

**Forms****Generate** Patient Ed 00 Mo Visit

select a form

**Intake****Reminders (Chart-wide)** No Saved Notes[Edit](#)**Siblings (Chart-wide)**

None

**Informant/Relationship****Chief Complaint****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	+
Head Circumference	<input type="text"/>	cm	+
Weight	<input type="text"/>	lbs <input type="text"/> oz	+
Pulse	<input type="text"/>	bpm	+
Respiratory Rate	<input type="text"/>	bpm	+
Temperature	<input type="text"/>	°F	+
	Unspecified Method		

[More](#)**Growth Charts**

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

**Growth Chart Review**

Select All

☐ Growth Chart Reviewed with parents

notes

☐ add item

notes

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

Select All

☐ Weight Loss

notes

☐ Weight Gain

notes

☐ add item

notes

**Newborn Habits**Make All: **Abn** **NL** **N/A**

Abn NL N/A

☐ ☐ ☐ Sleep Pattern:

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

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

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

- ☐ ☐ ☐ add item

### Newborn Nutrition

Make All:

Yes No N/A

- ☐ ☐ ☐ Formula

- ☐ ☐ ☐ Vitamins

- ☐ ☐ ☐ add item

### Comments

### Medication History (Chart-wide) Last Modified N/A

Display:

Status	Medication	Instructions	Start	Stop

fineprintLbI

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

Display:

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

fineprintLbI

### Allergies (Chart-wide)

Display:

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

**Problem List (Chart-wide)**

Display: All Statuses ▾

Edit

Status	Problem	Problem Note	Onset	Resolved

**HPI****HPI Neonatal Jaundice**Make All: **Yes** **No** **N/A**

Yes No N/A

- ☐ ☐ ☐ Jaundice is increasing/decreasing/unchanged.

notes

- ☐ ☐ ☐ Body location of jaundice (face, eyes, trunk, limbs).

notes

- ☐ ☐ ☐ Date jaundice was first noted.

notes

- ☐ ☐ ☐ Peak in-patient TcB or TSB level/date.

notes

- ☐ ☐ ☐ Infant required Phototherapy lights or Bili-Blanket. Dates/Duration:

notes

- ☐ ☐ ☐ Risk Factors (Blood Group Incompatibility, hemolysis, bruising, prematurity, liver disease, etc.)

notes

- ☐ ☐ ☐ Associated concerns (feeding, stooling, voids, etc.)

notes

- ☐ ☐ ☐ Other:

notes

Yes No N/A 

add item

- ☐ ☐ ☐

notes

**HPI Neonatal Feeding**

**Select All**

- ☐ Formula type:  
notes
- ☐ Formula amount:  
notes
- ☐ Formula frequency:  
notes
- ☐ Type of bottle/nipple system:  
notes
- ☐ Feeding Problems:  
notes
- ☐ Associated signs & symptoms (cough, color change, wheeze, vomiting, abnormal stools, etc):  
notes
- ☐ Other concerns:  
notes
- ☐ add item  
notes

**Review of Systems by system**Make All: **Abn** **NL** **N/A**

Abn NL N/A

- ☐ ☐ ☐ Constitutional  
notes
- ☐ ☐ ☐ Eyes  
notes
- ☐ ☐ ☐ Ears, Nose, Mouth, Throat  
notes
- ☐ ☐ ☐ Respiratory  
notes
- ☐ ☐ ☐ Gastrointestinal  
notes
- ☐ ☐ ☐ Integumentary  
notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="add item"/>	▼
			<input type="text" value="notes"/>	▼

**EPPA Pertinent Past Medical Hx**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Discharge Summary Reviewed	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Hypoglycemia	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Jaundice	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Respiratory	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal ENT	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Cardiac	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal GI	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal GU	
			<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Ortho	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Heme	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Neuro	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal ID	
			<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="add item"/>	▼
			<input type="text" value="notes"/>	▼

**EPPA Pertinent Family Hx**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Sibling required phototherapy☐ ☐ ☐ add item**EPPA Pertinent Social Hx**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Daycare attendance☐ ☐ ☐ add item**Screening****Order** **Development**Make All: **Yes** **No** **N/A**

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)☐ ☐ ☐ add item**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)

Lumbosacral Spine Ultrasound

Hip Ultrasound

select a lab

**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

**Forecasting Results** Updated: NA☒ Show Informational Warnings(0)

Immunization forecasting results and warnings provided by IMMUCAST™

**▼ Vaccines For Children**

Insurance and Race as of 10/21/20

Eligibility Status: select an eligibility status

**Immunization Orders**

select an immunization

**Immunization Consent**

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

☐ **Diagnoses**☐ Bottle feeding problem in the newborn☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Neonatal jaundice☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Finding of neonate☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Counseling☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ **Newborns - FAQ****Select All**☐ Discussed and/or handouts given.☐ Parental well being (Baby blues, accept help, sleep when baby sleeps, unwanted advice).☐ Newborn Transition (Back to sleep, daily routines, calming techniques).

- ☐ Newborn Care (Emergency preparedness, frequent handwashing, avoid direct sun exposure, expect 6-8 wet diapers/day).



- ☐ Safety (Car seat safety, smoke free environment, no shaking, burns (water heater), smoke detectors, crib safety).



- ☐ add item



## Plan

Select All

- ☐ Immunizations (See Vaccine Administration Record)



- ☐ add item



## Plan Notes

## Greater than 50% of today's visit was spent in counseling

Select All

- ☐ add item



## ► 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 ▼**Visit Documents**

## Navigational Anchors in Formula Feeding Initial EPPA

1. Intake
2. Siblings
3. Informant/Relationship
4. Chief Complaint
5. Interval History
6. Vitals
7. Growth Charts
8. Growth Chart Review
9. Weight (% loss or gain since birth)
10. Newborn Habits
11. Newborn Nutrition
12. Medication History
13. Allergies
14. Past, Social, Family History
15. Birth History
16. Medical History
17. Family Medical History
18. Social History
19. Problem List
20. HPI
21. HPI Neonatal Jaundice
22. HPI Neonatal Feeding
23. Review of Systems
24. EPPA Pertinent Past Medical Hx
25. EPPA Pertinent Family Hx
26. EPPA Pertinent Social Hx
27. Screening
28. Development
29. Physical Exam
30. Policies
31. Lab
32. Medical Procedures
33. Immunizations
34. Immunization Consent
35. Diagnoses
36. Newborns - FAQ
37. Plan
38. Plan Notes
39. Greater than 50% of today's visit was spent in counseling
40. Counseling - Patient Education
41. Follow Up
42. Referrals
43. Care Plan
44. Prescriptions
45. Visit Documents