

**Informant/Relationship****Vitals**Weight lbs ozLength 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) *Bowel Movements per day (number and consistency) *Number of wet diapers a day *Synagis candidate? (State reason)



add item

Nutrition

Select All

*Breast Milk (Min per fdg, Hrs between fdgs, Feedings per 24 hrs)

*Mother's Milk In (yes or no)

*Formula (Type, Oz per fdg, Hrs between fdgs)

add item

Problem List (Chart-wide)

Display: All Statuses

Status	Problem	Problem Note	Onset	Resolved

Past/Social/Family History

Select All

Hospital Records Reviewed and Attached

Past/Social/Family Hx reviewed

add item



Family Medical History (Chart-wide)

[Edit](#)

Condition	Relationship	Note

Review of Systems

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

Pos Neg N/A

- General
- Sleep
- History and ROS as above
- add item

Physical Exam

 Make All: **ABN** **NL** **N/E**

ABN NL N/E

- General Appearance
- Head/Fontanelle
- Eyes: (red reflex)
- Nose



notes

Oropharynx

notes

Neck

notes

Chest

notes

Lungs

notes

ABN NL N/E

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurologic

notes

Extremities/Hips

notes

Skin

notes

add item

notes

Assessment

Diagnoses

- Well child visit, newborn

notes



Add to Problem List

Onset:

Problem Note:

Plan

Select All

Annual Well Visit / (Other Follow-up as noted.)

Counseling re: Latch, Positioning, Frequency of Breastfeeding, Stimulation (min., total time)

Followup

Lab

Order Newborn Metabolic Screen

Medical Procedure

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order

Refuse

select an immunization

Referral

Navigational Anchors in Newborn (Less than 7 Day) - (client v. I)

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