



**Informant/Relationship**

**Vitals**

Weight  lbs  oz

Length  in

 More

**Parental Concerns/HPI**

**History/Review**

\*Birth Weight

\*Discharge Weight / Date of Discharge

\*Term or Preterm (Weeks EGA)?

\*Vaginal Delivery or C-section?

\*Newborn Hearing results (pass/fail/records unavailable)



- \*Discharge bilirubin  
notes
- \*Bowel Movements per day (number and consistency)  
notes
- \*Number of wet diapers a day  
notes
- \*Synagis candidate? (State reason)  
notes
- add item  
notes

**Nutrition**

Select All

- \*Breast Milk (Min per fdg, Hrs between fdgs, Feedings per 24 hrs)  
notes
- \*Mother's Milk In (yes or no)  
notes
- \*Formula (Type, Oz per fdg, Hrs between fdgs)  
notes
- add item  
notes

**Problem List (Medical Summary)**

Display: All Statuses

Edit



Status	Problem	Problem Note	Onset	Resolved

**Past, Social, Family History**

Past History

notes

Social History

notes

Family History

notes

**Family History (Medical Summary)** No Saved Notes

**Edit**

**Review of Systems**

Make All: **Pos** **Neg** **N/A**

Pos Neg N/A

General

notes

Sleep

notes



History and ROS as above

add item

**Physical Exam**

Make All:

A N N/E

General Appearance

Head/Fontanelle

Eyes: (red reflex)

Nose

Oropharynx

Neck

Chest

Lungs



notes

A N N/E

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurologic

notes

Extremities/Hips

notes

Skin

notes

add item

notes

**Assessment**

**Diagnoses**

add diagnosis

notes

**Plan**

Select All



- Annual Well Visit / (Other Follow-up as noted.)
- Counseling re: Latch, Positioning, Frequency of Breastfeeding, Stimulation (min., total time)
- add item

**Medication Review**

- 
- Assessed patient or guardians understanding of adherence to medications
  - Provided information to patient or guardian (written or verbal) about new prescriptions
  - add item

**Followup**

two weeks and two months checkups

**Lab**

Newborn Metabolic Screen

**Medical Procedure**

Finger/heel prick

**Immunizations**

Immunization History



	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

▼

**Referral**

**Navigational Anchors in Newborn (Less than 7 Day) CARY**

- 1. Concerns/HPI
- 2. History
- 3. Nutrition
- 4. Review of Systems
- 5. Physical Exam
- 6. Diagnoses
- 7. Plan
- 8. Lab
- 9. Immunizations