



Intake

Informant/Relationship

Concerns or Questions

Birth History (Medical Summary) No Saved Notes

Edit

Hospital/Birth

Term? If no, # of weeks.

Birth weight

Discharge weight

Delivery type(if C/S, indicate reason)

Apgar Score

Maternal Hepatitis B (Pos, Neg or Unknown)

Maternal Group B Strep

Maternal Blood Type



Infant Blood Type

Direct Coombs

Newborn Hearing screening done and NL?

Bilirubin Screening (Blank if none; Transcutaneous and Serum if done)

Hep B vaccine (date)

History

Select All

- Prenatal history and hospital course reviewed

- add item

Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

Allergies (Medical Summary)

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved



Medical History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Social/Family History

Select All

Family Situation

notes

Parent adjustment to new child

notes

Maternal depression

notes

Reaction of siblings to new child

notes

Work plans

notes



- Child care plans
notes
- Elimination
notes
- Sleep
notes
- Behavior
notes
- Tummy time
notes
- add item
notes

Nutrition

- Select All**
- Breast
notes
 - Formula
notes
 - Vitamins
notes
 - add item
notes



Development

Make All:

Yes No N/A

- Social-Emotional (Eats well)
- Cognitive (Follows your face)
- Communicative (Turns and calms to your voice)
- Physical Development (Can suck, swallow and breathe easily)
-

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
- Newborn Transition (Back to sleep, Daily routines, Calming Techniques)
- Newborn Care (Emergency preparedness plan, Frequent hand washing, Avoid direct sun exposure, Expect 6-8 wet diapers/day)



Nutritional Adequacy (Breastfeeding, (vitamin D supplement), Iron-fortified formula (if not breastfed), No solid foods, No honey)

notes

Parental Well-Being (Baby blues, Accept help, Sleep when baby sleeps, Unwanted advice)

notes

Safety (Car safety seat, Smoke-free environment, No shaking, Burns (Water heater), Smoke detectors, Crib safety)

notes

add item

notes

Vitals

Length	<input type="text"/>	in		<input data-bbox="1398 667 1443 709" type="button" value="+"/>
Weight	<input type="text"/>	lbs	<input type="text"/>	oz <input data-bbox="1398 726 1443 768" type="button" value="+"/>
Head Circumference	<input type="text"/>	cm		<input data-bbox="1398 779 1443 821" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute		<input data-bbox="1398 835 1443 877" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute		<input data-bbox="1398 888 1443 930" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method <input data-bbox="743 940 911 982" type="button" value="Unspecified"/>	<input data-bbox="1398 940 1443 982" type="button" value="+"/>
BMI		kg/m ²		

More

Physical Exam

Make All:

A N N/E

General Appearance

notes



- Head**
- Eyes**
- Ears**
- Nose**
- Oropharynx**
- Neck**
- Chest**
- A N N/E**
- Lungs**
- Cardiovascular**
- Abdomen**
- Genitourinary**
- Neurological**



notes

Skin

notes

Extremities

notes

Back/Spine

notes

A N N/E

add item

notes

Lab

Bilirubin total

Bilirubin total/direct

hospital newborn screen results

Medical Procedure

Screening

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

select an immunization

Immunization Consent



Select All

- Counseled on risks, benefits, CDC VIS, contraindications and obtained signature on LINKS.
notes
- Vaccine refusal form signed
notes
- No immunizations needed at this time.
notes
- add item
notes

Radiology

Order Ultrasound of lumbosacral spine

Diagnoses

- Opn brain lac-proln coma (851.94)
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note
- Brain lacer NEC w/o coma (851.81)
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note
- add diagnosis
notes

Plan

Select All



Immunizations (See Vaccine Administration Record)

notes

add item

notes

Followup

Order

2 week well visit

Referral

Order

Lactation

Navigational Anchors in New Newborn-Cypress

1. Intake
2. Hospital/Birth
3. History
4. Transition of Care (ARRA)
5. Medical History
6. Family History
7. Social History
8. Social/Family History
9. Nutrition
10. Anticipatory Guidance Discussed
11. Physical Exam
12. Lab
13. Medical Procedures
14. Screening
15. Immunizations
16. Immunization Consent
17. Radiology
18. Diagnoses
19. Plan
20. Referrals