

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

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

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

**1, 2 MONTHS**

**NURSING INTAKE**

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

Allergies: \_\_\_\_\_ Growth Charts Completed: \_\_\_\_\_

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

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

**INTERVAL HISTORY**

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

Illnesses: \_\_\_\_\_ Sleep position: \_\_\_\_\_ TB Risk Yes / No

Stools: \_\_\_\_\_ Accidents: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Exposure to tobacco smoke: \_\_\_\_\_

Is mother getting enough sleep? Yes/ No

**GROWTH-DEVELOPMENT**

[ ] Prone, lifts head 45° [ ] Follows past midline

[ ] Vocalizes (cooing) [ ] Kicks

[ ] Smiles responsively (social) [ ] Grasps

**PARENTAL CONCERNS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION**

General Appearance [ ] Well nourished and developed [ ] Heart [ ] No murmurs, regular rhythm

[ ] No abuse/neglect evident [ ] Lungs [ ] Breath sounds normal bilaterally

Head [ ] Symmetrical, A.F. open \_\_\_\_\_ cm [ ] Abdomen [ ] Soft, no masses, liver & spleen normal

Eyes [ ] Conjunctivae, sclera, pupils normal [ ] Genitalia: Male [ ] Normal appearance, circ./uncirc.

[ ] Red reflexes present [ ] Testes in scrotum

[ ] Appears to see [ ] No strabismus [ ] Female [ ] No lesions, nl. external appearances

Ears [ ] Canals clear, TMs normal [ ] Hips [ ] Good abduction, leg lengths equal

[ ] Appears to hear [ ] Femoral pulses [ ] Present and equal

Nose [ ] Passages patent [ ] Extremities [ ] No deformities, full ROM

Mouth & pharynx [ ] Normal color, no lesions. [ ] Skin [ ] Clear, no significant lesions

Neck [ ] Supple, no masses palpated [ ] Neurologic [ ] Alert, moves extremities well

**ASSESSMENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLAN:**

\_\_\_\_\_

\_\_\_\_\_

**ORDERS:** [ ] Vaccine reactions, risks and follow-up explained/VIS sheets

[ ] DTaP [ ] HIB [ ] HEP B

[ ] Nutritional assessment [ ] WIC referral [ ] Immunization registry entry

[ ] Rotavirus [ ] IPV [ ] Prevnar

**ANTICIPATORY GUIDANCE: Circle if discussed**

Diet: Breast vs. formula feeding, no milk or honey till 1 y/o, no bottle recumbent, feeding position, colic, WIC

Behavior: Crying, thumb sucking, no discipline yet

Injury & Violence prevention: Rolling, playpen use, burns from hot liquids, lead poisoning prevention phone number

Guidance: Fever, acetaminophen dose, hot water temp. 120°, smoking at home, sleeping position

Safety Precautions: Infant car seat, water safety, falls and window guards, nursery equipment, no smoking, thermometer use, childcare plan, looked cleaning supplies, pool safety, locked gun.

Infant care (bathing, skin, clothing), emergency care plan, no aspirin use, family spacing, sibling & family relationships, sun screen.

[ ] Refer to appropriate agency.

Next appointment [ ] 2 months or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_