GARDNER
Packard Children's Health Center

CLINIC VISITS • PROGRESS NOTE NEWBORN VISIT

Medical Record Number

Patient Name

Addressograph or Label

Date: _____

IDENTIFICATION:

ACCOMPANIED BY: ❑ Mom ❑ Dad ❑ Other_____

BIRTH HISTORY:

GA: _____ weeks Delivery: ❑ Vaginal ❑ C/S

Maternal Hx: _____year old G____ T____ P____ A____ L ____

Blood type _____ Ab screen: _____

TB screening _____

Labs: ❑ All Normal ❑ Normal Except _____

Pregnancy or delivery complications:

CONCERNS:

NUTRITION:

❑ Breast Feeding _____ min per side every _____ hours

❑ Pumping every _____ hours

❑ Formula type: _____ Amount: _____ mL every _____ hours

❑ Problems _____

ELIMINATION:

❑ Soft stools _____ per day color: _____

❑ Wet diapers _____ per day

SLEEP: Location_____ Position_____

FAMILY STRUCTURE, PRIMARY CARETAKER(S)

Source of social/emotional support: _____

Community resources (e.g., Pre-to-3) _____

SOCIAL/ENVIRONMENTAL SCREENING - Check if discussed and negative

- ❑ Food insecurity: In the past year, have you run out of food before you could buy more - or worried about running out of food?
- ❑ Housing insecurity: (positive if any one of the following are true)
  - Moved more than once in past year
  - >2 people/bedroom
  - >1 family/home
- ❑ Domestic violence: In the past year, have you felt afraid of your partner?
- ❑ Guns: Are there guns in your home?
- ❑ Tobacco: Does anyone smoke where you live?

FAMILY HISTORY:

Unexplained infant/childhood deaths	❑ Y ❑ N
Immunosuppressed family members	❑ Y ❑ N
Atopy:	❑ Y ❑ N
TB: disease, treatment or positive test	❑ Y ❑ N
Significant illnesses:	❑ Y ❑ N

PRIMARY LANGUAGE:

_____

❑ Interpreter used

❑ Provider speaks language

Birth Weight: _____ g _____ %

D/C Weight: _____ g

D/C date: _____

Today's weight: _____ g

Change from birthwt: _____%

OFC: _____ cm _____%

Length: _____ cm _____%

Newborn Screen: ❑ Pending

ALGO: ❑ Passed L R

❑ Referred L R

24 hour Bili: _____mg/dl

Bhutani Risk zone: _____

Meds: ❑ None

Allergies: ❑ None known

Immunizations: ❑ None ❑ Hep B#1

Development:

❑ Startles

❑ Regards face

❑ Tracks 90 degrees

❑ Symmetrical movements

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PHYSICAL EXAM:	Check √ if Normal OR Describe if Abnormal	
Vital Signs	Temp HR RR	
General:	❑ alert, pink, well appearing	
Skin:	❑ no jaundice, rashes or lesions	
HEENT:	❑ AFOSF, bilateral RR, intact palate, no ear pits/tags	
Neck:	❑ supple, no torticollis or lymphadenopathy	
CV:	❑ RRR, no murmurs, normal S1, S2, femoral pulses	
Chest:	❑ clear, no grunting/flaring/retractions	
Abdomen:	❑ soft, no HSM or masses, umbilical stump clean/dry	
GU:	❑ normal male/female, testes descended, no hypospadius	
Back:	❑ intact spine, no sacral dimple/pit	
Ext/Hips:	❑ well perfused, stable hips, intact clavicles	
Neuro:	❑ normal Moro, grasp, suck, tone	

ASSESSMENT:

❑ Well Child _____days old ❑ Feeding Well ❑ No Jaundice
❑ Jaundice
❑ _____
❑ _____

EDINBURGH POSTPARTUM DEPRESSION SCREEN: Score _____

❑ Score 0-8: No action needed
❑ Score 9-12: Establish plan for follow up, refer to community resources
❑ Score ≥ 13: Refer for further assessment, treatment

❑ If ≥1 on item 10: Establish safety plan and place copy in chart

PLAN:

❑ Continue frequent feedings
❑ Anticipatory Guidance
❑ Lactation consult ❑ Breast pump Rx
❑ Total Serum Bilirubin ❑ Direct Bilirubin ❑ Blood Type/Coombs ❑TC bili _____
❑ Vitamin D supplementation if breastfeeding or partially breastfeeding

RETURN TO CARE:

❑ Return in _____ days to recheck _____
❑ Return to clinic in 6-8 weeks for exam and vaccines
❑ Return sooner for fever > 100.4, poor feeding, poor urination, or acting sick

DATE	**SIGNATURE:**
	PRINT Name:
	SEEN WITH (Attending)