

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #1: Demographic Information	
Outcome Criteria	Nursing Process
<ul style="list-style-type: none"> <input type="checkbox"/> Newborn Home Visit Assessment Record is complete for billing purposes. <input type="checkbox"/> As appropriate, child's Newborn Home Visit Assessment may be included in child's medical record. 	<ul style="list-style-type: none"> ◇ Documentation of: <ul style="list-style-type: none"> - Name, Date of Birth, Race/Ethnicity, Gender, Age at Visit - Patient Identification/Medicaid Number - County of Residence - Address, Telephone Number, Directions to the Home - Primary Language Spoken in the Home; Interpreter Needed/Interpreter Signature
Parameter #2: Maternal/ Family Demographics; Risk Factors Identified	
Outcome Criteria	Nursing Process
<ul style="list-style-type: none"> <input type="checkbox"/> Maternal/Family demographic risk factors are identified 	<ul style="list-style-type: none"> ◇ Assessment: <ul style="list-style-type: none"> - Mother's Name - Mother's Identification Number - Mother's Date of Birth, Marital Status - Mother's Education; Mother's Employment Status - Father's Involvement - Other Primary Caretaker(s) ◇ Referral <ul style="list-style-type: none"> - As indicated by risk factors known to be present, or found during the visit - Finding provided to other service providers <u>with</u> parental consent

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #3: Home & Social Environment	
Outcome Criteria	Nursing Process
<ul style="list-style-type: none"> <input type="checkbox"/> Infant is living in a home that is adequate in space, clean, safe, and in good repair <input type="checkbox"/> Infant is living in a social environment, social/interval development. ◇ Documentation of: <ul style="list-style-type: none"> - Alcohol and drug use by mother, family in household members - Domestic Violence in home - Several health issues in family or resident <input type="checkbox"/> Caregiver has adequate equipment to safely care for infant and to prepare formula/food. 	<ul style="list-style-type: none"> ◇ Assessment: <ul style="list-style-type: none"> - Type and Condition of Dwelling - Number of Adults and Children in the household; including adequacy of space for the number of people living there - Cleanliness - Safety Hazards, (Include in this assessment such things as peeling paint or other lead hazards; missing window screens; window blind cords near the crib; spaces between crib slats less than 2 3/8 inches, obvious fire hazards, walkers, community safety concerns) - Smoke Detector, Carbon Monoxide Detector - Smoking in the home and the car ◇ Referral: <ul style="list-style-type: none"> - As indicated by obvious safety hazards ◇ Education: <ul style="list-style-type: none"> - Safety Risks - Lead Poisoning Risks - Smoking Hazards ◇ Assessment: <p>Are the following available and working/adequate?</p> <ul style="list-style-type: none"> - Type of Water Supply/Indoor Plumbing - Stove - Refrigerator - Electricity - Telephone (If no telephone, discuss emergency plan, contact numbers) - Smoke/Carbon Monoxide Detectors - Car Seat (Understands correct use/placement)

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #4: Perinatal History: Risk Factors Identified	
Outcome Criteria	Nursing Process
<input type="checkbox"/> Perinatal medical risk factors are identified	◇ Assessment: <ul style="list-style-type: none"> - Prenatal Complications; Labor/Delivery Complications - Postpartum Complications - Mother's Emotional Status; "Blues"; Depression - Gestational Age - Birth Measurements – Weight, Length; and Head Circumference (if available) - Status of Newborn Hearing Screening and Metabolic Screening

Parameter #5: Infant Nutrition	
Outcome Criteria	Nursing Process
<input type="checkbox"/> Breastfed infant receives adequate nutrition. <input type="checkbox"/> Formula fed infant receives adequate nutrition <input type="checkbox"/> Family has adequate physical material and educational resources related to infant feeding.	◇ Assessment: <ul style="list-style-type: none"> - Number of feeding in 24 hours - Average length of feedings - Infant is Content After Feeding ◇ Assessment: <ul style="list-style-type: none"> - Formula Type; Amount per 24 hours; Formula Preparation - Adequacy of Bottle Supply - Infant is Content After Feeding ◇ Assessment: Observe/Inquire about signs that breastfeeding is progressing well <u>Breastfed</u> <ul style="list-style-type: none"> - Infant has at least six wet diapers per day - Infant is having at least one stool per day after the 4th day of life - Weight gain per expected parameter <i>Infant gains 4-7 ounces per week after regaining birth weight by to 10 days of age</i> - Mother feels tug, not pain during feedings - Infant swallows hard after first few strong sucks - Mother's concerns/problems with breastfeeding

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #5: Infant Nutrition (continued)	
Outcome Criteria	Nursing Process
<p><input type="checkbox"/> Family has adequate physical material and education resources related to infant feeding.</p> <p><input type="checkbox"/> Infant receives adequate nutrition.</p> <p><input type="checkbox"/> Family has adequate educational resources related to infant feeding.</p>	<p>◇ Assessment: Observe/Inquire about adequacy of intake: <u>Formula Fed</u></p> <ul style="list-style-type: none"> - Infant has at least six wet diapers per day - Infant is having at least one stool per day after the 4th day of life - Weight gain per expected parameters <i>Infant gains 4-7 ounces per week after regaining birth weight by 10 days of age</i> <p>◇ Family Education: Suggested Materials:</p> <ul style="list-style-type: none"> - <i>2006 Nursing Guidelines for Child Health Program</i> - <i>Breastfeeding Promotion and Support Guidelines for Healthy Full Term Infants</i> - <i>Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, Second Edition, Revised</i> - <i>Bright Futures in Practice: Nutrition</i> <p>◇ Referral: For abnormal or suspicious findings/additional education/breastfeeding assistance or peer support:</p> <ul style="list-style-type: none"> - Patient/Family Counseling - WIC Program - Lactation Consultant

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #6: Basic Care/Caregiver Skills (Continued)	
Outcome Criteria	Nursing Process
<ul style="list-style-type: none"> <input type="checkbox"/> Caregiver has adequate skills to meet infant's basic physical needs. <input type="checkbox"/> Caregiver gains adequate knowledge and skills to provide safe care of infant. 	<ul style="list-style-type: none"> ◇ Assessment: Observe/Discuss to assess knowledge: <ul style="list-style-type: none"> *Safe Handling/Positioning <ul style="list-style-type: none"> - Observe handling and placement of infant - Caregiver places infant into care seat safely (rear-facing seat in back of vehicles) - Caregiver follows "Safe sleep recommendations (unless medically contraindicated) + SIDS reduction ◇ Education: As indicated, demonstrated and teach: <ul style="list-style-type: none"> - Formula Preparation, as needed (dilution, safe warming and handling) - Diapering; Circumcision Site Care - Dressing infant appropriately for season, environment - Crib Safety (including "safe sleep + SIDS) - Use of Infant Car Seat - Temperature taking/Reading a Thermometers - Bathing/Cord Care - Safe Handling/Placement of infant - Recognition of Signs and Symptoms of Illness

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #7: Parenting Skills	
Outcome Criteria	Nursing Process
<p><input type="checkbox"/> Caregiver forms warm attachment to infant and stimulates infant's development</p> <p><input type="checkbox"/> Caregiver responds to infant's cues appropriately.</p> <p><input type="checkbox"/> Caregiver and infant will interact in a reciprocal manner.</p> <p><input type="checkbox"/> Infant is integrated as a family member.</p>	<p>◇ Assessment: Observe interaction between infant and parent when infant is not crying:</p> <ul style="list-style-type: none"> - Holding and cuddling - Touching and stroking - Eye contact - Talking and singing - Rocking and swaying <p>◇ Assessment: Observe caregiver's response to infant's cues:</p> <ul style="list-style-type: none"> - Provides stimulation during alert periods - Discontinues stimulation when infant withdraws - Investigates and intervenes when infant manifests distress - Responds appropriately to crying; ("Shaken Baby Syndrome") - Recognizes cues for hunger <p>◇ Assessment: Observe caregiver's and infant during feeding, if possible</p> <p>◇ Assessment: Observe other family members as they interact with infant</p> <p>◇ Education/Counseling:</p> <ul style="list-style-type: none"> - Infant can see, hear, move form birth - Suggest appropriate stimulation techniques - Discuss how to respond to infant's engagement and disengagement cues <p>◇ Referral: For abnormal or suspicious findings:</p> <ul style="list-style-type: none"> - Child Service Coordination Program - Other agencies as appropriate

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #8: Newborn Assessment	
Outcome Criteria	Nursing Process
<p><input type="checkbox"/> Infant is growing and developing appropriately.</p> <p>NOTE: This assessment consists of a brief physical inspection using the skills of observation and palpation and auscultation. Registered Nurses performing this appraisal are not required to be rostered as Child Health Nurse Screeners.</p> <p>Equipment needed includes:</p> <ul style="list-style-type: none"> - Infant Scales - Measuring Tape - Thermometer (as needed) - Stethoscope (pulse rate may be measured apically) or palpated brachially. <p>Findings indicated in <i>ITALICS TYPE</i> necessitate <u>Immediate Referral</u> to infant's health care provider</p> <p>Other findings not considered to be "Within Normal Limits" should be discussed with caregiver; arrangements should be made for timely follow-up on abnormal or suspicious findings.</p> <p><input type="checkbox"/> Caregiver is aware of any special physical needs of baby and provides adequate care.</p>	<p>◇ Assessment: Nursing Inspection/Observation of Unclothed Infant: including:</p> <ul style="list-style-type: none"> *Vital Signs Fever \geq 100.6 Rectally NR RR *Elimination Void - # wet diapers in 24 hours, color, odor Stools - # in 24 hours, color, consistency *Fontanelles Open/Closed, Bulging or Sunken *Skin Intact/Hydrated, Jaundice, Rashes *Mouth Symmetry, Lips and Palate Intact *Eyes Regards Face; Follows Face or Light *Hearing Startles to Loud Noise (Moro Reflex), Calms/ Attend to voice *Breast Engorgement, Drainage *Heart/Lungs Heart and Respiration Rates *Abdomen Soft/<i>Rigid</i> *Cord Off/On, Healing/Drying, Drainage *Genitalia Male-Circumcision Healing Female-Discharge *Reflexes Root, Suck, Grasp, Fencing (ATNR) *Development Lifts Head, Vocalizes, Moves all Extremities *Extremities Complete Movement *Wake/Sleep Establishing pattern, Awakens at Night to Feed *Other Other findings not "Within Normal Limits" <p>◇ Education</p> <ul style="list-style-type: none"> - Counsel on normal and abnormal findings <p>◇ Referral</p> <ul style="list-style-type: none"> - For abnormal or suspicious findings <p>◇ Assessment:</p> <ul style="list-style-type: none"> - Knowledge and skill in caring for any special needs of infant <p>◇ Education:</p> <ul style="list-style-type: none"> - Demonstrate and teach care giving skills as needed.

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #9: Resources and Referrals	
Outcome Criteria	Nursing Process
<p><input type="checkbox"/> Caregiver recognizes the need for routing preventive Well Infant/Child Health care through a medical home.</p> <p><input type="checkbox"/> Nurse and Caregiver will discuss family's needs.</p> <p><input type="checkbox"/> Caregiver will be informed of resources available to address unmet needs or concerns.</p>	<p>◇ Assessment: Assess caregiver's knowledge of and plans for:</p> <ul style="list-style-type: none"> - Well Infant/Child Health Care (Does infant have appointment scheduled?) - Medical Home (Has caregiver identified ongoing need for health care provider?) - Immunizations (Did infant receive immunizations prior to hospital discharge? Does infant have an appointment scheduled?) - Health Insurance/Medicaid/Health Choice (Does infant's family have payor source or funds to pay for health care services?) <p>◇ Referral As needed, assist family with:</p> <ul style="list-style-type: none"> - Scheduling appointments - Selecting health care provider - Obtaining payor source for health care <p>◇ Assessment: See problems and concerns already identified during the <i>Newborn Home Visit Assessment</i></p> <p>◇ Resources/Referrals: Provide appropriate information to caregiver and/or initiate referrals with input from caregiver. All referrals are <u>contingent</u> upon family's consent.</p> <ul style="list-style-type: none"> - WIC Program - Medicaid/Health Choice for Children - Quality Child Care (If needed, does family have provider identified? Is assistance needed with locating safe, appropriate child care services? Does family need information about child care subsidies?) - Transportation - Child Service Coordination Program - CDSA/Infant Toddler Program - As identified by family (Maternity Care Coordinator; Maternal Outreach Worker; Department of ? Social Services; Food Stamps; etc.)

PROTOCOL: Home Visit for Newborn Care and Assessment

Parameter #9: Resources and Referrals (Continued)	
Outcome Criteria	Nursing Process
<p><input type="checkbox"/> Nurse making Newborn Home Visit Assessment collaborates with the Maternity Care Coordinator and /or Child Service Coordinator (If Applicable).</p>	<p>◇ See <u>North Carolina Medicaid Special Bulletin IV</u> (August 2002), Section 7.0 for additional requirements for coordination of services in the following circumstances:</p> <ul style="list-style-type: none"> - RN making Newborn Home Visit Assessment is not CSC/MCC and child is enrolled in the Child Service Coordination Program - RN making Newborn Home Visit Assessment is not CSC/MCC and mother is enrolled in MCC or was enrolled in MCC during pregnancy (whether or not child is eligible for the CSC Program)