



**Intake**

**Informant/Relationship**

**Vitals**

Length  in +

Weight  lbs  oz +

Head Circumference  cm +

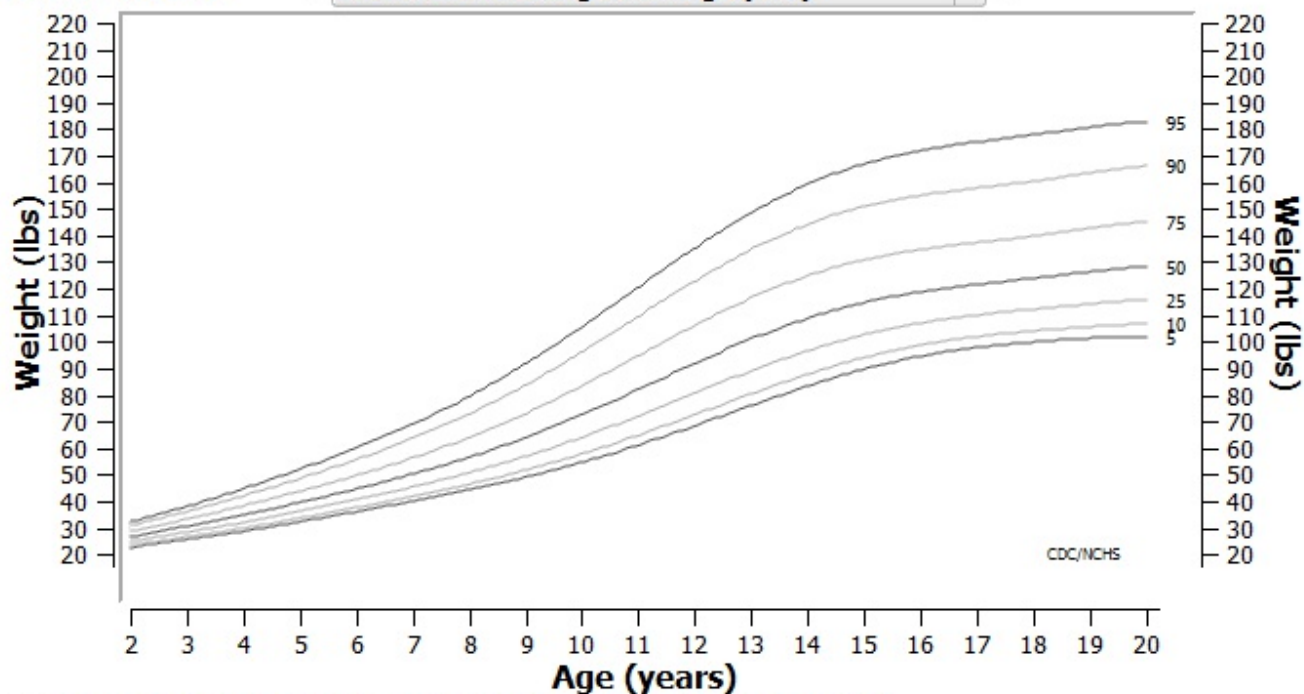
Temperature  °F Method  +

BMI  kg/m<sup>2</sup>

[More](#)

**Growth Charts**

◀  ▶



▶ **Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)**

**Hospital/Birth**

Term? If no, # of weeks.

Birth weight

Discharge weight



notes

Delivery type(if C/S, indicate reason)

notes

Apgar Score

notes

Maternal Hepatitis B (Pos, Neg or Unknown)

notes

Maternal Group B Strep

notes

Maternal Blood Type

notes

Infant Blood Type

notes

Direct Coombs

notes

Newborn Hearing screening done and NL?

notes

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

notes

Hep B vaccine (date)

notes

### History

Select All

Prenatal history and hospital course reviewed

notes

Concerns and questions (notes below)

notes

add item

notes



### Transition of Care (ARRA)

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

### 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
- add item  
notes

### ROS

Make All: **Abn** **NL** **NA**

Abn NL NA

- 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)

notes

Cognitive (Follows your face)

notes

Communicative (Turns and calms to your voice)

notes

Physical Development (Can suck, swallow and breathe easily)

notes

add item




### 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)

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

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

add item

### Physical Exam

Make All:

ABN NL N/E

General Appearance

Head

Eyes



notes

Ears

notes

Nose

notes

Oropharynx

notes

Neck

notes

Chest

notes

ABN NL N/E

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurological

notes

Skin

notes

Extremities

notes

Back/Spine

notes



ABN NL N/E

add item

notes

**Lab**

**Order**

Bilirubin total

**Order**

Bilirubin total/direct

**Medical Procedure**

**Screening**

**Immunizations**

Immunization History

There are no immunizations recorded for this patient

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Ordered

Immunization Orders

**Order**

**Refuse**

select an immunization

**Immunization Consent**

**Select All**

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

notes

Vaccine refusal form signed



notes

add item

notes

### Radiology

**Order** Ultrasound of lumbosacral spine

### Diagnoses

Well child visit, newborn

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 2-5 Day Well - (client v. II) Bright Futures**

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