

Home Visit for Newborn Care and Assessment Audit Tool (FY 08-09)

Health Department: _____

Date: _____

Reviewers: _____

Patient Identifier									

Identifying Information

	1	2	3	4	5	6	7	8	9	10
A. Newborn's Name										
B. Newborn's Patient Number										
C. Newborn's Medicaid Number										
D. Newborn's Date of Birth										
E. Newborn's Age at visit										
F. Newborn's Race										
G. Newborn's Ethnicity										
H. Newborn's Gender										
I. Newborn's County of Residence										
J. Newborn's Address										
K. Newborn's Telephone										
L. Directions to Home										
M. Primary Language Spoken										
N. Interpreter Needed										
O. Interpreter's Signature										
P. Mother's Name										
Q. Mother's Patient Number										
R. Mother's Date of Birth										
S. Mother's Marital Status										
T. Mother's Education										
U. Mother's Employment Status*										
V. Father Involvement										
W. Other Primary Caretaker(s)										
Record Compliant?										

** Information on maternal education and employment may be located in the record of the Home Visit for Postnatal Assessment and Follow-up. It is recommend that progress notes indicate that both visits occurred, that a PPHVA form was completed, and where it is filed.*

Comments

<u>CODE</u>
√ =Present 0 =Absent NA =Not Applicable

I. Home & Social Environment	1	2	3	4	5	6	7	8	9	10
A. Type/Condition of Dwelling										
B. Number in Household										
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										
Record Compliant?										

Comments

II. Perinatal History	1	2	3	4	5	6	7	8	9	10
A. Prenatal Complications										
B. Labor/Delivery/Postpartum Complications										
C. Emotional Status/"Blues"/ Postpartum Depression										
D. Gestational Age										
E. Birth Weight										
F. Birth Length										
G. Head circumference(at birth)										
H. Newborn Hearing Screening										
I. Newborn Metabolic Screening										
J. Other										
Record Compliant?										

Comments

III. Feeding/Nutrition	1	2	3	4	5	6	7	8	9	10
A. Today's Weight										
B. Breastfeeding (Fdgs/ 24 hours)										
C. Bottle Feeding (Amt/ 24 hours)										
D. Weight Gain Since Birth										
E. Other										
Record Compliant?										

Comments

IV. Basic Care/ Caregiver Skills	1	2	3	4	5	6	7	8	9	10
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										
Record Compliant?										

Comments

V. Parenting	1	2	3	4	5	6	7	8	9	10
A. Attachment										
B. Stimulation (i.e. books in home)										
C. Response to cues										
D. Infant Feeding (breast/bottle)										
E. Shaken Baby Syndrome										
F. Other										
Record Compliant?										

Comments

VI. Assessment (expected findings)	1	2	3	4	5	6	7	8	9	10
A. Vital Signs										
B. Urinary Function/Output										
C. Bowel Function/Output										
D. Fontanel										
E. Skin										
F. Mouth										
G. Eyes										
H. Breast										
I. Heart/Lungs										
J. Cord										
K. Abdomen										
L. Male genitalia										
M. Female genitalia										
N. Reflexes										
O. Development										
P. Extremities										
Q. Wake/Sleep Pattern										
R. Other										
Record Compliant?										

Comments

VII. Resources and Referrals	1	2	3	4	5	6	7	8	9	10
A. MCC/CSC Collaboration										
Prior to visit										
Post Visit										
Documentation in Mother's Chart										
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										
Record Compliant?										

Comments

Home Visit for Newborn Care and Assessment Form

INSTRUCTIONS

GENERAL GUIDANCE

1. Records for children who are seen during the review period should be selected for audit.
2. The Newborn Home Visit Assessment form is a stand-alone record of activities. However, the reviewer may be referred to information located elsewhere in the medical record.
3. Symbols to be used are listed. First column (bold type) is preferable.
 - a. Present **Y** Yes ✓
 - b. Absent: **N** No 0
 - c. Not Applicable: **N/A** N/A N/A
4. All records should contain documentation for all applicable items.
5. If multiple components, all must be met/present for the record to be compliant. If any item is absent, then the record is out of compliance.

Example: Record #3 is not compliant because one of the required components for the History Section was not completed.

2. History	1	2	3	4	5
a) Maternal prenatal complications	✓	✓	✓	✓	✓
b) Newborn hx: Weeks' gestation	✓	✓	✓	✓	✓
c) Delivery/neonatal problems	✓	✓	0	✓	✓
Record Compliant?	✓	✓	0	✓	✓

Scoring:

1. All items should have 100% compliance.
2. There is no formal scoring process.
3. Items that are not compliant require an action plan to address findings.

<u>CODE</u>		
✓ =Present	0 =Absent	NA =Not Applicable