

Baby Maternal Bed DOB/Age _____ Sex _____	
<u>HPI</u> ... a _____ gram female/male born at _____ weeks gestation via _____ delivery complicated by _____ to a _____ y/o G____P____ mother with void _____, stool _____, feeds: _____.	
<u>Prenatal Hx</u> Maternal BldT: Child BldT: DAT: Fetal U/S:	Labs/Serology: RPR \ominus , Rub. Imm. \ominus , HBsAg \ominus , GBS \ominus , PPD \ominus , GC \ominus , CT \ominus , HIV \ominus cfDNA:
<u>Maternal Hx</u>	<u>Family Hx</u> Cardiac \ominus , Renal \ominus , Vision \ominus , Hearing \ominus , Jaundice \ominus , Hip Dysp. \ominus , Bleeding/ Porphyria \ominus
<u>Maternal Meds</u>	<u>Social Hx</u> Alcohol \ominus , Tobacco \ominus , MJ \ominus

Brian Desnoyers

<u>PE</u> Birth WT _____ Δ _____ WT _____ (_____%ile) LN _____ (_____%ile) HC _____ (_____%ile) NEWT _____ (_____%ile) EOS _____	
<input type="checkbox"/> <u>HEENT</u> : AFOF, PFOF, cephalohematoma/caput, ear canal patent, sym RR, nares patent, palate intact, nl tongue ROM, no ear pits/tags, no midline pits/tags <input type="checkbox"/> <u>CV</u> : RR, nl s1 s2, no m/r/g <input type="checkbox"/> <u>Chest/Resp</u> : clavicles intact, CTAB, no w/r/c, no grunting, no nasal flaring, + breast tissue, nipples normally spaced <input type="checkbox"/> <u>ABD</u> : soft/NT/ND, +BS, no HSM, no palpable masses <input type="checkbox"/> <u>UBM</u> : C/D/I, no hernia identified <input type="checkbox"/> <u>EXT</u> : negative Barlow/Ortolani, 2+ Feb b/l, WWP, no limb deformities, no spine deformities, no pits/hair tufts, no lower sacrum <input type="checkbox"/> <u>GU</u> : normal male/female genitalia, testicles descended, patent anus <input type="checkbox"/> <u>Skin</u> : pink, no/mild jaundice, good cap refill <input type="checkbox"/> <u>Neuro</u> : suck, Moro, grasp, plantar, good tone, alert/responsive	
<u>A/P:</u> <input type="checkbox"/> Well term newborn infant <input type="checkbox"/> Erythromycin/Vit K given <input type="checkbox"/> Neonatal extended screening panel <input type="checkbox"/> Transcutaneous Bilirubin 24-36h <input type="checkbox"/> BAERS hearing screen <input type="checkbox"/> HBV vaccine	<u>TODO:</u> <input type="checkbox"/> Circumcision? <input type="checkbox"/> PCP? <input type="checkbox"/> Anticipatory guidance