

Home Visit for Newborn Care and Assessment Form (DHHS 3944)

<p>INFANT</p> <p>1. Last Name _____ First Name _____ MI _____</p> <p>2. Patient # and Medicaid # _____</p> <p>3. Date of Birth _____ Age at visit _____</p> <p>4. Race <input type="checkbox"/> (1)White <input type="checkbox"/> (2)Black <input type="checkbox"/> (3)Amer Indian <input type="checkbox"/> (4)Asian <input type="checkbox"/> (5)Native Hawaiian/Other Pacific Islander <input type="checkbox"/> (6)Unknown Ethnicity: Hispanic or Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>5. Gender <input type="checkbox"/> (1) Male <input type="checkbox"/> (2) Female</p> <p>6. County of Residence _____</p>	<p style="font-size: small;">NC Department of Health and Human Services Division of Public Health / Women's and Children's Health Section</p> <p style="font-size: large;">Home Visit for Newborn Care and Assessment</p> <p>Address _____</p> <p>Telephone _____</p> <p>Directions to home _____</p> <p>Primary language spoken in home _____</p> <p>Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interpreter Signature _____</p>
<p>MOTHER</p> <p>Last Name _____ First Name _____ MI _____</p> <p>Patient Number _____</p> <p>Date of Birth _____</p> <p>Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated</p>	<p>Education _____</p> <p>Employment Status _____</p> <p>Father involvement _____</p> <p>Other primary caretaker(s) _____</p>

CODES O = No Significant Problem; X = Significant Problem; N = Notes; N/A = Not Applicable; or write in YES or NO as needed.

I. Home & Social Environment	Code	Comments/Teaching/Handouts
A. Type/Condition of dwelling		
B. Number in household		Adults: _____ Children: _____
C. Cleanliness		
D. Water supply/Plumbing		
E. Stove and Refrigerator		
F. Electricity		
G. Safety hazards (describe)		
H. Smoking (Home and car)		
I. Alcohol or Drug Use		
J. Domestic Violence		
K. Smoke/Carbon Monoxide Detectors		
L. Infant Car Seat		
M. Other		
II. Perinatal History	Code	Comments/Teaching/Handouts
A. Prenatal complications		
B. Labor/delivery/ postpartum complications		<input type="checkbox"/> Vag <input type="checkbox"/> C/S
C. Emotional Status/ Postpartum Depression		
D. Gestational Age		
E. Birth Weight and Birth Length		
F. Head Circumference (at birth)		
G. Newborn hearing screening		<input type="checkbox"/> Completed <input type="checkbox"/> In process <input type="checkbox"/> Referral Made
H. Newborn Metabolic Screening		
I. Other		
III. Feeding/Nutrition	Code	Comments/Teaching/Handouts
A. Today's weight:		
B. Breastfeeding fdqs per 24 hours		Length of feedings
C. Bottle feeding amt per 24 hours		Formula and amount

D. Weight gain since birth		
E. Other		
IV. Basic Care/Caregiver Skills	Code	Comments/Teaching/Handouts
A. Bottle/formula preparation		
B. Oral Health		
C. Diapers/diapering		
D. Clothing		
E. Bassinet/Crib		
F. Car Seat		
G. Thermometer and Fever		
H. Bathing/Cord Care		
I. Handling/Positioning (incl sleep)		
J. Safe Sleep/ SIDS		
K. Other		
V. Parenting	Code	Comments/Teaching/Handouts
A. Attachment		
B. Stimulation (i.e. books, toys, color in home)		
C. Response to cues		
D. Infant feeding (breast/bottle)		
E. Shaken Baby Syndrome		
F. Other		
VI. Assessment (expected findings)	Code	Comments/Teaching/Handouts
A. Vital signs		Temp (if indicated): Pulse (apical): Resp:
B. Urinary function/output		
C. Bowel function/output		
D. Fontanel (open, flat)		
E. Skin (general condition, hydration, rashes)		
F. Mouth (symmetrical, lips and palate intact)		
G. Eyes (regards face, follows left to right)		
H. Breast (nonpalpable, no discharge)		
I. Heart/ Lungs		
J. Abdomen ((soft, flat)/ Cord (healing, drying)		
K. Male genitalia		Circumcision <input type="checkbox"/> Yes <input type="checkbox"/> No
L. Female genitalia		
M. Reflexes (ATNR, root, suck, grasp)		
N. Development (lifts head, vocalizes)		
O. Extremities (complete movement)		
P. Wake/sleep pattern		
Q. Other		
VII. Resources and Referrals	Code	Comments/Teaching/Handouts
A. MCC/CSC Collaboration:		Prior to visit <input type="checkbox"/> Post visit <input type="checkbox"/> Documentation in Mother's chart <input type="checkbox"/>
B. Well child care/Primary Care/Medical Home		
C. Immunizations		
D. WIC		
E. Medicaid, Health Choice		
F. Quality out-of-home child care		
G. Child Service Coordination		
H. MCC/Maternal Outreach Worker		
I. CDSA/Infant Toddler Program		
J. Other		

Signature

Date

DATE	NOTES

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INSTRUCTIONS

GENERAL INFORMATION

1. This is a screening assessment, and does not require the use of a rostered Child Health Nurse Screener. All items should be completed. The “Comments/Teaching” section allows for brief documentation to accompany the “code” section and screeners are encouraged to document appropriate details.
2. The following codes should be used:
 - O if no significant problems identified;
 - X if significant problems identified;
 - N to refer to additional information in the medical record;
 - N/A if item is not applicable;
 - “YES” or “NO” as appropriate.
3. Specific plans for follow up on problems identified should be included in medical record.

DOCUMENTATION GUIDANCE

See also *PROTOCOL: Home visit for Newborn Care and Assessment for assessment criteria for each section*

I. Home & Social Environment

This section should include brief description (avoiding inflammatory or judgmental language) of living, social, and safety conditions in the home. This includes asking about risks for lead and other exposures.

II. Perinatal History

This section includes documentation of anthropometric measurements at birth and review of perinatal events or complications that have or may affect the infant. Also included in this section, the assessment of the mother’s and family’s psycho-social status and behavioral risk factors is important for the prevention of child abuse and neglect. If issues are identified, please speak with the caregiver about following up with her/his provider and consult with the medical provider at your health department. In addition, the visit should include confirmation that state mandated newborn hearing screening and newborn metabolic screening were completed prior to hospital discharge, or that appropriate alternate arrangements for this testing have been made.

III. Infant Nutrition

Review the infant’s nutritional status using weight and feeding information and assess if there are any weight concerns.

IV. Basic Care Items

Confirm the caregiver’s ability to provide basic infant care. The caregiver should be aware of “back to sleep / front to play”, safe sleep practices to reduce the risk of SIDS (firm, clutter free surface, no couches or chairs, avoid overheating, avoid smoking around the infant, etc.), and oral health care for gums and teeth in the future.

V. Parenting Skills

Screeners should include brief narrative descriptions of what was observed during the visit. Plans should address findings of concern. Caregivers should be encouraged to continue breastfeeding exclusively until 6 months of age ideally. All caregivers should receive information about the prevention of shaken baby syndrome. The caregiver at the visit should be encourage to share information with all caregivers now and in the future about shaken baby syndrome. Caregivers should be encouraged to read with infants early on and daily.

VI. Newborn Assessment

Temperature (if indicated), apical pulse and/or respiration rate should be recorded. Include brief description of physical findings as appropriate.

VII. Resources and Referrals

NC Medicaid Special Bulletin IV (August 2002) includes DMA requirement for coordination of MCC and CSC services where applicable, if the nurse completing the home visit for newborn assessment is not an MCC or CSC. The following applies:

1. Pre-visit discussion of medical history of mother and infant and plans of care with MCC/CSC, including addressing service coordination goals, as applicable, during the home visit; and/or
2. Post-visit documentation of findings in mother and infant records;
3. Review of findings with MCC/CSC; and update MCC/CSC plans of care.

The needs of the infant and family should be assessed and referrals made for services as appropriate. The caregiver should choose a primary care provider to serve as the medical home for ongoing care for the infant over time. Caregivers should expect and ask for ongoing developmental screening during well child visits of their infant over time. The importance of ongoing and timely immunizations needs to be reinforced with caregivers. Caregivers should be told about how to apply for Health Choice or Medicaid if the parent has not applied for insurance for the infant. If the caregiver is interested in out-of-home child care, information should be given to the caregiver about the local Child Care Resource and Referral agency or local Smart Start. If the infant is at risk for or has a special health care need or disability referrals should be made to CSC or EI.

Date/Notes/Signature- Complete as described. The Newborn Home Visit Assessment must be completed within 60 days of an infant's birth.