



PROVIDENCE HOSPITAL
6801 Airport Boulevard, Mobile AL 36608,
251/633-1000

NEWBORN ADMISSION CHARGE SHEET

LABS	
Newborn (Neonatal) RPR (ALL babies)	5015
Infants of O-positive / O-negative mothers	3258
Infants of RH negative mother (Mother is: O- / A- / AB-)	3258
Cord Blood Hood (Mother is: A+ / B+ / AB+)	3252
Abnormal Hemoglobin (ALL babies)	7900
Central Charge	
Phisoderm	0075
Triple Dye	0082
Johnson's Baby Wash	0075
CENTRAL SUPPLY	
#8 Fr. suction catheter	0820
#10 Fr. suction catheter	0822
Meconium aspirator	4002



PROVIDENCE HOSPITAL
6801 Airport Boulevard, Mobile AL 36608,
251-933-1000



ON1229 – Newborn Record

Newborn Respiratory Therapy

Oxygen Time

Date /Time On _____

Date / Time Off _____

Item	Quantity
Baby Face Mask	
Baby Nasal Cannula	
Infant Ambu Bag	
Infant Stylette	
ET Tube 2.0	
ET Tube 2.5	
ET Tube 3.0	
ET Tube 3.5	
ET Tube 4.0	
Portable O2 tank	
Disposable oxyhood	
Nebulizer	
Oral airway	



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Infant Discharge Planning Summary

		DISCHARGE CHECKLIST	
Discharge Information Packet given to patient and information reviewed Yes _____ No _____		HBV given	Yes _____ No _____
Appointment with Pediatrician: _____		Hearing Screen done	Yes _____ No _____
Additional Appointments: _____		Newborn Screening	Yes _____ No _____
Weight Check: _____		Code Alert band removed	Yes _____ No _____
Lab Work: _____		O ₂ sat done	Yes _____ No _____
Home Phototherapy: _____		Date	____/____/____
Additional Instructions: Notify your baby's pediatrician if your baby exhibits signs of experiencing pain such as inconsolability, grimacing, and extreme sleeplessness; _____		Departure Time :	_____
I acknowledge that I have been provided with written discharge instructions, the instructions have been reviewed with me, and I was given an opportunity to ask questions.		Escorted from unit by:	_____
_____		Discharge Destination:	Home USAWC ICN Other: _____
Patient/Family Signature _____	Date _____	Patient Discharged with	Mom Yes _____ No _____
Nurse Signature _____	Date _____	Other:	_____
		Mother informed of need for infant car seat:	Yes _____ No _____

Maternal-Newborn Identification Record

I certify that during the discharge procedure I received my baby, examined it and determined that it was mine. I checked the Ident-A-Band parts sealed on the baby and on me and found that they were identically numbered _____ and contained correct identifying information.

Mother

Hospital Representative



ON1232 - Infant Discharge Planning
Summary

OB00017



NEWBORN ADMISSION NOTES

G	Term	Preterm	L	A	EDC	Weeks	Age	Mother's Blood Type	Prenatal Risk:																																				
OBSTETRICIAN:						Group B Strep <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> HISTORY ABNORMALITIES OF THIS & PREVIOUS PREGNANCIES: Maternal hx of Hep B PRESENT <input type="checkbox"/> PAST <input type="checkbox"/> NEG. <input type="checkbox"/> Maternal hx of HIV PRESENT <input type="checkbox"/> NEG. <input type="checkbox"/> Maternal RPR Reactive <input type="checkbox"/> NEG. <input type="checkbox"/> Maternal Rubella I <input type="checkbox"/> NI. <input type="checkbox"/>																																							
PEDIATRICIAN:						NURSE ATTENDING DELIVERY: Present at delivery: <input type="checkbox"/> Y <input type="checkbox"/> N																																							
ACTIVE LABOR BEGAN ONSET: Time: _____ Date: _____ Induction: cytotec <input type="checkbox"/> pitocin <input type="checkbox"/> Duration: _____			DELIVERY: DATE _____ TIME _____ PRESENTATION: <input type="checkbox"/> VERTEX <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER Mother educated on benefits of exclusive breast milk feeding and risks of adding formula when breastfeeding. <input type="checkbox"/> Breast feeding mother's choice <input type="checkbox"/> Formula feeding mother's choice TYPE: <input type="checkbox"/> C/S <input type="checkbox"/> SVD <input type="checkbox"/> LFVD <input type="checkbox"/> VACUUM EXT.				Baby Resuscitation OXYGEN: <input type="checkbox"/> MASK <input type="checkbox"/> ET <input type="checkbox"/> PPV < 30 secs How long? ____ ETT: <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0																																						
MEDICATION	AMOUNT	TIME OF DOSE	C-SECTION (REASON): <input type="checkbox"/> FETAL DISTRESS <input type="checkbox"/> CPD <input type="checkbox"/> FAILURE TO PROGRESS <input type="checkbox"/> REPEAT <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER _____				SUCCTION: <input type="checkbox"/> BULB <input type="checkbox"/> DELEE <input type="checkbox"/> 5/6 <input type="checkbox"/> 8 <input type="checkbox"/> 10																																						
			ANESTHESIA: <input type="checkbox"/> EPIDURAL <input type="checkbox"/> SPINAL <input type="checkbox"/> GENERAL <input type="checkbox"/> LOCAL				MINUTES TO BREATHE: <input type="checkbox"/> SPONT <input type="checkbox"/> ____ MIN MINUTES TO CRY: <input type="checkbox"/> SPONT <input type="checkbox"/> ____ MIN																																						
			APGAR SCORE <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">1 min</td> <td style="border: none; text-align: center;">5 min</td> <td style="border: none; text-align: center;">10 min</td> <td style="border: none; text-align: center;">15 min</td> </tr> <tr> <td style="border: none;">HEART RATE</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">COLOR</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">RESPIRATIONS</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">REFLEXES</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">TONE</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">TOTAL</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					1 min	5 min	10 min	15 min	HEART RATE					COLOR					RESPIRATIONS					REFLEXES					TONE					TOTAL					CORD VESSELS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
	1 min	5 min	10 min	15 min																																									
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MEMBRANE RUPTURE:							ERYTHROMYCIN TO EYES: <input type="checkbox"/> Y <input type="checkbox"/> N Vitamin K <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Right Thigh <input type="checkbox"/> Left Thigh																																						
<input type="checkbox"/> SROM	<input type="checkbox"/> Clear	TIME	DATE					MEDICATIONS: _____ _____ _____																																					
<input type="checkbox"/> AROM	<input type="checkbox"/> Mec																																												
ID Bands Verified: <input type="checkbox"/> Y <input type="checkbox"/> N																																													
_____ (Labor Nurse)																																													
_____ (Nursery Nurse)																																													
SEX:							COMPLICATIONS: _____ _____ _____																																						
WEIGHT: lbs _____ grams _____			TEMPERATURE:																																										
HEIGHT:																																													
HEAD CIRCUMFERENCE:			BLOOD TYPE:																																										
CHEST CIRCUMFERENCE:																																													
RACE:			COOMB'S:																																										





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Physician Newborn Progress

	DAY OF BIRTH					PROGRESS NOTES
EXAMINATION DATE						
WEIGHT:						
GENERAL APPEARANCE						
SKIN:						
HEAD AND NECK:						
EYES:						
EARS, NOSE AND THROAT:						
THORAX:						
LUNGS:						
HEART:						
ABDOMEN:						
GENITALIA:						
TRUNK:						
ANUS:						
EXTREMITIES:						
CENTRAL NERVOUS SYSTEM:						
OTHER:						
PHYSICIAN SIGNATURE:						
GESTATIONAL AGE ASSESSMENT						
ABNORMAL FINDINGS- ADMITTING				ABNORMAL FINDINGS- DISCHARGE		
ADMITTING DIAGNOSIS:				FINAL DIAGNOSIS:		
COMPLICATIONS:				<i>Patient understands benefits of breastmilk feeding vs. formula feeding and chooses to:</i> <input type="checkbox"/> exclusively breastmilk feeding <input type="checkbox"/> not exclusively breastmilk feeding – mother's choice <input type="checkbox"/> breastmilk feeding contraindicated due to _____ baby will be formula fed		
HEARING SCREEN <input type="checkbox"/> RT EAR PASS <input type="checkbox"/> LT EAR PASS				HEPATITIS B VACCINE GIVEN? <input type="checkbox"/> Y <input type="checkbox"/> N		
				DATE/TIME		
LAB	DATE					
BILI						
ADMITTING PHYSICIAN: _____				DISCHARGE PHYSICIAN: _____		





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Consent to Formula Feed

I choose for my baby to be formula fed:

_____ I have requested to feed my baby formula. I have had the discussion with my healthcare provider and understand the benefits of breastmilk feeding vs. formula feeding.

_____ PARENT

_____ NURSE

_____ DATE / TIME

Physician ordered Formula due to medicare reason.

NOTE: The late preterm infant may not clinically fall into the standard guidelines or routine standing orders for blood glucose monitoring, but may need occasional glucose monitoring when breast feeding. **Late preterm infant is defined as an infant that is between 34–37 weeks gestation and weighs between 4.5–6.5 lbs.** These infants are more likely to have problems breastfeeding due to immaturity, and require close observation.

According to the **American Academy of Pediatrics** (AAP) supplements should not be given to breastfeeding newborns unless ordered by a physician when a medical indication exists.

References: Academy of breastfeeding Medicine, Protocol #3
American Academy of Pediatrics



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PO1130- Home Med Sheet

MEDICATION RECONCILIATION RECORD

List Initiated by: _____ Date/Time: _____ Ht: _____ Wt: _____ BMI: _____
 Pregnant? Yes ___ weeks gestation No Breastfeeding? Yes No Pharmacy _____ Ph# _____

ALLERGY/INTOLERANCE	REACTION(S)	ALLERGY/INTOLERANCE	REACTION(S)	ALLERGY/INTOLERANCE	REACTION(S)
1		4		7	
2		5		8	
3		6		9	

HOME MEDICATION(S) Prior to Admission: (Policy 5.03.29: Alternative/Herbal medications will not be honored)
 [PRINT all medications, nutritionals, herbal supplements, respiratory drugs, and pumps or patches used prior to this visit/admission.]

Source: Patient Family A provided list Other _____

ADMIT YES NO	MEDICATION (Include strength)	DOSE	FREQUENCY	ROUTE	LAST DOSE (Date/Time)	DISCHARGE	
						YES NO	(Date/Time)
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	
Y N						Y N	

Continued on page 2

*[Any change in dose, route or frequency requires a new written order]
 [If above not completed, nurse to contact physician and review each items listed for a telephone order.]

Home meds brought in: NA Sent home Pyxis Do Not Use Form for Orders, see Written Orders

Admit RN/LPN _____ Date _____ Time _____ Physician Signature _____ Date _____ Time _____

DISCHARGE MEDICATIONS: Prescription & OTC (New or Changed)

MEDICATION (Include strength)	DOSE	FREQUENCY	ROUTE	INDICATION (Blood Pressure, Diabetes, Breathing)	NEXT DOSE
1					
2					
3					
4					
5					

Continued on page 2

Home Meds in Pyxis returned to Patient **Form FAXED** to Primary Physician/Facility upon Discharge: **Initial** _____

Discharge RN/LPN _____ Date/Time _____ Physician Signature _____ Date/Time _____



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**Not part of Medical Record but leave
 on top of the discharge chart for
 Medical Records.**

Checklist for Turning Charts at Discharge *(Medical record should stay in same order unless otherwise noted.)*

- _____ Print new face sheet to be placed on top of chart and shred all old face sheets.
- _____ Reduced chart is added into appropriate sections in date order.
- _____ Verify that all chart forms included are on the correct patient's chart. (Verify ID)
- _____ Remove all blank forms not used and place in shred box **(with the exception of blank forms that fall in a number sequence)**.
- _____ Remove any physician prescriptions, implant and vaccination cards and give to nurse for patient.
- _____ Physicians' Orders, Progress Notes and MARS/IVARS in date order beginning with first day of admit to day of discharge. **(DO NOT SHRED blank forms that fall in a number sequence)**
- _____ Remove all forms marked "Not Part of Medical Record" and Nurses' worksheets, i.e., organ system review and/or nursing report notes and place in shred box.
- _____ Place IVARs and MARs from Nurses' book on correct chart.
- _____ Patient's Discharge Meds Sheet and Discharge Instructions on chart.
- _____ In the event of HED downtime any written additions to HED (Nurses' Notes) should be signed, timed and dated– in date order from day of admit to day of discharge.
- _____ Copies of old records printed from E-him are shredded. All other records used in the treatment of patient from physicians' offices or other facilities should be placed at the back of the chart.
- _____ Remove Chart Tabs.
- _____ Chart Available and in basket for 8:00 p.m.pick-up.

Unit _____

Unit Secretary _____

Date/Time _____

Comments _____



	Birth to 2H	2 to 24H	24 to 48H	>48H
	Expected Outcomes	Expected Outcomes	Expected Outcomes	Expected Outcomes
Nutrition	breastfed	Latch Score of 7 or > for 2 feedings in 24hrs	Latch Score of 7 or > for 2 feedings in 24hrs	Latch Score of 7 or > for 2 feedings in 24hrs
	formula fed	attempts/breastfeeds 8 times in 24hrs	breastfeeds 8-12 times per 24hrs	breastfeeds 8-12 times per 24hrs
		formula feeding q 3-4hrs without difficulty	formula feeding q 3-4hrs without difficulty	formula feeding q 3-4hrs without difficulty
		voids 1-2 in 24hrs	voids 1-2 in 24hrs	voids 1-2 in 24hrs
		stools 1-2 in 24hrs	stools 1-2 in 24hrs	stools 1-2 in 24hrs
VS/Assess	APGAR >6 at 1	review of systems WNL	review of systems WNL	review of systems WNL
	APGAR >8 at 5	HR 110-160	HR 110-160	HR 110-160
	review of systems WNL	RR 40-60	RR 40-60	RR 40-60
	HR 110-180	Maintaining temp >97.7 in open crib	Maintaining temp >97.7 in open crib	Maintaining temp >97.7 in open crib
	RR 40-60	no cardiac monitor needed	no cardiac monitor needed	no cardiac monitor needed
	Temp >97.7	no oxygen needed	no oxygen needed	no oxygen needed
	no cardiac monitor needed	routine care given	routine care given	routine care given
	no oxygen needed			
Safety/Security	ID bands on X2	ID Bands on X2	ID Bands on X2	ID Bands on X2
	Code Alert	Code Alert	Code Alert	Code Alert
	Infant security brochure disclosed	Infant security brochure disclosed	Infant security brochure disclosed	Infant security brochure disclosed
Bonding	visited with mom	baby rooming with mom or family	baby rooming with mom or family	baby rooming with mom or family
	visited with family	baby skin to skin with mom	baby skin to skin with mom	baby skin to skin with mom
	baby skin to skin with mom	caregivers return demonstration of care	caregivers return demonstration of care	caregivers return demonstration of care



NEWBORN MATURITY RATING & CLASSIFICATION

ESTIMATION OF GESTATIONAL AGE BY MATURITY RATING

Symbols: X – 1st Exam O – 2nd Exam

Side 1



Gestation by Dates _____ wks

Birth Date _____ Hour _____ pm
am

APGAR _____ 1 min _____ 5 min

NEUROMUSCULAR MATURITY

	-1	0	1	2	3	4	5
Posture							
Square Window (wrist)	>90°	90°	60°	45°	30°	0°	
Arm Recoil		180°	140°-180°	110°-140°	90°-110°	<90°	
Popliteal Angle	180°	160°	140°	120°	100°	90°	<90°
Scarf Sign							
Heel to Ear							

MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

PHYSICAL MATURITY

Skin	sticky; friable; transparent	gelatinous; red; translucent	smooth; pink; visible veins	superficial peeling &/or rash; few veins	cracking; pale areas; rare veins	parchment; deep cracking; no vessels	leathery; cracked; wrinkled
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald	
Plantar Surface	heel-toe 40-50 mm: -1 <40 mm: -2	>50 mm; no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole	
Breast	imperceptible	barely perceptible	flat areola; no bud	stippled areola; 1-2 mm bud	raised areola; 3-4 mm bud	full areola; 5-10 mm bud	
Eye/Ear	lids fused loosely: -1 tightly: -2	lids open; pinna flat; stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm; instant recoil	thick cartilage; ear stiff	
Genitals male	scrotum flat; smooth	scrotum empty; faint rugae	testes in upper canal; rare rugae	testes descending; few rugae	testes down; good rugae	testes pendulous; deep rugae	
Genitals female	clitoris prominent; labia flat	prominent clitoris; small labia minora	prominent clitoris; enlarging minora	majora & minora equally prominent	majora large; minora small	majora cover clitoris & minora	

SCORING SECTION

	1st Exam=X	2nd Exam=O
Estimating Gest Age by Maturity Rating	_____ Weeks	_____ Weeks
Time of Exam	Date _____ am Hour _____ pm	Date _____ am Hour _____ pm
Age of Exam	_____ Hours	_____ Hours
Signature of Examiner	_____ M.D./R.N.	_____ M.D./R.N.

Scoring system: Ballard JL, Khoury JC, Wedig K, Wang L, Eilers-Walsman BL, Lipp R. New Ballard Score, expanded to include extremely premature infants. J Pediatr. 1991;119:417-423.



	Intrapartum	Recovery	Postpartum (Day 1)	Postpartum (Day 2)
	Expected Outcomes	Expected Outcomes	Expected Outcomes	Expected Outcomes
Consults	Done if applicable	Done if applicable	Lactation consult as needed, seen by consultant	Lactation consult as needed, seen by consultant
Labs	CBC, Group & Type, glucose if diabetic, Grp B status, Hep B, HIV, RPR. Addressed and available prior to delivery	If excessive vaginal bleeding, consult MD for needed lab work	H&H > 10/30, call MD if not met	H&H > 10/30, call MD if not met
Physical Assessment	OSR done and addressed	Fundus firm, vaginal bleeding not excessive, any clots addressed, perineum without hematoma	Negative Homan's sign, passing gas, +BS, OSR completed, abnormalities addressed and documented. Nipples and breast assessed with interventions documented if needed, perineum addressed with pericare initiated	Negative Homan's sign, passing gas, +BS, OSR completed, abnormalities addressed and documented. Nipples and breast assessed with interventions documented if needed, perineum addressed with pericare initiated
Vital Signs	BP<150/90, Temp<100.4 Pulse<130, Resp<24, O2 Sat>92	BP<150/90, Temp<100.4 Pulse<130, Resp<24, O2 Sat>92	BP<150/90, Temp<100.4 Pulse<130, Resp<24, O2 Sat>92	BP<150/90, Temp<100.4 Pulse<130, Resp<24, O2 Sat>92
I & O	Output >240 in 8 hours per assessment protocols. Vag bleeding addressed, documented and interventions done	UOP >240, ability to void	Voiding without difficulty	Voiding without difficulty
Nutrition	IVF, ice chips or per MD order's	Ability to tolerate liquids, increase per MD's order. D/C IV	Tolerating food and liquids	Tolerating food and liquids
Pain Management	Pain scale addressed, relaxing and breathing techniques, position changes encouraged for all patients. IV meds or anesthesia needs addressed for all patients	Pain score >5 addressed and intervention done and documented	Pain score >5 addressed and intervention done and documented	Pain score >5 addressed and intervention done and documented
FHT's Evaluation	Variability, accelerations and decelerations per assessment protocols. Treatments given for changes in FHT's, Group B status or changes in maternal vital signs			
Activity	Braden/Fall assessed on admit, position changes as needed. Patient instructed on ambulation precautions	MAEW, no diminished sensation in LE or muscle weakness. Up to BR with assistance	Ambulating ad lib, doing ADL's with minimal help	Ambulating ad lib, doing ADL's with minimal help
Bonding	Labor requests addressed, addresses infant by name or gender	Skin to skin started, baby with parents	Skin to skin maintained for BF, baby with parents, participating with care of infant, addressing infant by name	Skin to skin maintained for BF, baby with parents, participating with care of infant, addressing infant by name
Education	Education folder on admit and re-evaluated per patient's needs	Teaching started regarding daily care, peri care and baby care	Discharge folder with patient and patient verbalizes understanding discharge instructions, instruct patient on channel 22 for discharge care. Mother and baby discharged together.	Discharge folder with patient and patient verbalizes understanding discharge instructions, instruct patient on channel 22 for discharge care. Mother and baby discharged together.



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PM1139

Newborn Medication Administration Record Manual

PAGE _____

INITIALS / SIGNATURE / TITLE	INITIALS / SIGNATURE / TITLE	OMISSION CODES	INJECTION CODES	PAIN SCALE
-----	-----	R PATIENT REFUSED N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER O OTHER-NURSES' NOTES	LD LT DELTOID RD RT DELTOID LG LT GLUTEUS RG RT GLUTEUS LL LT VASTUS LATERALIS RL RT VASTUS LATERALIS LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL LA LT ABDOMEN RA RT ABDOMEN	-----0 No PAIN ----- ----- (0-10 SCALE) ----- -----10 UNBEARABLE PAIN

DATE:	ALLERGIES:
--------------	-------------------

CHECKED BY	0701-1500			1501-2300			2301-0700		
	TIME	ID	COMMENTS	TIME	ID	COMMENTS	TIME	ID	COMMENTS



PHYSICIAN'S ORDERS

DATE	HOUR	PROVIDENCE HOSPITAL WELL NEWBORN PATHWAY ORDERS
		<ol style="list-style-type: none"> 1. Inpatient 2. Nursery care according to Newborn Policies and Procedures. (Pathway) 3. Apply 0.5 to 1 inch strip of erythromycin (ROMYCIN) 0.5% ophthalmic ointment in each eye, one dose only. 4. phytonadione (VITAMIN K) 1 mg IM, one dose only, upon admission. 5. Newborn Screening 24 to 48 H after first protein feeding or prior to discharge. 6. If infant is breast fed, do not supplement with glucose water; supplement with formula per physician's order. 7. Formula as ordered by physician monthly rotation schedule. 8. Oxygen PRN. If continued use in nursery, notify physician. 9. If infant is an IODM, SGA, weight greater than or equal to 8 lbs. 8 oz., or preterm infant less than 37 weeks obtain chemstrip by heel stick within first hour, 2 hours of age, and repeat Q 4 H for first 24 hours of age. If below 40, obtain lab glucose and notify physician. 10. If mother is blood type O positive or Rh negative, get cord blood Rh, type and direct coombs. Notify physician if coombs is positive and obtain microbilirubin. 11. Bilirubin on all infants prior to discharge if less than 24 H of age. 12. Hepatitis B vaccine pediatric and adolescent formulation (RECOMBIVAX HB) 5 mcg per 0.5 mL IM, one dose only, if parents' consent obtained. 13. hepatitis B immune globulin > 312 per mL (NABIHB) 0.5 mL IM to be given to any infant whose mother is positive for Hepatitis B. 14. All babies to be brought to the nursery each morning for examination by the pediatrician. 15. Hearing screen on all infants with parental consent. 16. O₂ sats per protocol on 2nd day of life. Follow Newborn screening algorithm. 17. Transcutaneous bilirubin on all babies prior to discharge. 18. lidocaine (XYLOCAINE) 1% 0.5 mL SUBQ to affected area for circumcision anesthetic. lidocaine jelly (XYLOCAINE) 2% apply to affected area for circumcision anesthetic. Absorbable gelatin sponge (GELFOAM, SURGIFOAM) size 12-7 to affected area PRN to control bleeding. <p style="margin-left: 40px;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">RN or PA Signature</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Time</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Physician Signature</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Time</div> </div> <p style="font-size: small; margin-top: 10px;"> Developed: April 1999 Revised: December 2012 Revised: October 2013 </p>





Patient Portal Consent and User Agreement

Purpose of this Form

The Providence Health System Patient Portal offers a safe way for patients to view some of the health information stored in Providence Health System electronic health records. The Patient Portal also, in some cases, may serve as a tool to communicate with Providence Health System providers and staff that provide care to the patient. While the Patient Portal helps improve communications, it does have some risks. This Consent and User Agreement will help explain the best use of the Patient Portal, describe some of the risks and ways to enhance the safety of your health information, and allow you to agree to use, or decline to use, the Patient Portal. You are encouraged to maintain a copy of this User Agreement.

Important Information Regarding the Patient Portal

- **In an emergency, call 911** or go to the nearest emergency room
- The Patient Portal can only be used for non-emergency communications and requests.
- The Patient Portal does not diagnose or treat disease, or provide other medical services. Educational materials provide general information. Because everyone is different, you should discuss your situation with your doctor.
- The Patient Portal will not contain your complete medical record.

Patient Portal Features

- Access to Health Information: You may view a clinical health record summary concerning your most recent visit, as well as current medications and some lab results.
- Appointment Requests: You may request an appointment for certain outpatient visits with a participating Providence Health System physician practice. Please note this is a request only. The staff will contact you via the Patient Portal messaging system or by phone with a scheduled appointment date and time.
- Demographic Information: You may use the Patient Portal to review patient demographic information such as address, phone number, and contact information. The Patient Portal will not relay any changes to this information back to Providence Health System. Please be sure to update your demographic information on your next visit.
- Education Resources: You may view patient educational resources on various topics listed in the Patient Portal library.
- Prescription Refill Requests: Some medication refills can be requested in the Patient Portal. ***This is available for participating Providence Health System physician practices only.***
- Patient Communication to Provider: You may send non-emergent or non-urgent communications using the Patient Portal. ***This is available for participating Providence Health System physician practices only.***
- Additional Features: Additional features may be added in the future and information about those features will be posted on the Patient Portal.

Etiquette When Using the Patient Portal

- Please make sure that your name and other personal information is correct, especially if sending a message.
- You are responsible for updating your email address as soon as it changes. The system will not automatically update the email address from your message.
- Before sending a message, review it to ensure that it is clear and includes the information that your doctor needs to know to help you.
- The Patient Portal system will send notifications to your inbox to let you know that there is a new message for you in the Patient Portal. Please review the message you received in your Patient Portal Inbox.



- *Providence Health System staff* will try to respond within 36 business hours of receiving your request. If you have not received a response within this timeframe, please contact the clinic office.

Privacy

- All messages sent to you from within the Patient Portal are protected to help keep your information private.
- Electronic messages from you to Providence Health System should be through the Patient Portal. Messages or information sent outside of the Patient Portal may not be protected.

Privacy Protection of Your Health Information

All communications concerning your personal health information carry some level of risk. While the Patient Portal is designed to keep your information safe, there are risks which are important for you to understand. Some helpful things to keep in mind include:

- Do not store, send or access messages on your employer–provided computer or hand–held device. Personal information may be accessible by your employer.
- Use a screen saver or close your messages so that others nearby cannot read them.
- Keep your user name and password safe and private.
- If you believe someone has discovered your password, you should promptly change it using the steps outlined in the Patient Portal Account Settings.
- It is best not to use a public computer or kiosk to access the Patient Portal. If you must use a public computer to access the Patient Portal, ask for help to delete the browsing history.

When accessing the Patient Portal, Providence Health System and its staff are not responsible for security infractions or intrusions resulting from the user’s failure to follow prudent security measures, including but not limited to those described above, or for network infractions beyond its reasonable control.

Both Providence Health System and you are responsible for protecting your health information. Providence Health System and its staff are not responsible for security problems resulting from a failure by you (or someone accessing your information with your permission) to follow prudent security measures, such as those described above, or for events beyond its reasonable control.

Access, Use of Online Communications and Participation Conditions

- The Patient Portal is an optional service offered as a courtesy to our patients. Use of the Patient Portal is subject to all terms and conditions of the Patient Portal Consent and User Agreement. Any inappropriate use of the Patient Portal by either the patient or their representative may result in termination from using the Patient Portal.
- In addition to communication through the Patient Portal, you may contact us via telephone or in person at any time. You may also be asked to contact us by telephone or in person to discuss concerns raised through the Patient Portal.
- Providence Health System does not guarantee that the Patient Portal will be accessible 24 hours a day, 7 days a week. The Patient Portal may be unavailable without prior notice to you due to routine maintenance, or due to circumstances beyond our control.
- At any time, your Patient Portal access may be suspended or terminated without advance notice. An attempt will be made to notify user(s) if suspension or termination occurs.
- Providence Health System and staff do not have liability or responsibility to any patient, or authorized person, or user for their inability to access the Patient Portal.
- Per Providence Health System policy, Providence Health System does not permit minors to use the Patient Portal.
- By logging onto the Patient Portal, you agree to all the terms and conditions of the Patient Portal Consent and User Agreement. Providence Health System may amend, supersede or rescind its Patient Portal Consent and User Agreement at any time without prior notice. Providence Health System shall have the discretion to determine how its Patient Portal



Consent and User Agreement apply in a given situation, and its determination shall be final, binding, and not subject to further review or appeal.

- Providence Health System is the owner of the Patient Portal, but the patient is responsible for any release of records from the Portal whether in electronic, paper or other form.
- **If you receive access to health care information which is not yours, you must immediately stop viewing such information and immediately notify the Privacy Officer for Providence Health System at 1 (251) 631-3560.**

By signing below, you acknowledge that you have read and agree to comply with the Patient Portal Consent and User Agreement, which has been provided to you. If you have any questions or need further information, please contact Release of Information for your hospital or specific clinic:

Providence Health System Physician Practices	Call the specific office
Release of Information for Providence Hospital	251-639-2759

PATIENT INFORMATION FOR CONSENT			
Printed Name (First, MI, Last)		Date Of Birth	
Patient Signature		Date	
Patient's Email Address			
PROXY ACCESS (to be used only for children under 14yrs. - check box if yes)		<input type="checkbox"/> Yes	
Proxy's Printed Name (First, MI, Last)		Date Of Birth	
Proxy's Email Address			
() -	<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> POA <input type="checkbox"/> Attorney <input type="checkbox"/> Other		
Telephone Number	Relationship to Patient		
Street Address	City	State	Zip Code

Accept _____
Signature

Decline _____
Signature