



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### Informant/Relationship

### Concerns

### Vitals

Length  in +

Weight  lbs  oz +

Head Circumference  cm +

Temperature  °F +

Tympanic

BMI

More

### Vital Notes

### Growth Charts

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

### Birth History

Term? If no, # of weeks.

notes

Birth weight

notes

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

**Transition of Care (ARRA)**

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

**Past, Social, Family History**

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

Edit

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

Edit

**Family Medical History (Chart-wide)**

Edit

Condition	Relationship	Note

**Problem List (Chart-wide)**

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

**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

Mark as Reviewed

fineprintLbl

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

Display: All Statuses ▼

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

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

Edit

**ROS**

Make All: Abn NL NA

Abn NL NA

Sleep

notes ▼

Behavior

notes ▼

Tummy time

notes ▼

add item

notes ▼

**Nutrition**

Select All

Vitamins

notes ▼

add item

notes ▼

**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

### 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

ABN NL N/E

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

Chest

ABN NL N/E

Lungs

Cardiovascular

Abdomen

Genitourinary

Skin

Extremities

Back/Spine



notes



add item

notes

### Screening

**Order** Nutrition Counseling

**Order** select a screening

### Lab

Print Labels

Generate Requisition

**Order** Bilirubin total

**Order** Bilirubin (Total/Direct)

**Order** select a lab

### Medical Procedure

**Order** select a medical procedure

### Immunizations

#### Vaccines

Print

There are no immunizations recorded for this patient

#### Diseases

There are no vaccine-preventable diseases for this patient

**Forecasting Results** Updated: NA

Show Informational Warnings(0)

Refresh

Forecast results are not intended to replace clinical decision making

### ▼ Vaccines For Children

Insurance and Race as of 12/23/24

Eligibility Status: select an eligibility status

### Immunization Orders

Select Vaccine Lots

Order

Refuse

select an immunization

### Immunization Consent

Select All

I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was



obtained for each of the vaccines given.

notes

Vaccine refusal form signed

notes

add item

notes

**Radiology**

Generate Requisition

**Order** Ultrasound of lumbosacral spine

**Order** select a radiology

**Diagnoses**

Well child visit, newborn less than 8 days old

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

select diagnosis

notes

**Plan**

Select All

add item

notes

**Plan Notes**

**Followup**

**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

**Visit Documents****Navigational Anchors in 3-5 Day Well**

1. Intake
2. Growth Charts
3. Hospital/Birth
4. ROS
5. Nutrition
6. Anticipatory Guidance Discussed
7. Physical Exam
8. Screening
9. Lab
10. Medical Procedures
11. Immunizations
12. Immunization Consent
13. Radiology
14. Diagnoses
15. Plan
16. Referrals
17. Prescriptions
18. Visit Documents