of safety where staff are managed fairly when involved in an error, mistake or adverse event.



Developing a Reporting Culture

REPORT

Report all errors and near misses
Involve the whole team

LEARN

Identify and investigate causes of errors
Use them as learning opportunities

SHARE

Discuss with others and
promote learning

ACT

Make changes to practice

REVIEW

Review changes to practice



What is an incident?

- *any unexpected occurrence/event or circumstance not consistent with the routine safe operation of the organization or the safe and acceptable standards of client care; an error or situation that could have or has resulted in harm to the client, to staff, or to a member of the public; and/or a loss of cash or damage to an asset such as owned, rented, or leased property or equipment*

Immunization Errors

Immunization/Vaccine related errors have specific reporting requirements but should also follow an incident reporting process

Consideration of transferred communities is unique as they are still required to report



WHEN DO YOU REPORT?



WHAT DO YOU REPORT?



WHO DO YOU REPORT TO?



TRANSFERRED COMMUNITY REPORTING



PATIENT DISCLOSURE



FOLLOW UP

Incident Immediate Response Report

- ❖ The initial report, which is an online, fillable PDF form, located on ONEhealth
- ❖ The initial report is completed by the healthcare provider online in the community where the incident occurred.
- ❖ If there is a rationale for using a paper version, it must be completed in a legible format so the information can be easily read.
- ❖ All information should be factual and succinct, and there should be no names, assumptions or emotive statements.
- ❖ A copy of the document or reference to the document should not be placed/recorded in the patient file; however, if there is treatment required related to the incident, appropriate charting should be done in the patient chart as to the care provided.
- ❖ The completed checklist is then submitted to the Nurse Manager, who will fill in any actions taken by them during the incident.
- ❖ If the incident involved a patient the form will go to the Regional Incident Manager who will follow up with the persons involved to hear their stories and start building the timelines.

Initial Report

Appendix B

INCIDENT IMMEDIATE RESPONSE REPORT FORM 1 TO BE COMPLETED AS SOON AS POSSIBLE AFTER INCIDENT AND SUBMITTED TO NURSE MANAGER

Time of Incident (HH:MM)

OCISM CONTACTED

- YES
 NO

Date of Incident yyyy-mm-dd

Community

Name of Health Care Providers Involved

Name of Contact [person completing form]

Describe Incident [do not include names or identifiers of patients]

Patient Safety or Non Patient Safety

- Patient Involved YES [completed rest of Form before submitting to Regional Nurse Manager]**
 Patient not Involved NO Submit form to Regional Nurse Manager immediately

PATIENT INVOLVED PLEASE COMPLETE APPLICABLE PARTS OF FORM

R.E.S.P.O.N.D

- Respond to immediate situation with patient needs
 Environmental safety and security for patient and other staff
 Secure and remove any product or equipment involved, note location below
 Protect other patients and staff, and ensure measures are in place to prevent recurrence of incident
 Offer support to those involved, if necessary provide quiet space and counselling
 Notify Nurse Manager/Patient Safety Officer
 Disclosure: Did it happen, if so fill out section below. Documentation.

DISCLOSURE: to whom/by whom

Date yyyy-mm-dd

Time HH:MM

Date Form completed yyyy-mm-dd

Time Form Completed MM:HH

Regional Office to Complete

Date form received.[yyyy-mm-dd]

Time form received[HH:MM]

Name of person receiving form

FORM SENT TO OCISM by NM

- YES
 NO

Nurse Manager Report

Disclosure

- Research supports that patients want to know that something has happened.
- They want to hear an apology. An apology done sincerely is not an admission of guilt or liability, it is an acknowledgement that an error occurred.
- The words “ I am sorry that this happened and we want to review the situation to determine how to prevent this happening again.”
- In some situations the provider cannot apologise and this is when the manager or designate from the organisation steps in and meets with the patient/family.
- In all incidents there is the patient and the care giver, and the care giver is a victim too.
- Unless there is a criminal intent, no one goes to work intending to harm a patient, everyone is human and mistakes happen.

Patient Safety Updates

- Move towards an Incident Management Electronic Reporting System is occurring at the National Level
- A more holistic view of harm has been embraced by Patient Safety community and more recently Healthcare Excellence Canada
- Harm is not solely physical and can be psychological, social, spiritual, cultural
- Harm is defined by the individual who experienced it

Conclusion

- Patient safety is the corner stone to quality improvement and the basis for accreditation standards.
- Involving everyone in reporting and quality improvement.
- Embracing a just culture and work towards system improvement.

Questions?



Review:

PHN Orientation Guide: Immunization and Well Child Program

- Developed Summer 2023, available on OneHealth
- Step-by-step guide designed to facilitate **new nurse orientation** to the Immunization and Well Child Clinic program
- There is a 'full guide' as well as a one-page 'summary sheet' available
- Composed of 5 key steps (see next slide)

Public Health Nurse Orientation - Immunization & Well Child Clinic Sign-off Summary Sheet (FNIHB-AB)

<p style="text-align: center;">STEP 1: Complete Part A- EPIC Course</p> <p>Course access for FNIHB Nurses: Access will be arranged and provided during onboarding</p> <p>Course access for First Nation employed Nurses: There is a cost associated with EPIC. Contact your employer for access.</p> <p>EPIC course website: https://cps.ca/en/epic</p> <p>Email your 'certificate of completion' to the Public Health Nursing Team: santepubliquespniab-publichealthfnihbab@sac-isc.gc.ca</p> <p><i>Note: All Nurses must complete the EPIC Modules at least one time</i></p> <p style="text-align: right;"><i>Total time to complete: 11.5 hrs</i></p>	<p style="text-align: center;">STEP 2: Online Education with a Nurse Advisor</p> <p>After onboarding, new nurses will complete an online education component with a FNIHB Nurse Advisor to review:</p> <ul style="list-style-type: none"> ➤ AHS IPSM: Immunization Program Standards Manual Alberta Health Services ➤ One Health & E-Learning Portal ➤ Rourke Baby Record: www.rourkebabyrecord.ca ➤ Healthy Parents and Healthy Children: www.healthyparentshealthychildren.ca ➤ A Million Messages-Injury Prevention and Health Promotion: https://www.albertahealthservices.ca/injprev/Page7607.aspx ➤ AHS MyAbsorb Learning Modules: https://ahs.myabsorb.ca/ ➤ Immunization workbook and practice scenarios ➤ CHIP and nursing charting expectations ➤ Incident reporting process and the role of the FNIHB CDC team <p style="text-align: right;"><i>Total time to complete: 37.5 hrs</i></p>
<p style="text-align: center;">STEP 3: Orientation with a CHN to Well Child Clinic</p> <p>Well child clinic is a specialized area of nursing practice and content is comprehensive. For practical experience, orientation with a CHN in your community is important.</p> <p>Connect with your manager to schedule 2 weeks of orientation with a CHN doing Well Child Clinic (note: this timeframe can vary depending on previous nursing experience and/or individual learning needs)</p> <p>New nurses are encouraged to orientate to:</p> <ul style="list-style-type: none"> ➤ 4 visits <2 years of age ➤ 2 visits between 2-5 years of age ➤ 2 School-age visits ➤ 2 Adult visit + 1 Tuberculin Purified Protein Derivative (PPD) skin test) <p><i>Note: Immunizations completed with the CHN during orientation do not count towards the formal sign off requirements in Step 4</i></p> <p style="text-align: right;"><i>Total time to complete: 75 hrs</i></p>	<p style="text-align: center;">STEP 4: Official Sign off with a FNIHB Nurse Advisor (Nurse Competency Assessment)</p> <p>Connect with a FNIHB Nurse Advisor to schedule official Part B + C sign off:</p> <p>Part B: Immunization Competency Assessment Part C: Well Child Clinic Skills Assessment (RN only)</p> <p>Usually completed within 1 week but may vary depending on previous nursing experience and/or individual learning needs</p> <p>Email the completed 'Part B + C' forms to the Public Health Nursing team to receive an official 'Immunization Provider Certificate': santepubliquespniab-publichealthfnihbab@sac-isc.gc.ca</p> <p style="text-align: right;"><i>Total time to complete: 37.5 hrs</i></p>

STEP 5: 3-month follow-up with a PH Nurse Advisor

A PH Nurse Advisor will connect with the nurse to complete a 3-month check in

**for full orientation details refer to the 'PHN Orientation Guide: Immunization and Well Child Clinic'*



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Review: Rourke Baby Assessments

Nurse Advisor

Robyn Lourens BScN, RN

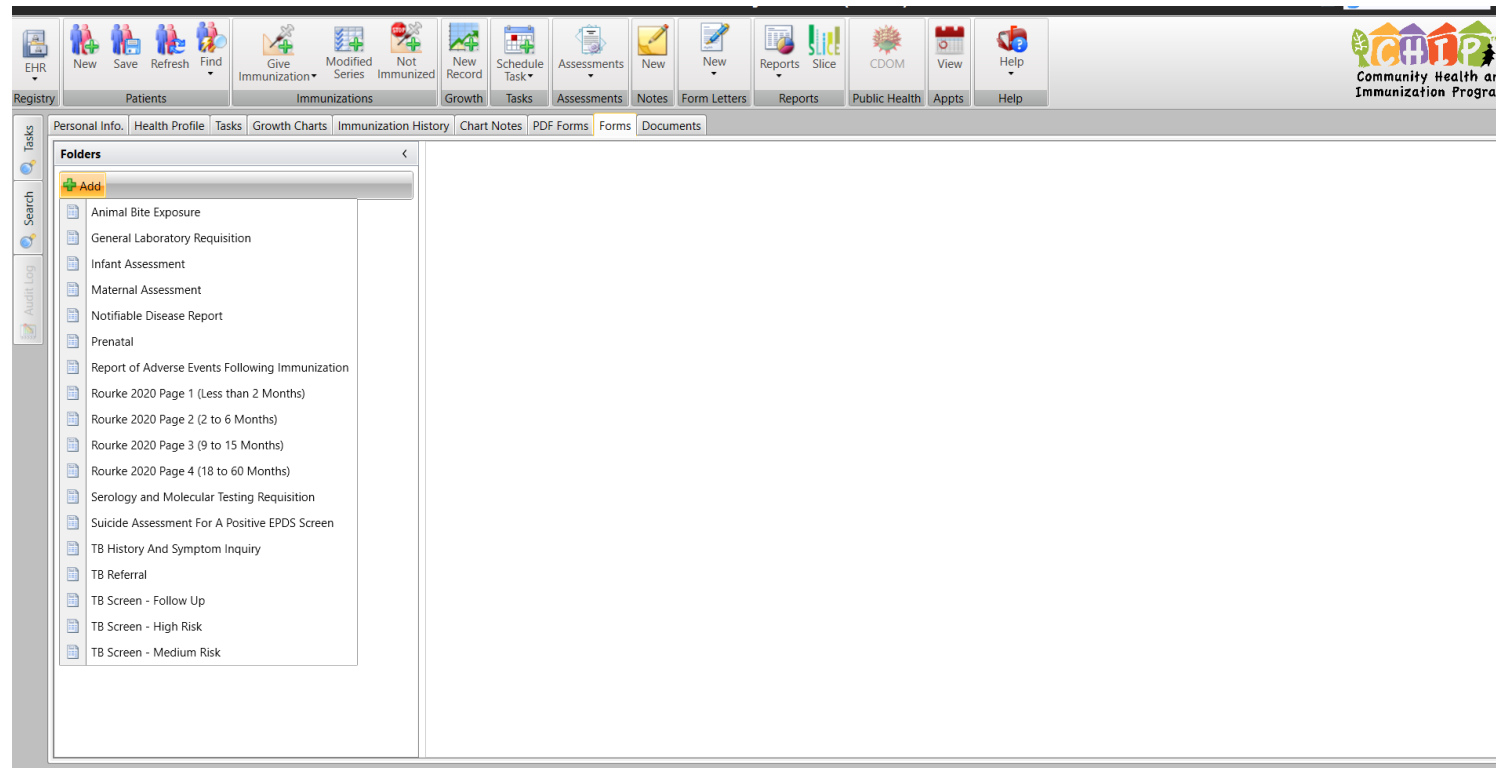
Explore the Well Child Visit

Using the Rourke Baby Record

[Rourke Baby Record - home](#)

The Rourke Baby Record (RBR) is a guide for preventive healthcare of infants and young children up to 5 years of age. The RBR consists of visit GUIDES along with relevant and concise notes pertaining to each well baby/well child visit. Each visit includes evidence informed recommendations on growth and nutrition monitoring, developmental surveillance, physical examination parameters, and immunizations. It also includes anticipatory guidance on injury prevention, family functioning, and health promotion issues.

The RBR functions as a tool to help keep current with the overwhelming amount of evolving relevant research findings. It has become a Canadian standard to guide the preventive health care of infants and children from birth to age 5 years.



Corrected age should be used up to 24 to 36 months of age for premature infants born at <37 weeks. Weigh baby with dry diaper. Record weight and length on the growth chart.

Breast milk is the optimal food for infants, and breastfeeding may continue for up to two years and beyond. Breastfeeding is associated with better health outcomes (e.g. fewer gastrointestinal and respiratory illness, lower incidence of SIDS). Vitamin D-400 IU/day (800 IU/day in high-risk infants)

discuss injury prevention, harm reduction, family functioning and environmental health. Approach these topics in a non-judgmental manner.

Many of these can be observed in clinic.

Head to toe assessment.

Jaundice. Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months. Vision Screening-red reflex/corneal light reflex. Hearing Inquiry. Inspect tongue/palate. Umbilicus. Hips. Muscle tone/symmetrical movement/reflexes. Spine. Heart/lungs.

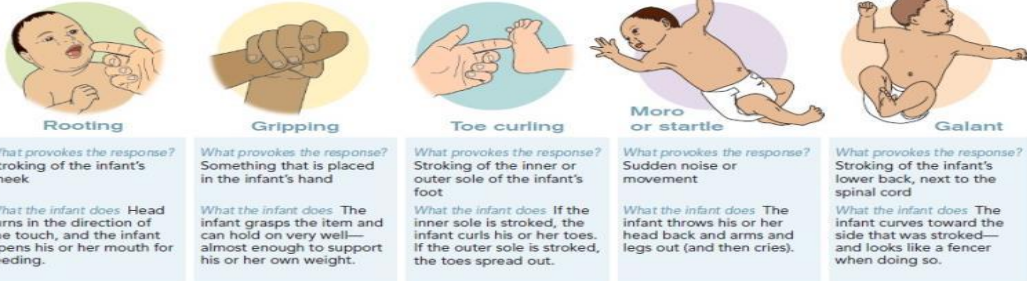


FIGURE 9.2 Some Infant Reflexes Infants are born with a number of reflexes to get them through life, and they are incredibly cute when they perform them. These reflexes disappear as infants mature.

Rourke Baby Record: 2024
Evidence-Based Infant/Child Health Maintenance
www.rourkebabyrecord.ca ©2024 Drs. L. Rourke, D. Lohr and J. Rourke. Revised May 18, 2024

NATIONAL GUIDE I: 0–1 mo

NAME: _____ Birth Day (d/m/yy): ____/____/20____ M F
Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g
Birth Head Circumference: _____ cm Discharge Weight: _____ g

Pregnancy/Birth remarks/Appar: _____ Risk factors/Family history: _____

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
DATE OF VISIT ____/____/20____	DATE OF VISIT ____/____/20____	DATE OF VISIT ____/____/20____
GROWTH¹ Use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation.		
Length	Weight (negate BW 1–3 weeks)	Head Circ.
Weight (avg 25 cm)	Length	Weight
Head Circ. (avg 25 cm)	Head Circ.	Length
Weight	Weight	Head Circ.
PARENT / CAREGIVER CONCERNS For each <input type="checkbox"/> item discussed below, indicate “✓” for no concerns, or “X” if concerns.		
NUTRITION¹		
<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula feeding/preparation ¹ (avg 150 mL (5 oz)/kg/day) <input type="checkbox"/> Urine output and Stool pattern/acholic stools ² COMMENTS: _____	<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula feeding/preparation ¹ (avg 150 mL (5 oz)/kg/day) <input type="checkbox"/> Urine output and Stool pattern/acholic stools ² COMMENTS: _____	<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula feeding/preparation ¹ (450–750 mL (15–25 oz)/day) <input type="checkbox"/> Urine output and Stool pattern/acholic stools ² COMMENTS: _____
EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).		
Injury Prevention¹ <input type="checkbox"/> Motorized vehicle safety/Car seat ¹ <input type="checkbox"/> Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ <input type="checkbox"/> Firearm safety ¹ <input type="checkbox"/> Pacifier use ¹ <input type="checkbox"/> Hot water <49°C/Bath safety ¹ <input type="checkbox"/> Falls (stairs, change table) ¹ <input type="checkbox"/> Carbon monoxide/Smoke detectors ¹ <input type="checkbox"/> Choking/Safe toys ¹ COMMENTS: _____	Family Functioning & Behaviour Issues² <input type="checkbox"/> Healthy sleep habits ² /Night waking ² <input type="checkbox"/> Crying/Soothability/Colic ² <input type="checkbox"/> Parental fatigue/Depression ² <input type="checkbox"/> Family Stress/Inquire re: difficulty making ends meet or food insecurity ² <input type="checkbox"/> Parent-infant interaction/Parenting skills programs ² <input type="checkbox"/> Encourage reading, singing and speaking to infant ² <input type="checkbox"/> High risk infants/Assess home visit need ²	Environmental Health¹ <input type="checkbox"/> 2nd hand smoke/E-cigs/Cannabis exposure ¹ <input type="checkbox"/> Pesticide exposure ¹ <input type="checkbox"/> Sun exposure ¹ Other Issues¹ <input type="checkbox"/> Supervised tummy time while awake ¹ <input type="checkbox"/> No OTC cough/cold medicine ¹ <input type="checkbox"/> Inquiry on complementary/alternative medicine ¹ <input type="checkbox"/> Fever advice/Thermometers ¹
DEVELOPMENT² Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional. Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern. ⁴ Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB—Correct for age until 2 yrs if < 37 weeks gestation.		
<input type="checkbox"/> Moves arms and legs <input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> Sequences 2 or more sucks before swallowing/breathing <input type="checkbox"/> Startles to sounds <input type="checkbox"/> No parent/caregiver concerns ² COMMENTS: _____	<input type="checkbox"/> Focuses gaze <input type="checkbox"/> Startles to loud noise <input type="checkbox"/> Cries to express needs <input type="checkbox"/> Calms when comforted <input type="checkbox"/> No parent/caregiver concerns ² COMMENTS: _____	
PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.		
<input type="checkbox"/> Fontanelles ² <input type="checkbox"/> Skin (jaundice) ² <input type="checkbox"/> Eyes/Red reflex ² <input type="checkbox"/> Ears/TMs—Hearing inquiry/screening ² <input type="checkbox"/> Neck/Testiculi ² <input type="checkbox"/> Intact palate (inspection/palpation) ² <input type="checkbox"/> Tongue mobility if breastfeeding problems ² <input type="checkbox"/> Heart/Lungs	<input type="checkbox"/> Abdomen/Umbilicus ² <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips (Ortolani) ² <input type="checkbox"/> Testicles/Genitalia <input type="checkbox"/> Male urinary stream/Foreskin care <input type="checkbox"/> Spine (dimple/sinus) ² /Patency of anus ² <input type="checkbox"/> Muscle tone/Developmental reflexes: Moro, hand grasp ²	<input type="checkbox"/> Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral) ² <input type="checkbox"/> Fontanelles ² <input type="checkbox"/> Skin (jaundice) ² <input type="checkbox"/> Eyes/Red reflex ² <input type="checkbox"/> Hearing inquiry/screening ² <input type="checkbox"/> Intact palate (inspection/palpation) ² <input type="checkbox"/> Tongue mobility if breastfeeding problems ² <input type="checkbox"/> Neck/Testiculi ² <input type="checkbox"/> Heart/Lungs/Abdomen <input type="checkbox"/> Hips (Ortolani) ² <input type="checkbox"/> Muscle tone ² COMMENTS: _____
ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS⁴ E.g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources		
INVESTIGATIONS / SCREENING³ AND IMMUNIZATION³ Record vaccines administered, address hesitancy and missing vaccines. ³		
<input type="checkbox"/> Newborn screening as per province <input type="checkbox"/> Hemoglobinopathy screen (if at risk) ² COMMENTS: _____	<input type="checkbox"/> Universal newborn hearing screening (UNHS) ² <input type="checkbox"/> Initiate Hep B vaccine series if risk identified ³ COMMENTS: _____	<input type="checkbox"/> Follow-up Hep B vaccine status as indicated ³ COMMENTS: _____
SIGNATURE _____	SIGNATURE _____	SIGNATURE _____

Strength of recommendation is based on literature review using the classification: Good (bold type), Fair (italic type), Inconclusive evidence/Controversial (plain type). See literature review table at www.rourkebabyrecord.ca
¹NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other ²NOTES 2: Family, Behaviour, Development, P/E, Investigations ³NOTES 3: Immunization ⁴NOTES 4: ECD Resources System and Table
 Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support provided by the Government of Ontario. For full use authorization, see www.rourkebabyrecord.ca

- [Rourke Baby Record - Rourke Baby Record - Well Baby Information: 2 Months](#)
- [Rourke Baby Record - Rourke Baby Record - Well Baby Information: 4 Months](#)
- [Rourke Baby Record - Rourke Baby Record - Well Baby Information: 6 Months](#)

Continue to measure weight and height. Recording on growth chart.

breast/formula feeding. Vitamin D-400 IU/day (800 IU/day in high-risk infants). Introducing solids at 6 months. Hand out supporting documents. Discuss how to introduce solids.

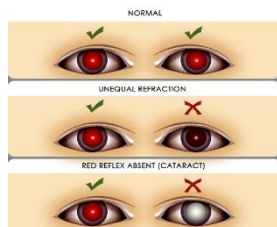
discuss injury prevention, harm reduction, family functioning and environmental health.

Check all that you have observed and ask parent/guardian about ones you cannot observe. [Months: Growth & Development - Healthy Parents Healthy Children](#)

Head to toe assessment.

Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months. *Vision Screening-red reflex/corneal light reflex. Hearing Inquiry. Inspect tongue/palate. Hips. Muscle tone/symmetrical movement/reflexes. Spine. Heart/lungs.

Pediatric Vital Sign Normal Ranges



Age Group	Respiratory Rate	Heart Rate	Systolic Blood Pressure	Weight in kilos	Weight in pounds
Newborn	30 - 50	120 - 160	50 - 70	2 - 3	4.5 - 7
Infant (1-12 months)	20 - 30	80 - 140	70 - 100	4 - 10	9 - 22
Toddler (1-3 yrs.)	20 - 30	80 - 130	80 - 110	10 - 14	22 - 31
Preschooler (3-5 yrs.)	20 - 30	80 - 120	80 - 110	14 - 18	31 - 40
School Age (6-12 yrs.)	20 - 30	70 - 110	80 - 120	20 - 42	41 - 92
Adolescent (13+ yrs.)	12 - 20	55 - 105	110 - 120	>50	>110

- Vision Screening: Check red reflex for serious ocular diseases such as retinoblastoma and cataracts. - Corneal light reflex/cover-uncover test & inquiry for strabismus(when one eye is turned in a different direction than the other eye): With the child focusing on a light source, the light reflex on the cornea should be symmetrical. Each eye is then covered in turn, for 2–3 seconds, and then quickly uncovered. The test is abnormal if the uncovered eye “wanders”.

[RBR 2024 NAT-EN-1vpp-May 18-BLACK-Oct 17.pdf](#)

Rourke Baby Record: 2024
Evidence-Based Infant/Child Health Maintenance
www.rourkebabyrecord.ca ©2024 Drs. L. Rourke, D. Lehou, & J. Rourke. Revised May 18, 2024

NATIONAL GUIDE II: 2–6 mos

NAME: _____ Birth Day (d/m/yy): ____/____/20 ____ M F
Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g Birth HC: _____ cm

Past problems/risk factors: _____ Family history: _____

2 MONTHS DATE OF VISIT ____/____/20____ **4 MONTHS** DATE OF VISIT ____/____/20____ **6 MONTHS** DATE OF VISIT ____/____/20____

GROWTH¹ use [WHO growth charts](#). Correct age until 24–36 months if < 37 weeks gestation.

Length	Weight	Head Circ.	Length	Weight	Head Circ.	Length	Weight (± 10%)	Head Circ.

PARENT / CAREGIVER CONCERNS For each item discussed below, indicate “✓” for no concerns, or “X” if concerns.

NUTRITION¹

<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula feeding/preparation ¹ [600–900 mL (20–30 oz)/day] <input type="checkbox"/> Acholic stools ²	<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula feeding/preparation ¹ [750–1080 mL (25–36 oz)/day] <input type="checkbox"/> Discuss future introduction of solids, with emphasis on iron containing and allergenic foods ¹	<input type="checkbox"/> Breastfeeding ¹ – introduction of solids ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula feeding/preparation ¹ [750–1080 mL (25–36 oz)/day] <input type="checkbox"/> Iron containing foods (meat, wild game, fish, legumes, tofu, whole eggs, iron-fortified infant cereal) ¹ <input type="checkbox"/> Allergenic foods (especially eggs and peanut products) ¹ <input type="checkbox"/> Fruits, vegetables, and milk products (yogurt, cheese) <input type="checkbox"/> Avoid juice and food/beverages high in sugar or salt ¹ <input type="checkbox"/> Choking/Safe food ¹ <input type="checkbox"/> No honey ¹ <input type="checkbox"/> No bottles in bed <input type="checkbox"/> Inquire about vegetarian, vegan and other diets ¹
COMMENTS: _____	COMMENTS: _____	COMMENTS: _____

EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

Injury Prevention ¹ <input type="checkbox"/> Motorized vehicle safety/Car seat ¹ <input type="checkbox"/> Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ <input type="checkbox"/> Poisons/Ingestions ¹ ; PCCs ¹ <input type="checkbox"/> Firearm safety ¹ <input type="checkbox"/> Pacifier use ¹ <input type="checkbox"/> Hot water < 49°C/Bath safety ¹ <input type="checkbox"/> Electric plugs/Cords <input type="checkbox"/> Falls (stairs, change table, unstable furniture/TV, no walkers) ¹ <input type="checkbox"/> Carbon monoxide/Smoke detectors ¹ <input type="checkbox"/> Choking/Safe toys ¹	Family functioning & Behaviour issues ² <input type="checkbox"/> Healthy sleep habits ² /Night waking ² <input type="checkbox"/> Crying/Soothability/Colic ² <input type="checkbox"/> Parental fatigue/Depression ² <input type="checkbox"/> Family Stress/Inquire re: difficulty making ends meet or food insecurity ² <input type="checkbox"/> Parent-infant interaction/Parenting skills programs ² <input type="checkbox"/> Encourage reading, telling stories, singing to/with infant ² <input type="checkbox"/> Family healthy active living/Sedentary behaviour/Screen time ² <input type="checkbox"/> Child care ² /Return to work <input type="checkbox"/> Assess home visit need ²	Environmental Health ¹ <input type="checkbox"/> 2nd hand smoke/E-cigs/Cannabis exposure ¹ <input type="checkbox"/> Pesticide exposure ¹ <input type="checkbox"/> Sun exposure/Sunscreen/Insect repellent ¹ Other Issues ¹ <input type="checkbox"/> Supervised tummy time while awake ¹ <input type="checkbox"/> Teething ¹ /Dental cleaning/Fluoride ¹ <input type="checkbox"/> No OTC cough/cold medicine ¹ <input type="checkbox"/> Complementary/alternative medicine ¹ <input type="checkbox"/> Fever advice/Thermometers ¹
COMMENTS: _____	COMMENTS: _____	COMMENTS: _____

DEVELOPMENT² Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional. Tasks are set *after* the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.⁴ Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation.

<input type="checkbox"/> Lifts head up while lying on tummy <input type="checkbox"/> Follows movement with eyes <input type="checkbox"/> Turns head towards sounds <input type="checkbox"/> Smiles responsively <input type="checkbox"/> Can be comforted & calmed by touching/rocking <input type="checkbox"/> No parent/caregiver concern ²	<input type="checkbox"/> Lifts head and chest in prone position <input type="checkbox"/> Holds an object briefly when placed in hand <input type="checkbox"/> Follows a moving toy or person with eyes past midline <input type="checkbox"/> Responds to people with excitement (leg movement/panting/vocalizing) <input type="checkbox"/> Cries responsively <input type="checkbox"/> No parent/caregiver concern ²	<input type="checkbox"/> Rolls from back to side <input type="checkbox"/> Sits with support with head and neck control <input type="checkbox"/> Reaches/grasps objects with both hands/no hand preference <input type="checkbox"/> No persistent clenched/fisted hands <input type="checkbox"/> Hears sounds & laughs when spoken to <input type="checkbox"/> Vocalizes pleasure and displeasure with good eye contact <input type="checkbox"/> No parent/caregiver concern ²
COMMENTS: _____	COMMENTS: _____	COMMENTS: _____

PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

<input type="checkbox"/> Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral) ² <input type="checkbox"/> Fontanelles ² <input type="checkbox"/> Eyes/Red reflex ² <input type="checkbox"/> Neck/Torticollis ² <input type="checkbox"/> Heart/Lungs/Abdomen <input type="checkbox"/> Hips (Ortolani) ²	<input type="checkbox"/> Skin (stanchia) ² <input type="checkbox"/> Hearing inquiry/screening ² <input type="checkbox"/> Anterior fontanelle ² <input type="checkbox"/> Eyes/Red reflex ² <input type="checkbox"/> Neck/Torticollis ² <input type="checkbox"/> Heart/Lungs/Abdomen <input type="checkbox"/> Hips (limited hip abd'n) ² <input type="checkbox"/> Muscle tone ²	<input type="checkbox"/> Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral) ² <input type="checkbox"/> Anterior fontanelle ² <input type="checkbox"/> Eyes/Red reflex ² <input type="checkbox"/> Hearing inquiry/screening ² <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry ² <input type="checkbox"/> Teeth/Caries risk assessment ² <input type="checkbox"/> Heart/Lungs/Abdomen <input type="checkbox"/> Hips (limited hip abd'n) ² <input type="checkbox"/> Muscle tone ² /No head lag/Developmental reflexes gone ²
COMMENTS: _____	COMMENTS: _____	COMMENTS: _____

ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS⁴ E.g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

INVESTIGATIONS / SCREENING² AND IMMUNIZATION³ Record vaccines administered, address hesitancy and missing vaccines.⁴

COMMENTS: _____	COMMENTS: _____	<input type="checkbox"/> Anemia/iron deficiency screening (if at risk) ² <input type="checkbox"/> Inquire about risk factors for TB ² <input type="checkbox"/> Follow-up Hep B vaccine status as indicated ³
SIGNATURE _____	SIGNATURE _____	SIGNATURE _____

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italics type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other 2NOTES 3: Immunization 4NOTES 4: ECD Resource System and Table
Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support provided by the Government of Ontario for far use distribution, see www.rourkebabyrecord.ca

NAME: _____ Birth Day (d/m/yy): ____/____/20 M F
 Gestational Age: _____ cm Birth Length: _____ cm Birth Weight: _____ g Birth HC: _____ cm

9 MONTHS (OPTIONAL)	12-13 MONTHS	15 MONTHS (OPTIONAL)
DATE OF VISIT ____/____/20	DATE OF VISIT ____/____/20	DATE OF VISIT ____/____/20

GROWTH¹ use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation.

Length	Weight	Head Circ.	Length	Weight	Head Circ.	Length	Weight	Head Circ.

PARENT / CAREGIVER CONCERNS For each item discussed below, indicate "✓" for no concerns, or "X" if concerns.

NUTRITION¹

<ul style="list-style-type: none"> Breastfeeding¹/Vitamin D 400 IU/day¹ Formula feeding/preparation¹ 220-960 mL (24-32 oz)/day¹ Iron containing foods¹, Allergenic foods¹, fruits, vegetables Avoid juice and food/beverages high in sugar or salt¹ Promote open cup instead of bottle No bottles in bed At 9-12 mos, add 3.25% MF cow milk - max 500-720 mL (16-24 oz)/day Choking/Safe foods¹ Encourage change from bottle to cup Encure a variety of textures No honey¹ Independent/self-feeding/Family meals¹ Inquire about vegetarian, vegan and other diets¹ 	<ul style="list-style-type: none"> Breastfeeding¹/Vitamin D 400 IU/day¹ 3.25% MF cow milk - max 500-600 mL (16-20 oz)/day¹ Avoid juice and food/beverages high in sugar or salt¹ Choking/Safe foods¹ Promote open cup instead of bottle No bottles in bed Independent/self-feeding/Family meals¹ Eats family foods with a variety of textures. Inquire about vegetarian, vegan and other diets¹ 	<ul style="list-style-type: none"> Breastfeeding¹/Vitamin D 400 IU/day¹ 3.25% MF cow milk - max 500-600 mL (16-20 oz)/day¹ Avoid juice and food/beverages high in sugar or salt¹ Choking/Safe foods¹ Promote open cup instead of bottle No bottles in bed Independent/self-feeding/Family meals¹ Inquire about vegetarian, vegan and other diets¹
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EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

<p>Injury Prevention¹</p> <ul style="list-style-type: none"> Motorized vehicle safety/Car seat¹ Safe sleep (9 mos position, avoid bed sharing, crib safety)¹ Poisons/Ingestions (e.g. safe storage of cannabis)¹; PCCs¹ Firearm safety¹ Pacifier use¹ Bath safety¹/Barns¹ Carbon monoxide/Smoke detectors¹ <p>Childproofing, including:</p> <ul style="list-style-type: none"> Falls (stairs, change table, unstable furniture/TV, no walkers)¹ Electric plugs/Cords Choking/Safe toys¹ 	<p>Family Functioning & Behaviour Issues²</p> <ul style="list-style-type: none"> Healthy sleep habits²/Night waking² Crying/Soothability² Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² Parent-infant interaction/Parenting skills programs² Family healthy active living/Sedentary behaviour/Screen time² Child-care²/Return to work Assess home visit need² 	<p>Environmental Health¹</p> <ul style="list-style-type: none"> 2nd hand smoke/E-cigs/Cannabis exposure¹ Pesticide exposure¹ Sun exposure/Sunscreen/Insect repellent¹ <p>Other Issues¹</p> <ul style="list-style-type: none"> Toilet training¹/Dental cleaning/Fluoride/Dentist¹ Pesticide exposure¹ Sun exposure/Sunscreen/Insect repellent¹ Fever advice/Thermometer¹ Footwear¹
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DEVELOPMENT² Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional. Tasks are set **along** the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.⁴ Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB-Correct for age until 2 yrs if < 37 weeks gestation.

<ul style="list-style-type: none"> Stands with support when helped into standing position Sits without support Uses both hands/no hand preference Uses fingers to "rake" food toward self Bubbles repeated consonant sounds (e.g. babababa) Looks for an object seen hidden Plays social games with you (e.g. nose touching, peek-a-boo) Responds differently to different people Shows distress when separated from parent/caregiver No parent/caregiver concerns² 	<ul style="list-style-type: none"> Pulls to stand/walks holding on Crawls or "tunn" shuffles Uses both hands equally Uses fingers to rake food with thumb against side of curled index finger Bubbles a series of different sounds and occasional words Responds to own name Understands simple requests, (e.g. "Where is the ball?") Makes sounds/gestures with eye contact to get attention Follows your gaze to justify reference an object Seeks contact with caregiver and has stranger anxiety No parent/caregiver concerns² 	<ul style="list-style-type: none"> Stands up alone Walks sideways holding onto furniture Crawls up a few stairs/steps Uses mature pincer grasp with pads of thumb and index finger Turns pages in a board book Says 5 or more words (words do not have to be clear) Shows fear of strange people/places No parent/caregiver concerns²
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PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

<ul style="list-style-type: none"> Sentinel injuries (bruising, subconjunctival hemorrhages, intra-oral)² Anterior fontanelle² Eyes/Red reflex² Cornal light reflex/Cover-uncover test & inquiry² Tonsil size/Sleep-disordered breathing² Teeth/Caries risk assessment² Heart/Lungs/Abdomen Hips (limited hip abn²) Muscle tone² 	<ul style="list-style-type: none"> Anterior fontanelle² Eyes/Red reflex² Cornal light reflex/Cover-uncover test & inquiry² Tonsil size/Sleep-disordered breathing² Teeth/Caries risk assessment² Heart/Lungs/Abdomen Hips (limited hip abn²) Muscle tone² 	<ul style="list-style-type: none"> Anterior fontanelle² Eyes/Red reflex² Cornal light reflex/Cover-uncover test & inquiry² Tonsil size/Sleep-disordered breathing² Teeth/Caries risk assessment² Heart/Lungs/Abdomen Hips (limited hip abn²) Muscle tone²
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ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS⁴ E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

INVESTIGATIONS / SCREENING² AND IMMUNIZATION³ Record vaccines administered, address hesitancy and missing vaccines.⁴

If HBsAg positive mother check HBV antibodies and HBsAg² (at 9 or 12 months) Anemia/iron deficiency screening (if at risk)² Blood lead if at risk¹ COMMENTS: _____

SIGNATURE _____ SIGNATURE _____ SIGNATURE _____

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
 NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other. NOTES 2: Family, Behaviour, Development, P/E, Investigations. NOTES 3: Immunization. NOTES 4: ECD Resource System and Table
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NAME: _____ Birth Day (d/m/yy): ____/____/20 M F Gest Age: _____

18 MONTHS	2-3 YEARS	4-5 YEARS
DATE OF VISIT ____/____/20	DATE OF VISIT ____/____/20	DATE OF VISIT ____/____/20

GROWTH¹ use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation.

Length	Weight	Head Circ.	Height	Weight	Head Circ.	BMI	Height	Weight	BMI

PARENT / CAREGIVER CONCERNS For each item discussed below, indicate "✓" for no concerns, or "X" if concerns.

NUTRITION¹

<ul style="list-style-type: none"> Breastfeeding¹/Vitamin D 400 IU/day¹ 3.25% MF cow milk - max 500-600 mL (16-20 oz)/day¹ Avoid juice and food/beverages high in sugar or salt¹ No bottles Independent/self-feeding/Family meals¹ Inquire about vegetarian, vegan and other diets¹ 	<ul style="list-style-type: none"> Breastfeeding¹/Vitamin D 400 IU/day¹ 3.25% MF cow milk or unsweetened fortified soy beverage - max 500-600 mL (16-20 oz)/day¹ Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt¹ Canada's Food Guide/Family meals¹ Inquire about vegetarian, vegan and other diets¹ 	<ul style="list-style-type: none"> Cow's milk or unsweetened fortified soy beverage - max 500-600 mL (16-20 oz)/day¹ Choose healthy fats/Limit highly processed foods and foods/beverages with saturated fats, added sugars and salt¹ Canada's Food Guide/Family meals¹ Inquire about vegetarian, vegan and other diets¹
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EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

<p>Injury Prevention¹</p> <ul style="list-style-type: none"> Motorized vehicle safety/Car seat (child/booster)¹ Bike helmets¹ Firearm safety¹ Poisons/Ingestions (e.g. cannabis)¹; PCCs¹ Choking/Safe toys Falls (stairs, change table, unstable furniture/TV) Family Functioning & Behaviour Issues² Healthy sleep habits² Family Stress/Inquire re: difficulty making ends meet or food insecurity² Parent-child interaction/Parenting skills programs² Encourage reading, telling stories, singing to/with child² Family healthy active living/Sedentary behaviour/Screen time² Socializing/Peer play opportunities Assess child care/Preschool needs/School readiness² <p>Environmental Health¹</p> <ul style="list-style-type: none"> 2nd hand smoke/E-cigs/Cannabis exposure¹ Pesticide exposure¹ Sun exposure/Sunscreen/Insect repellent¹ <p>Other Issues¹</p> <ul style="list-style-type: none"> Dental care/Dentist¹ Toilet learning² 	<p>Family Functioning & Behaviour Issues²</p> <ul style="list-style-type: none"> Parental fatigue/Depression² Family Stress/Inquire re: difficulty making ends meet or food insecurity² Parent-child interaction/Parenting skills programs² Encourage reading, telling stories, singing to/with child² Family healthy active living/Sedentary behaviour/Screen time² Socializing/Peer play opportunities Assess child care/Preschool needs/School readiness² 	<ul style="list-style-type: none"> Carbon monoxide/Smoke detectors¹ Barns¹/Matches Falls (stairs, unstable furniture/TV, trampolines)¹ Water safety¹ No pacifiers¹
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DEVELOPMENT² Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional. Tasks are set **along** the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.⁴ Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB-Correct for age until 2 yrs if < 37 weeks gestation.

<ul style="list-style-type: none"> Walks alone Kicks a large ball Trips to run Puts objects into small container Removes hat/shoes without help Says 10 or more words (words do not have to be clear) Produces 4 consonants, (e.g. B D G H N W) Trips to get your attention to show you something Points to what he/she wants with alternating gaze with parent/caregiver Interested in other children Usually easy to soothe Child's behaviour is usually manageable Comes for comfort when distressed No parent/caregiver concerns² 	<p>2 years</p> <ul style="list-style-type: none"> Walks up stairs using handrail Twists lids off jars or turns knobs Turns pages one at a time Follows 2 step directions (e.g. "Pick up your shoes and put them in the closet") Uses sentences with 3 or more words Plays make-believe games with actions and words Listens to music or stories for 5-10 minutes Shares some of the time Starts to say emotions (e.g. happy, sad, mad) No parent/caregiver concerns² 	<p>3 years</p> <ul style="list-style-type: none"> Walks up/down stairs alternating feet Follows 3-part directions (e.g. "Point to your shoe, then stand up and clap your hands.") Asks and answers lots of questions (e.g. "What are you doing?") Trips to comfort someone who is upset No parent/caregiver concerns² Identifies problem & associated feeling No parent/caregiver concerns² 	<p>4 years</p> <ul style="list-style-type: none"> Follows 3-part directions (e.g. "Point to your shoe, then stand up and clap your hands.") Asks and answers lots of questions (e.g. "What are you doing?") Trips to comfort someone who is upset No parent/caregiver concerns² Identifies problem & associated feeling No parent/caregiver concerns² 	<p>5 years</p> <ul style="list-style-type: none"> Shows and catches a ball Runs on 1 foot several times Cuts with scissors/Good pencil grasp Dresses and undresses with little help Counts 6 objects to answer "How many are there?" Speaks clearly in adult-like sentences most of the time Retells the sequence of a story Cooperates with adult requests most of the time Separates easily from parent/caregiver Identifies problem & associated feeling No parent/caregiver concerns²
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PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

<ul style="list-style-type: none"> Anterior fontanelle closed² Eyes/Red reflex² Cornal light reflex/Cover-uncover test & inquiry² Tonsil size/Sleep-disordered breathing² Teeth/Caries risk assessment² Heart/Lungs/Abdomen 	<ul style="list-style-type: none"> Blood pressure if at risk² Tooth/Caries Risk² Eyes/Red reflex/Vital acuity² Hearing inquiry Cornal light reflex/Cover-uncover test & inquiry² Tonsil size/Sleep-disordered breathing² Heart/Lungs/Abdomen 	<ul style="list-style-type: none"> Blood pressure if at risk² Tooth/Caries Risk² Eyes/Red reflex/Vital acuity² Hearing inquiry Cornal light reflex/Cover-uncover test & inquiry² Tonsil size/Sleep-disordered breathing² Heart/Lungs/Abdomen
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ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS⁴ E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

INVESTIGATIONS / SCREENING² AND IMMUNIZATION³ Record vaccines administered, address hesitancy and missing vaccines.⁴

Anemia/iron deficiency screening (if at risk)² Blood lead if at risk¹ COMMENTS: _____

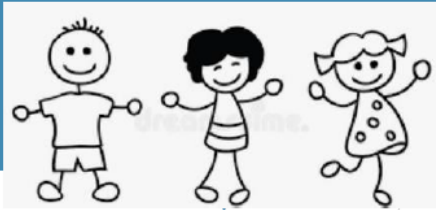
SIGNATURE _____ SIGNATURE _____ SIGNATURE _____

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
 NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other. NOTES 2: Family, Behaviour, Development, P/E, Investigations. NOTES 3: Immunization. NOTES 4: ECD Resource System and Table
 Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support provided by the Government of Ontario for its use authorization, see www.rourkebabyrecord.ca

What's New?

New: Grade 6 + 9 School Immunization PowerPoints

Grade 6: HPV + HBV
Immunization Program



Grade 9: Tdap + Meningococcal
Immunization Program



New: Grade 6 + 9 School Immunization PowerPoints

- Developed Summer 2024, available on OneHealth (CDC Page)
- Presenter: School Nurse and Target Audience: Grade 6 and 9 students
- For schools nurses to share with their students at the start of the school immunization program
- Standardizes immunization information being shared by nurses in First Nation schools across the province
- Provide an overview of:
 - Immune system function
 - Vaccines offered to target grades
 - Diseases protected against
 - How students can prepare for immunization day
 - Student consent form process
- 'Student Consent Form for Immunization in the School Setting' is available on OneHealth (CDC Page)

Found on the OneHealth Portal

ALBERTA / NWT - FIRST NATIONS
HEALTH PORTAL
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Friday, November 15, 2024

Home Alberta Region Community Health Promotion Privacy Compliance **Nursing** Nutrition WebMail Health Emergency Management

New - * Attention all OneHealth Email Users * Please Note on July 17, 2024 OneHealth email account holders. It is imperative that we receive your feedback to the email please do so at your earliest convenience. **Soon OneHealth will be updated.** If you have yet to respond please email ella@sec-isc.gc.ca to all. **Stay tuned..**

Navigation: Nursing Communicable Disease Control CDC Forms and Education

Forms

Vaccine Depot

- [AVI New User Form \(2017-01\)](#)
- [Vaccine Ordering Process - January 30, 2018](#)
- [Training Guide for Vaccine Ordering](#)
 - [AVI Vaccine Ordering & Management Presentation](#) with speaker notes
 - [Jumbo Slide Presentation](#) - with speaker notes
 - [AVI PowerPoint Presentation](#) - 3 Slides to a page
- [Reactivating Inactive Lot Numbers - Quick Reference Guide](#)

Navigation Menu:

- Home
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Dropdown for 'Nursing':

- Communicable Disease Control
- Immunization
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- Notifiable Diseases
- Pharmacological Screening
- STBBS Prevention Program
- Tuberculosis
- CDC Forms and Education
- CDC Contact Information

anju.singh LOGOUT

Click open and scroll down to find

School Immunization

- [School Consent Form](#)
- [Aftercare Sheet- Adolescent](#)
- [Aftercare Sheet - Child](#)
- [Grade 6 Immunization PPT for Students](#)
- [Grade 9 Immunization PPT for Students](#)

Vaccines: A FINCH Video for Expectant Parents

- In partnership with Maskwacis Health Center and AiMM (applied immunization research to inform best practice), the First Nations Childhood Immunization (FINCH) project created a short video in 2023: [Vaccines: A Finch video for expectant parents](#)
- The video addresses vaccine hesitancy in First Nation communities and opens with an introduction in the 'Cree' language
- Answers common question First Nation parents may have:
 - Are vaccines safe?
 - Why does my child need vaccines?
 - How serious are the side effects?
 - What happens at a clinic visit?
 - How do vaccines work?
- Nurses can use this video as a resource with the families they see in clinic



New: PHN Orientation Guide Community Postpartum Program (0 – 2 months)

- Developed Fall 2024, available on OneHealth
- Step-by-step guide designed to support new nurse orientation to **'community postpartum'** practice
- There is a 'full guide' as well as a 'summary sheet' available to nurses
- Composed of 4 key steps (see next slide for details)
 - Step 1:** Independent study and review
 - Step 2:** Education session with a FNIHB PH Nurse Advisor
 - Step 3:** Orientation with a CHN working 'community postpartum' clinic
 - Step 4:** Final follow-up with a Nurse Advisor

Public Health Nurse Orientation – Community Postpartum Clinic (0-2 months) Summary Sheet (FNIHB-AB)

<p style="text-align: center;">STEP 1: Independent Study and Review</p> <p>New nurses are recommended to review and/or complete the following materials:</p> <ul style="list-style-type: none"> ➢ AHS Public Health Nursing, Maternal/Newborn Practice Manual (0-2 months) ➢ Alberta Jaundice Guideline ➢ Weight Velocity in Healthy Infants ➢ Alberta Newborn Screening Program (ANSP): https://www.albertahealthservices.ca/services/newbornscreening.aspx ➢ The 20h Breastfeeding Course: https://www.albertahealthservices.ca/info/Page16993.aspx ➢ Postpartum Depression: https://www.albertahealthservices.ca/services/page15072.aspx ➢ Alberta Pregnancy Pathways: https://www.albertahealthservices.ca/scns/Page13655.aspx ➢ Modules on the 'MyAbsorb Primary Health Care Learning Portal' ➢ FNIHB-AB 'Community Postpartum Nursing Workbook' <p><i>Note: Learning pace varies on in individual learning styles/needs, however, these materials can typically be completed within 1-2 months</i></p> <p style="text-align: right;"><i>Time to complete: 1-2 months</i></p>	<p style="text-align: center;">STEP 2: Online Education with a Nurse Advisor</p> <p>New nurses will complete an online education session with a FNIHB Nurse Advisor to review:</p> <ul style="list-style-type: none"> ➢ The OneHealth Portal: https://www.onehealth.ca/ab/ ➢ Rourke Baby Record and Newborn Assessment: www.rourkebabyrecord.ca ➢ Healthy Parents and Healthy Children: www.healthyparentshealthychildren.ca ➢ Alberta Newborn Screening Program (ANSP) ➢ Alberta Infant 'Notice of Birth' (NOB) ➢ Infant Feeding (breastfeeding and/or formula) ➢ Perinatal Mental Health (Postpartum Depression) ➢ Hyperbilirubinemia (Jaundice) ➢ CHIP, Netcare, and electronic charting expectations ➢ The FNIHB-AB 'Community Postpartum Nursing Workbook' ➢ The 'New Nurse Checklist: Postpartum Assessment Skills' <p style="text-align: right;"><i>Time to complete: 22.5-37.5h</i></p>
<p style="text-align: center;">STEP 3: Orientation with a CHN to Postpartum Clinic</p> <p>Community Postpartum Nursing is a specialized area and content is comprehensive. For practical experience, orientation with a CHN in your community is important.</p> <p>Connect with your manager to organize 3 to 5 orientation shifts with a CHN doing community postpartum clinic (note: this timeframe can vary depending on previous nursing experience and/or individual learning needs)</p> <p>New nurses are asked to complete the 'New Nurse Checklist: Postpartum Assessment Skills' with their CHN and orientate to:</p> <ul style="list-style-type: none"> ➢ 2-5 initial maternal – newborn assessments ➢ 1-2 follow-up maternal – newborn assessments <p><i>Note: if you require support finding a postpartum CHN to orientate with, please contact Public Health Nursing Team</i></p> <p style="text-align: right;"><i>Time to complete: 22.5-37.5h</i></p>	<p style="text-align: center;">STEP 4: Final Follow-up with a FNIHB Nurse Advisor</p> <p>After orientation with a CHN is complete, organize a follow up session with a your FNIHB Nurse Advisor to review:</p> <ul style="list-style-type: none"> ➢ Your 'New Nurse Checklist: Postpartum Assessment Skills' ➢ Personal learning goals and/or areas for development ➢ Any practice related questions/inquiries <p>For ongoing public health nursing education support, please contact us at: santepubliquespnabiab-publichealthfnihbab@sac-isc.gc.ca</p> <p style="text-align: right;"><i>Time to complete: as needed</i></p>

**for full orientation details refer to the 'PHN Orientation Guide: Community Postpartum Nursing Program (0-2 months)'*



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

New Checklist: 'What does a Well Child Clinic Orientation Nurse Do?'

What does a Well Child Clinic 'Orientation Nurse' do?



- o Welcomes the new nurse and Introduces them to clinic staff
- o Provides a tour of the community health center
- o Reviews daily clinic responsibilities (i.e. shift times, clinic hours, break schedules, fridge/temp checks, administrative duties, chart room, keys, etc.)
**daily clinic responsibilities are unique to each health center*
- o Role models cultural awareness and sensitivity for First Nation communities
- o Supports and guides the new nurse to becoming a successful CHN:
 - Creates a positive learning environment
 - Encourages curiosity, questions, and critical thinking
 - Collaborates and empowers
- o Orientates the new nurse to immunization & well child clinic by reviewing:
 - The 2, 4, 6, 12, 18 month, and preschool visits
 - Head to toe assessments (2 month – preschool age)
 - Age appropriate health promotion messages
 - Local community resources and important referral pathways
- o Orientates the new nurse to the school immunization program by reviewing:
 - Grade 6 + 9 immunizations and the consent process
 - Age appropriate health promotion messages
 - School health promotion initiatives unique to *their* community
- o Provides feedback that is direct, constructive, and objective:
 - Focuses on nursing strengths
 - Suggests areas for development
 - Avoids critiques
- o Engage in 'Watch One, Do One' model of training (use the 'New Nurse Checklists', on page 2, to facilitate the new nurses learning)
 - Step 1: Have the new nurse watch you complete clinic visits
 - Step 2: Have the new nurse complete clinic visits while you watch
 - Step 3: Provide feedback + direction
 - Step 4: Gradually have the new nurse complete all clinic visits, under your supervision (the nurse is now ready for formal sign off with a Nurse Advisor)

**Note: Immunizations completed with a CHN during orientation do not count towards the formal sign off requirements that are completed with a Nurse Advisor*

- Developed Fall 2024

- Available on OneHealth

- Designed to support CHNs who are orientating 'new nurses' to Well Child and Immunization clinic at their community health center

New: 'New Nurse Checklists'

- Available on OneHealth
- 3 'New Nurse Checklists' developed Fall 2024:
 - Immunization Skills Checklist
 - Well Child Assessment Skills Checklist
 - Postpartum Assessment Skills Checklist
- Designed for ***new nurses*** to use as a tool to facilitate their learning during orientation with a CHN in the community
 - Note: these checklists are **not** formal documents and do not need to be submitted for review (*they are for learning purposes only*). Except for the 'Postpartum Assessment Skills', which will be reviewed with a Nurse Advisor

New Nurse Checklist: Immunization Skills

NOTE: this checklist is designed for new nurses to use as a tool to facilitate their learning during orientation. This is **not** a formal document and does not need to be submitted for review. If you choose, you can share with the Nurse Advisor and/or manager.

General Clinical Skills	
Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations	
Navigates, interprets, and understands the EMR (i.e. Netcare and CHIP)	
Navigates, interprets, and understands the Immunization Program Standards Manual (IPSM) online	
Understands FNIHB-AB policy/procedure/protocol for immunization service delivery	
Understands the complexity of infant, child, school-age, and adult immunization schedules	
Understands the reporting process, documentation, and management of vaccine administration error	
Understands the CDC consultation process during/after work hours	
Understands the difference between publically funded vs. for purchase/prescription vaccine delivery	
Demonstrates the 3 moments of correct hand hygiene technique during a visit	
Anaphylaxis Preparation	
Completes anaphylaxis education and describes the emergency response in the event of an anaphylaxis	
Ensures anaphylaxis procedure is posted in the area where immunizations are administered	
Identifies location of anaphylaxis kit and places it where it is readily available	
Checks the expiry date of drugs/equipment in the anaphylaxis kit	
Demonstrates understanding of the CDC reporting process in the event of an adverse event/anaphylaxis	
Pre-Vaccine Administration	
Introduces self and designation to the client and/or parent or guardian	
Verifies 'right client' using 2 personal identifiers (i.e. name, DOB, or healthcare #) and compares it against the EMR	
Identifies any language/literacy barriers and makes appropriate accommodations (i.e. an interpreter)	
Asks about previous immunization experiences, supports wellness goals, and explains the purpose of the visit	
Reviews the immune system process, the vaccines the client is due for, and the recommended schedule	
Reviews the vaccine preventable diseases	
Reviews the vaccine benefits, common side effects, and any rare side effects	
Reviews the aftercare sheet and AB Health Link (811)	
Provides opportunity for questions, concerns, or inquiries	
Completes a 'Fit to Immunize' assessment	
Obtains informed consent from the client or parent/guardian for minors	
Understands the 'mature minor' informed consent process and when to apply it	
Reviews the '15 minutes' post-immunization wait and explains the rationale ('30 minutes' if any anaphylaxis symptoms)	
During Vaccine Administration	
Explains the immunization administration procedure to the client and/or parent/guardian	
Maintains a 'clean' vaccine preparation area	
Confirms right biological 'product', 'dose', 'route'/'site', and 'expiry date' 3x before administration	
Selects appropriate syringe and needle gauge and length	
Demonstrates understanding of appropriate site rotation where multiple injections are indicated	

New Nurse Checklist: Well Child Assessment (2-59 months)

NOTE: this checklist is designed for new nurses to use as a tool to facilitate their learning during orientation. This is **not** a formal document and does not need to be submitted for review. If you choose, you can share with the Nurse Advisor and/or manager.

Well Child Assessment Area	2 month	4 month	6 month	12 month	18 month	4-6 years	Adult
Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations							
Application of Client/Family Centered Care Principles <ul style="list-style-type: none"> - Asks how previous appointments went - Addresses any concerns/questions they have - Explains the purpose of the visit 							
Growth Measurements <ul style="list-style-type: none"> - Weight - Height - Head Circumference - Plot growth chart and reviews percentiles/trends 							
Head to Toe Physical Assessment <ul style="list-style-type: none"> - Head (fontanelles, sutures, eyes, ears, nose, mouth) - Facial/Developmental features (i.e. FASD screening) - Hands/Feet (i.e. extra digits, webbing, etc.) - Abdomen (i.e. masses, hernias, etc.) - Genitals/Anus/Sacrum (i.e. diaper rashes, sacral dimple, etc.) - Integument (i.e. Mongolian spots, rashes, etc.) 							
Auscultation <ul style="list-style-type: none"> - Heart, lung, and bowel sounds 							
Infant Reflexes <ul style="list-style-type: none"> - Moro/Startle - Root/Suck - Tonic neck/Archer - Grasp - Step - Babinski/Foot 							
General Development Assessment (age appropriate- roll, crawl, walk, etc.)							
Nutrition/Feeding Assessment (i.e. BF, formula, solids)							
Vitamin D intake Recommendations (i.e. 400 IUs daily)							
Safe Infant Sleep and SIDS prevention <ul style="list-style-type: none"> - Separate sleep space for infant (i.e. crib/basinet) - Harm reduction: back to sleep, no pillows, etc. 							
Oral Health (i.e. gums, teething, fluoride, caries, etc.)							
Vision (i.e. strabismus, annual check-ups, etc.)							
Car Seat Safety (i.e. rear vs. forward vs. booster)							
Speech Assessment + Literacy Promotion (i.e. babbles/coos, # of words, reading, etc.)							
Injury Prevention Messaging (i.e. age appropriate - shaken baby, falls, poisoning, drowning, choking, etc.)							
Smoking/Tobacco Assessment <ul style="list-style-type: none"> - Are there any smokers in the household? - Harm reduction: home/car smoke free, 2nd/3rd hand smoke, AB quits information 							

Ex: New Nurse Checklists

New Nurse Checklist: Community Postpartum Skills (0 - 2 months)

NOTE: this checklist is designed for new nurses to use as a tool to facilitate their learning during orientation and can be reviewed with the FNIHB Nurse Advisor upon completion (refer to 'PHN Orientation Guide: Community Postpartum Program' for details)

GENERAL CLINICAL ASSESSMENT SKILLS	
Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations	
Introduces self and designation to the client	
Verifies 'right client' using 2 unique personal identifiers (i.e. name, DOB, or AB Healthcare #) and compares it against the EMR	
Identifies any language/literacy barriers and makes appropriate accommodations (i.e. an interpreter)	
Application of client/family centered care (answers questions, supports wellness goals, and explains visit purpose)	
Navigates, interpret, and understand the EMR (i.e. CHIP and Netcare)	
Navigates, interpret, and understand the Notice of Birth (NOB)	
Understands FNIHB-AB policy/procedure/protocol for community postpartum service delivery	
Understands the complexity of the postpartum parent and newborn assessment	
Demonstrates correct hand hygiene technique and follows clean principles in patient contact and waste disposal	
MATERNAL ASSESSMENT SKILLS	
Physical Assessment	
Review Notice of Birth (NOB)	
- Gravida/Para	
- RH Factor	
- Type of Delivery (vaginal vs. cesarean)	
- Hours Postpartum (i.e. <24h, 24-48h, 48-72h, or >72h)	
- Complications/Illness (i.e. gestational diabetes, preeclampsia, GBS, blood transfusions, etc.)	
- Mental Health (history of perinatal mood disorders)	
- Communicable Disease Assessment (Hep B/C, HIV, Syphilis, etc.)	
- Medications/Allergies	
- Gestational Diabetes (do blood sugars if applicable)	

All New Nurse Orientation Materials are on OneHealth

ALBERTA / NWT - FIRST NATIONS
HEALTH PORTAL
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Thursday, November 21, 2024

RESOURCE FINDER

Home Alberta Region Community Health Promotion Privacy Compliance Communicable Disease Control **Nursing** Nutrition WebMail

Home

New - * Attention all OneHealth Email Users * Please Note on July 17, 2024 an email was sent from Sil OneHealth email account holders. It is imperative that we receive your feedback and responses to the respond to the email please do so at your earliest convenience. **Soon OneHealth will be receiving a N**

Quick Icons

Community Health Nursing Forms

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Community Health Nursing

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Nursing Manuals, Policies & Guidelines

Nursing Education Resources

Home Care Nursing

Community Health Nursing

Click page open

PHN Orientation Guides

- [Immunization & Well Child Program \(2 – 59 months\) Guide](#)
- [Immunization & Well Child Program \(2 – 59 months\) Summary Sheet](#)

Nurse Advisor Competency Assessments

- [Part B-RN Immunization Competency Assessment](#)
- [Part B-LPN Immunization Competency Assessment](#)
- [Part B-Adult Only Immunization Competency Assessment](#)
- [Part C-Well Child Skills Assessment \(RN only\)](#)

Supporting Documents

- [Role of a Well Child Clinic Orientation Nurse](#)
- [New Nurse Checklist-Immunization Skills](#)
- [New Nurse Checklist-Well Child Clinic Skills](#)
- [New Nurse Checklist-Community Postpartum Skills](#)

Education Resources

What's Next?

- Upcoming Telehealth Sessions:
 - Breastfeeding Basics
 - Head Lice and Treatment
 - Well Child Nutrition
- Resource List for School Nurses
- Public Health Newsletter (quarterly, next ed. Winter 2025)
- What do you want to Learn? Send us your ideas!



Email us: santepubliquespniab-publichealthfnihbab@sac-isc.gc.ca