

BF4 - Accompanied By:**Vitals**Weight lbs oz Length in Head Circumference cm  More**BF4 - Vital Notes****BF4 - HISTORY****BF4 - Concerns and Questions:**☐ None☐ Details☐ add item**BF4 - Medical History**☐ Infant has special health care needs☐ add item**BF4 - Areas reviewed and updated as needed****BF4 - Past Medical History (Chart-wide)** No Saved Notes**BF4 - Surgical History (Chart-wide)** No Saved Notes**Problem List (Chart-wide)**Display:

Status	Problem	Problem Note	Onset	Resolved
<input type="text"/>				

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

Status	Medication	Instructions	Start	Stop
<div> <div>Mark as Reviewed</div> <div>fineprintLbl</div> </div>				

Allergies (Chart-wide)

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved

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

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved
<div> <div>Mark as Reviewed</div> <div>fineprintLbl</div> </div>						

BF4 - Birth History

Select All

☐ Full-term
☐ Preterm (weeks)
☐ Post-term (weeks)
☐ Vaginal
☐ Cesarean
☐ Apgar (1 min/5 min/10 min)
☐ Birth weight
☐ Discharge weight
☐ Percent weight loss since birth
☐ Newborn hearing screen (Passed BL, Referred, Not done)
☐ Newborn blood screening (Collected (date), Not done)
☐ CCHD screening (Passed, Referred, Not done)

☐ Blood type (Maternal, Infant)☐ Coombs test/DAT (Pos, Neg, NA)☐ Bilirubin screening (Results, Not done)☐ Maternal lab tests☐ Hep B (Pos, Neg, Unk)☐ HIV (Pos, Neg, Unk)☐ GBS (Pos, Neg, Unk)☐ Prophylaxis (Adequate, Inadequate, NA)☐ Hep B vaccine given (Given (date), Not given)☐ Vitamin K (Given, Declined)☐ Erythromycin (Given, Declined)☐ add item**BF4 - Nutrition****Select All**☐ Breast milk☐ Minutes per feeding☐ Hours between feedings☐ Feedings per 24 hours

☐ Problems with breastfeeding☐ Vitamin D supplements☐ None☐ Formula: Type/brand☐ Source of water☐ Feedings per 24 hours:☐ Ounces per feeding☐ Problems with bottle-feeding☐ add item**BF4 - Elimination****Select All**☐ Regular soft stools☐ Normal urine stream☐ Details☐ add item**BF4 - Sleep****Select All**☐ Normal pattern☐ On back

notes

☐ Safe sleep surface

notes

☐ add item

notes

BF4 - Behavior

Select All

☐ No concerns

notes

☐ Details

notes

☐ add item

notes

BF4 - Development (Checked box= Normal development)

Select All

☐ See Previsit Questionnaire

notes

☐ Caregiver concerns about development: None

notes

☐ Caregiver concerns about development: Yes

notes

☐ add item

notes

BF4 - Development

Make All: **Yes** **No** **Unk**

Yes No Unk

☐ ☐ ☐ SOCIAL LANGUAGE AND SELF-HELP

notes

☐ ☐ ☐ Makes brief eye contact

notes

☐ ☐ ☐ VERBAL LANGUAGE

notes

☐ ☐ ☐ Cries with discomfort

☐ ☐ ☐ Calms to adult voice

☐ ☐ ☐ GROSS MOTOR

☐ ☐ ☐ Reflexively moves arms and legs

☐ ☐ ☐ Turns head to side when on stomach

Yes No Unk

☐ ☐ ☐ FINE MOTOR

☐ ☐ ☐ Holds fingers closed

☐ ☐ ☐ Grasps reflexively

☐ ☐ ☐ add item

BF4 - Social and Family History

Select All

☐ Areas reviewed and updated as needed (See Initial History Questionnaire.)

☐ Social History

☐ Family History

☐ Smoking household (No)

☐ Smoking household (Yes)

☐ Parent adjustment to new infant

☐ Reactions of sibling to new infant

☐ Work plans☐ Child care: Parent(s)☐ Child care: Family☐ Child care: In-home☐ Child care: Center☐ Child care: Other☐ add item**BF4 - Review of Systems (Focus area)****Select All**☐ Eyes☐ Head, Ears, Nose and Throat☐ Respiratory☐ Gastrointestinal☐ Genitourinary☐ Skin☐ add item**BF4 - Review of Systems****Select All**☐ Constitutional

☐ **Cardiovascular**

☐ **Musculoskeletal**

☐ **Neurological**

☐ **Other**

☐ **add item**

BF4 - Physical Examination (Focus area)Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ **General:** Alert, active infant. No congenital anomalies or dysmorphic features.

☐ ☐ ☐ **Head:** Normocephalic and atraumatic. Normal sutures. Anterior fontanelle open and flat.

☐ ☐ ☐ **Eyes:** Normal eyes and eyelids. Fixes and follows. Red reflex present bilaterally. No opacification.

☐ ☐ ☐ **Heart:** No murmur. Equal symmetrical femoral and upper extremity pulses.

☐ ☐ ☐ **Abdomen:** Soft, with no palpable masses. Well-appearing dry umbilical stump.

☐ ☐ ☐ **Genitourinary**

☐ ☐ ☐ **Normal female external genitalia.**

☐ ☐ ☐ **Normal male external genitalia, with testes palpable in scrotum bilaterally.**

NL ABN NE Musculoskeletal: Spine straight without dimples, sinus tracts, or hair tufts. Clavicles intact. Negative Ortolani and Barlow maneuvers.
☐ ☐ ☐

☐ ☐ ☐ **Neurological:** Moves all extremities equally. Normal posture and tone. Normal neonatal reflexes.

- ☐ ☐ ☐ Skin: No rashes or jaundice.

notes

- ☐ ☐ ☐ add item

notes

BF4 - Physical Examination

Make All: **NL** **ABN** **NE**

NL ABN NE

- ☐ ☐ ☐ Ears, nose, and throat

notes

- ☐ ☐ ☐ Neck

notes

- ☐ ☐ ☐ Respiratory

notes

- ☐ ☐ ☐ Other comments

notes

- ☐ ☐ ☐ add item

notes

Diagnoses

- ☐ select diagnosis

notes

BF4 - Assessment

Select All

- ☐ Well child

notes

- ☐ Normal interval growth (See growth chart.)

notes

- ☐ Age-appropriate development

notes

- ☐ add item

notes

Lab

Generate Requisition

Order

select a lab

Screening

Order	select a screening	▼
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Medical Test

Order	select a medical test	▼
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Immunizations**Vaccines**

Print

	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 01/16/21

Eligibility Status: select an eligibility status ▼

Immunization Orders

Select Vaccine Lots

Order	Refuse	select an immunization	▼
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BF4 - Anticipatory GuidanceMake All:

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

notes	▼
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☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

notes	▼
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☐ ☐ ☐ Living situation and food security

notes	▼
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☐ ☐ ☐ Environmental tobacco exposure

notes	▼
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☐ ☐ ☐ Family support

notes	▼
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☐ ☐ ☐ PARENT AND FAMILY HEALTH

notes	▼
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☐ ☐ ☐ Transition home and sibling adjustment

notes

☐ ☐ ☐ **NUTRITION AND FEEDING**

notes

Yes No N/A

☐ ☐ ☐ **General guidance on feeding**

notes

☐ ☐ ☐ **Breast/formula-feeding guidance**

notes

☐ ☐ ☐ **NEWBORN BEHAVIOR AND CARE**

notes

☐ ☐ ☐ **Early brain development; calming**

notes

☐ ☐ ☐ **When to call; CPR, illness prevention**

notes

☐ ☐ ☐ **SAFETY**

notes

☐ ☐ ☐ **Car safety seats**

notes

☐ ☐ ☐ **Safe sleep**

notes

Yes No N/A

☐ ☐ ☐ **Heatstroke prevention**

notes

☐ ☐ ☐ **Burn prevention**

notes

☐ ☐ ☐ add item

notes

BF4 - Plan

BF4 - Immunizations

Select All

☐ Vaccine Administration Record reviewed

notes

☐ Administered today

notes

☐ Up-to-date for age

☐ **BF4 - Universal Screening**Make All: **Neg** **Pos** **NE**

Neg Pos NE

☐ ☐ ☐ Newborn blood screening☐ ☐ ☐ Result: Pending☐ ☐ ☐ Result: Normal☐ ☐ ☐ Result: Needs follow-up☐ ☐ ☐ Newborn hearing screen☐ ☐ ☐ Result: Passed BL☐ ☐ ☐ Result: Referred right☐ ☐ ☐ Result: Referred left

Neg Pos NE

☐ ☐ ☐ Result: Referred BL☐ ☐ ☐ Needs follow-up:☐ ☐ ☐ add item**BF4 - Selective Screening (based on risk/previsit questionnaire)****Select All**☐ BP☐ Vision



notes

☐ Comments/results

notes

☐ add item

notes

Followup

Order Routine follow-up at 1 month

Order Next visit

Order Referral to

Order select a followup

Visit Documents

Navigational Anchors in BF4 - First Week Visit (3 to 5 Days)

1. Accompanied By:
2. Vitals
3. Vital Notes
4. BF4 - HISTORY
5. BF4 - Concerns and Questions:
6. BF4 - Medical History
7. BF4 - Areas reviewed and updated as needed
8. BF4 - Past Medical History
9. BF4 - Surgical History
10. Problem List
11. Medication History
12. Allergies
13. PCC eRx Allergies
14. BF 4 - Birth History
15. BF4 - Nutrition
16. BF4 - Elimination
17. BF4 - Sleep
18. BF4 - Behavior
19. BF4 - Development (Checked box= Normal development)
20. BF4 - Development
21. BF4 - Social and Family History
22. BF4 - Review of Systems (Focus area)
23. BF4 - Review of Systems
24. BF4 - Physical Examination (Focus area)
25. BF4 - Physical Examination
26. Diagnoses
27. BF4 - Assessment
28. Lab Orders
29. Screening Orders
30. Medical Test Orders
31. Immunizations
32. BF4 - Anticipatory Guidance
33. BF4 - Plan
34. BF4 - Immunizations
35. BF4 - Universal Screening
36. BF4 - Selective Screening (based on risk/previsit questionnaire)
37. Followup Orders
38. Visit Documents
39. Prescriptions