

Forms

select a form

▼

Intake**Reminders (Chart-wide)** No Saved Notes

Edit

Siblings (Chart-wide)

None

Informant/Relationship

▼

Interval History

Select All

☐ Seen by EPPA in the hospital:

notes

▼

☐ Parental Concerns:

notes

▼

☐ Hospital Course reviewed and appropriate EHR entries made.

notes

▼

☐ Reviewed Past Medical History/ Social History / Family History and EHR entries made.

notes

▼

☐ Recent Injuries/Illnesses:

notes

▼

☐ Special Healthcare Needs:

notes

▼

☐ Visits to other Healthcare Providers/Facilities:

notes

▼

☐ Changes/Stressors in family or home:

notes

▼

☐ Observation of parent-child interaction: normal (parent/infant response to each other; parents are content, not depressed, angry or overwhelmed; parent are responsive to newborn distress; parents seem confident in care; parents support each other.)

notes

▼

☐ add item

notes

▼

Vitals

Length	<input type="text"/>	in	<input data-bbox="1485 163 1523 205" type="button" value="+"/>
Head Circumference	<input type="text"/>	cm	<input data-bbox="1485 226 1523 268" type="button" value="+"/>
Weight	<input type="text"/>	lbs <input type="text"/>	oz <input data-bbox="1485 289 1523 331" type="button" value="+"/>
Pulse	<input type="text"/>	bpm	<input data-bbox="1485 352 1523 394" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	bpm	<input data-bbox="1485 415 1523 457" type="button" value="+"/>
Temperature	<input type="text"/>	°F	<input data-bbox="1485 478 1523 520" type="button" value="+"/>
	Unspecified Method <input type="button" value="v"/>		

 More
Comments

Weight (% loss or gain since birth)**Select All**

<input type="checkbox"/> Weight Loss	<input type="text" value="notes"/>	<input type="button" value="v"/>
<input type="checkbox"/> Weight Gain	<input type="text" value="notes"/>	<input type="button" value="v"/>
<input type="checkbox"/> add item	<input type="text" value="notes"/>	<input type="button" value="v"/>

Growth Charts

Growth Charts are not available when patient's sex is unknown.

Growth Chart Review**Select All**

<input type="checkbox"/> Growth Chart Reviewed with parents	<input type="text" value="notes"/>	<input type="button" value="v"/>
<input type="checkbox"/> add item	<input type="text" value="notes"/>	<input type="button" value="v"/>

Medication History (Chart-wide) Last Modified N/ADisplay:

Status	Medication	Instructions	Start	Stop

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

Allergies (Chart-wide)

Display: All Statuses ▾

Edit

Status	Allergy	Reaction	Onset	Resolved

Transition of Care (ARRA)

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

Past, Family, Social History**Birth History (Chart-wide)** No Saved Notes

Edit

Maternal Lab Hx

Select All

- ☐ Maternal Blood Type:
notes ▾
- ☐ Infant Blood Type:
notes ▾
- ☐ Indirect Coombs:
notes ▾
- ☐ Hep B surface antigen:
notes ▾
- ☐ RPR/VDRL:
notes ▾
- ☐ Rubella:
notes ▾
- ☐ HIV status:
notes ▾
- ☐ Group B strep:
notes ▾
- ☐ Amino/CVS testing

notes

☐ add item

notes

**Medical History (Chart-wide)** No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

HPI

Screening

Order

select a screening

**Problem List (Chart-wide)**

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

EPPA WCV ROSMake All: **Abn** **NL** **NA**

Abn NL NA

☐ ☐ ☐ Sleep Pattern:

notes

☐ ☐ ☐ Sleeps in appropriate environment for age (including back to sleep for young infants)

notes

☐ ☐ ☐ Diet appropriate in content and volume for age

notes

☐ ☐ ☐ GI: normal bowel movement pattern/consistency for age

notes

☐ ☐ ☐ GU: normal voiding pattern for age (including parents witnessing strong/straight stream for male infants)

notes

☐ ☐ ☐ Attends daycare

notes

☐ ☐ ☐

add item

notes

EPPA WCV Nutrition**Select All**☐ Breast

notes

☐ Formula

notes

☐ Vitamins

notes

☐ add item

notes

EPPA Breastfeeding ScreeningMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐

Mother with breastfeeding questions/concerns/issues

notes

☐ ☐ ☐

Fuller milk supply is not in by day 4

notes

☐ ☐ ☐

Breasts are engorged/uncomfortable

notes

☐ ☐ ☐

Nipples are sore, cracked or bleeding

notes

☐ ☐ ☐

Latch is painful

notes

☐ ☐ ☐

Mother is using breastfeeding aids (shells, nipple shields, supplemental nutrition system)

notes

☐ ☐ ☐

Mother is pumping breast milk to supplement

notes

☐ ☐ ☐

Mother is supplementing with formula

notes

Yes No N/A

☐ ☐ ☐ Mother is using galactogues (Fenugreek, milk teas, Reglan, etc)

notes

☐ ☐ ☐ add item

notes

EPPA Breastfeeding Assessment

Verbalizes breast feeding concerns

notes

Abnormalities of the oropharynx: palatal defects, jaw asymmetry, limited tongue extension or lift

notes

Dysfunctional suck: inadequate trough, strength, or age appropriate organization

notes

Abnormalities of maternal breasts/nipples: not erect, intact, with graspable tissue; engorgement issues

notes

Breastfeeding malpositioning: mother or infant

notes

Ineffective latch: problems with rooting, wide gape, depth or symmetry

notes

Problems with feeding rhythm: asynchronous suck/swallow/pause pattern

notes

Ineffective milk transfer: not visible or audible, no softening of the breast post feed

notes

Maternal breast feeding discomfort: pain or burning with/after feeding

notes

Inadequate milk expression: ac age or weight inappropriate, pc < 15cc/side

notes

EPPA Newborn Bilirubin Neurotoxicity Risk Factors

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Isoimmune Hemolytic Disease

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G6PD deficiency	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asphyxia	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Significant Lethargy	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Temperature Instability	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sepsis	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Acidosis	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Albumin <3 g/dl	<input type="text" value="notes"/>	▼
Yes	No	N/A	<input type="text" value="add item"/>	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text" value="notes"/>	▼

EPPA Newborn Severe Hyperbilirubinemia Major Risk FactorsMake All:

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pre-discharge TSB or TcB level in high risk zone	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jaundice observed in the first 24 hr life	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood group incompatibility with positive direct antiglobulin (Coomb's) test	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other known hemolytic disease (e.g. G6PD deficiency)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gestational age 35-36 wk	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Previous sibling required phototherapy	<input type="text" value="notes"/>	▼

- ☐ ☐ ☐ Cephalohematoma or significant bruising

notes ▼

- ☐ ☐ ☐ Exclusive breast feeding particularly if nursing not going well & weight loss is excessive

notes ▼

Yes No N/A

- ☐ ☐ ☐ East Asian race

notes ▼

- ☐ ☐ ☐ add item

notes ▼

EPPA Newborn Severe Hyperbilirubinemia Minor Risk Factors

Make All: **Yes** **No** **N/A**

Yes No N/A

- ☐ ☐ ☐ Pre-discharge TSB or TcB in the high intermediate risk zone

notes ▼

- ☐ ☐ ☐ Gestational age 37-38 wk

notes ▼

- ☐ ☐ ☐ Jaundice observed before discharge

notes ▼

- ☐ ☐ ☐ Previous sibling with jaundice

notes ▼

- ☐ ☐ ☐ Macrosomic infant of diabetic mother

notes ▼

- ☐ ☐ ☐ Maternal age ≥ 25 y

notes ▼

- ☐ ☐ ☐ Male gender

notes ▼

- ☐ ☐ ☐ add item

notes ▼

Development

Make All: **Yes** **No** **N/A**

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

notes

Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance

notes

☐ ☐ ☐ Head

notes

☐ ☐ ☐ 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

Policies

Display: All Statuses

Lab

TC bilirubin (in house)

select a lab

Radiology

Ultrasound of Lumbosacral Spine

select a radiology

Medical Test

select a medical test

Medical Procedure

select a medical procedure

Immunizations

Vaccines

	There are no immunizations recorded for this patient
Ordered	

Diseases

	There are no vaccine-preventable diseases for this patient
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Forecasting Results Updated: NA☒ Show Informational Warnings(0)[Refresh](#)

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Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children**Insurance and Race** as of 06/27/18Eligibility Status: **Immunization Orders**

Order	Refuse	<input type="text" value="select an immunization"/>
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Immunization Consent[Select All](#)

- ☐
- Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

- ☐
- add item

Diagnoses

- ☐
- Breastfeeding problem in the newborn

☒ Include on Patient Reports☐ Add to Problem List Onset: Problem Note:

- ☐
- Neonatal jaundice

☒ Include on Patient Reports☐ Add to Problem List Onset: Problem Note:

- ☐
- Counseling

☒ Include on Patient Reports☐ Add to Problem List Onset: Problem Note:

<input type="checkbox"/>	select diagnosis	▼
	notes	▼

Lactation Plan

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Duration of Lactation Counseling

	▼
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Anticipatory GuidanceMake All:

Y N N/A

<input type="radio"/> <input type="radio"/> <input type="radio"/>	Discussed and/or handouts given	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Parental Well-Being (Baby blues, Accept help, Sleep when baby sleeps, Unwanted advice)	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Newborn Transition (Back to sleep, Daily routines, Calming Techniques)	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Newborn Care (Emergency preparedness plan, Frequent hand washing, Avoid direct sun exposure, Expect 6-8 wet diapers/day)	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Safety (Car safety seat, Smoke-free environment, No shaking, Burns (Water heater), Smoke detectors, Crib safety)	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	add item	notes	▼

Plan

<input type="checkbox"/>	Immunizations (See Vaccine Administration Record)	notes	▼
<input type="checkbox"/>	add item	notes	▼

Plan Notes

► **Confidential Notes (Chart-wide)** No Saved Notes

Edit

Counseling - Patient Education

Handout

Order Newborn Handout

Order select a handout

Followup

Order Weight Check

Order 2 Week Well Visit

Order select a followup

Referral

Order Lactation

Order select a referral

Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

Supply

Order select a supply

Prescriptions

Visit Documents

Navigational Anchors in Breast Feeding EPPA (Initial)

1. Intake
2. Vitals
3. Weight (% loss or gain since birth)
4. Growth Charts
5. Growth Chart Review
6. Medication History
7. Allergies
8. Past, Social, Family History
9. Birth History
10. Medical History
11. Family Medical History
12. Social History
13. HPI
14. Screening
15. Problem List
16. ROS
17. Nutrition
18. EPPA Breastfeeding Assessment
19. EPPA Newborn Bilirubin Neurotoxicity Risk Factors
20. EPPA Newborn Severe Hyperbilirubinemia Major Risk Factors
21. EPPA Newborn Severe Hyperbilirubinemia Minor Risk Factors
22. Development
23. Physical Exam
24. Policies
25. Lab
26. Radiology
27. Medical Procedures
28. Immunizations
29. Immunization Consent
30. Diagnoses
31. Lactation Plan
32. Anticipatory Guidance Discussed
33. Plan
34. Plan Notes
35. Counseling - Patient Education
36. Referrals
37. Care Plan
38. Prescriptions
39. Visit Documents