

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

**UNDER 1 MONTH**

**NURSING INTAKE**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ H.C.: \_\_\_\_\_ Temp.: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Resp.: \_\_\_\_\_

Allergies: \_\_\_\_\_ Growth Charts Completed: [ ]

Abuse: \_\_\_\_\_ Notes: \_\_\_\_\_

Alternate health care provider? \_\_\_\_\_ MA Signature \_\_\_\_\_

**BIRTH HISTORY G \_\_\_\_ P \_\_\_\_**

Pregnancy complications: \_\_\_\_\_

Birth weight: Lb. \_\_\_\_\_ Oz. \_\_\_\_\_ Apgar \_\_\_\_\_

Perinatal complications: \_\_\_\_\_

Family hx of childhood hearing impairment: \_\_\_\_\_

Vag/C-Section \_\_\_\_\_

Hep B given in hospital? \_\_\_\_\_ Date: \_\_\_\_\_

Immunization Registry done at hospital? [ ] Yes [ ] No

**INTERVAL HISTORY**

Feedings: Breastfeed or Bottle \_\_\_\_\_ Has WIC: Yes / No

Stools: \_\_\_\_\_ TB Risk: Yes / No

Cord: \_\_\_\_\_

Circumcision: \_\_\_\_\_

Infant sleeping position: \_\_\_\_\_

Exposure to tobacco smoke: \_\_\_\_\_

Is mother getting enough sleep? \_\_\_\_\_

**PARENTAL CONCERNS:**

**GROWTH-DEVELOPMENT**

[ ] Prone, lifts head briefly

[ ] Moro reflex

[ ] Turns head side to side

[ ] Blinks at bright light

[ ] Responds to sound

**PHYSICAL EXAMINATION**

General Appearance [ ] Well nourished and developed

[ ] No abuse/neglect evident

Head [ ] Symmetrical, A.F. open \_\_\_\_\_ cm

Eyes [ ] Conjunctivae, sclerae, pupils normal

[ ] Red reflexes present

[ ] Appears to see [ ] No strabismus

Ears [ ] Canals clear, TMs normal

[ ] Appears to hear

Nose [ ] Passages patent

Mouth & pharynx [ ] Normal color, no lesions.

Neck [ ] Supple, no masses palpated

Heart [ ] No murmurs, regular rhythm

Lungs [ ] Breath sounds normal bilaterally

Abdomen [ ] Soft, no masses, liver & spleen normal

Genitalia: Male [ ] Normal appearance, circ./uncirc.

[ ] Testes in scrotum

Female [ ] No lesions, nl. external appearances

Hips [ ] Good abduction

Femoral pulses [ ] Present and equal

Extremities [ ] No deformities, full ROM

Skin [ ] Clear, no significant lesions

Neurologic [ ] Alert, moves extremities well

**ASSESSMENT:**

**PLAN:**

**ORDERS:** [ ] Hep B

[ ] WIC Referral given

[ ] Obtain newborn hospital records and newborn screen

[ ] Newborn Metabolic Screen (if not previously done)

**ANTICIPATORY GUIDANCE: Circle if discussed**

Diet: Breast vs. formula feeding, burping, no other p.o. intake, no bottle recumbent, WIC

Behavior: Feeding, sleeping, crying, hiccups, stools, sneezing

Injury & Violence prevention: Falls, ability to roll, smoke detector, burns from hot liquids, lead, poisoning prevention phone number, locked cleaning supplies and medications, gun safety.

Guidance: Spoiling, sibling relationships, diaper rash, circ. care, cord care, suctioning, protection from infection, tooth care, pacifier, smoking at home, stimulating with hanging objects and bright colors, thermometer use, call MD for fever, sun screen.

Infant car seat, crib safety, infant sleeping position.

[ ] Refer to appropriate agency.

Does mother have a post-partum visit between 4 to 8 weeks? Yes/No

Next appointment [ ] 1 months or \_\_\_\_\_ MD Signature \_\_\_\_\_ Date \_\_\_\_\_