

Mother

Baby

Name: _____

Name: _____

DOB: _____

Current Age _____

Chart # _____

Birth Weight _____

Support person present: _____

Notes from Intake Form _____

S: Chief complaint: _____

S: Chief complaint: _____

Present problem: _____

Present problem: _____

B/P _____ P _____ T _____ Wt _____ Ht _____

O: Weight: _____ Scale _____

Appearance: WD WN NAD _____

Previous wt: _____ Scale _____

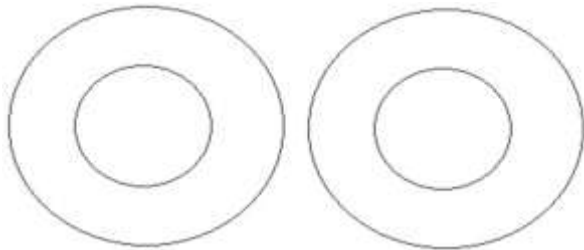


Date: _____ Change in wt: _____

O: Right: breast nipple Left: breast nipple

% loss (from BW): _____

Required intake: _____/24 hours _____/fdg



Musculoskeletal: Muscle tone: Low / loose Normal High/stiff

Head: WNL Molding present _____

Describe _____

Neck & shoulders:

Symmetrical Asymmetrical Tense Intact Clavicles Arching

Appearance: NAD Well-hydrated _____

Breasts: Morphology WNL Asymmetrical Conical Tubular

Jaundice screening: Total body pink White sclera

Yellow staining to: _____

R WNL Engorged Firm Full Soft Unremarkable _____

TCB: _____ Serum bili: _____ Prev bili _____ Date: _____

L WNL Engorged Firm Full Soft Unremarkable _____

Phototx: _____

Nipple/Areola: Length R Shrt Med Lg XL L Shrt Med Lg XL

Oro-facial exam:

Cheeks: WNL Low tone Visible fat pads _____

R WNL Everted Flat Inverted Trauma _____

Jaws: WNL Receding Symmetrical _____

L WNL Everted Flat Inverted Trauma _____

Lips: WNL Sucking blister Tight labial frenum _____

Mouth/Mucus memb: Moist Dry White patches _____

Neck & shoulders: Pain Symmetrical Tense

Palate: WNL Bubble-Arch Clefts High Narrow _____

Breastfeeding Goals / Emotional Status

Suck exam:

Jaws: WNL Biting Clenching Tight Wide excursion _____

Calm Anxious Frustrated Tearful Exhausted

Tongue: WNL Bunched Humped Retracting _____

Goal for Breastfeeding: Exclusive Partial Length of time _____

Frenum: WNL Tight anterior Tight posterior _____

Perception of Breastfeeding: _____

ROM: WNL Poor _____

Effectiveness: WNL Coord/Uncor Functional/Dysfx Oral aversion

Strength of vacuum (0-10) _____

Mother

Baby

Sleep / Nutrition

Sleep: _____

Nutrition: _____

Other Concerns

Sleep: _____

Other Concerns

Breastfeeding observed: Breast: **R L B** Position(s): _____ Infant interest: Good Poor _____

Latch: Deep/shallow Gapes & seals Nibbles on Suck: Cont Needs stim NonNut Rhythmic Swallow: Audible Regular Irregular

Effectiveness: Good suck Attached, no sucking Clicking Clenching Dimpled cheeks Disorganized Excessive excursion Weak suction

Milk ejection: Unremarkable After attached Before attached Hyperactive Not apparent _____

Interventions used during feeding: _____

Intake: **R** 1) Amount _____ Time _____ 2) Amount _____ Time _____

L 1) Amount _____ Time _____ 2) Amount _____ Time _____ Total amt _____ Time _____

Nipple / Breast condition after nursing: _____

Comments: _____

A: _____

_____ ICD9 _____

_____ ICD9 _____

_____ ICD9 _____

_____ ICD9 _____

_____ ICD9 _____

_____ ICD9 _____

Progress from last visit: _____

Goals for next visit: _____

Evaluate at next visit: _____

Time spent in consult: _____

Follow-up in: _____

RN/IBCLC _____

% of time in education/counseling: _____

I saw this patient face-to-face and agree with the evaluation.

MD _____

Mother

Baby

Name: _____

DOB: _____

Chart # _____

Name: _____

MR# _____

DOB _____

Maternal Primary Problem (general)

- Pain Milk Production Latch issues
- Other _____

Primary Problem (specific)

- Bacterial Infection Breast Hypoplasia
- Candida Dermatitis
- Engorgement Functional Pain
- Hypogalactia Low Thyroid
- Mastitis Nipple Trauma
- Overactive Letdown Plugged Duct / Pore
- Hypergalactia Vasospasm
- Prolactin Deficiency
- Other _____

Child Primary Problem (general)

- Poor Weight Gain Dysfunctional Suck
- Other _____

Primary Problem (specific)

- Ankyloglossia Dehydration
- High Tone Jaundice
- GI Distress Inadequate breast milk intake
- Late Preterm Low Tone
- Micrognathia Oral Candida
- Maxillary Asymmetry Preterm
- Reflux Torticollis
- Other _____

Contributing Factors Yes No

- Positive EPDS _____
- History of Breast Surgery _____
- Equipment Use _____
- Complications from Birth _____
- Nipple / Breast Anatomy _____
- Other _____

Contributing Factors Yes No

- Congenital / Genetic Anomaly _____
- Equipment Use _____
- Complications from Birth _____
- Infant Anatomy _____
- Other _____

Supportive Care Yes No

- Acetaminophen (dosing) _____
- Aquaphor or petrolatum to nipples after every feed
- Blocked pore reduced in office
- Breast massage (instr) _____
- Cabbage leaves / cool packs (instr) _____
- Engorgement reduced in office
- Dietary changes (specific) _____
- Hand expression
- Hand placement during feeding (specify) _____
- Heating pad to breast x 5 minutes after every feed
- Herbal supplement: Blessed Thistle Fenugreek Lecithin
 Malunggay Mother's Milk Special Blend
 Phytolacca Probiotics Alfalfa
 Other (specify) _____
- Dosing _____
- Ibuprofen (dosing) _____
- Length of feeding _____
- Maternal Position Changes _____
- Reverse Pressure Softening
- Other _____

Supportive Care Yes No

- Bottle Feeding Instruction: Paced Other _____
- Cheek Compression during feeding
- Chin support during feeding
- Dietary changes (specify) _____
- Herbal or OTC treatments (specify) _____
- Infant massage focusing on _____
- Oral exercises: Tongue compression Massage of TMJ
 Stretch frenulum Other (specify) _____
- Position at breast _____
- Probiotics _____
- Suck training (teach vacuum) with: Bottle Breast Finger
 Nipples Shield Pacifier
- Supplement with: Mother's own milk Banked milk Formula
- Supplement with: Bottle (type / brand) _____
 Cup Dental syringe Finger feeding
 Spoon Syringe feeder
 Supplemental nursing system single
 Supplemental nursing system double
- Volume _____ Frequency _____
- Other Instructions _____
- Other _____

Mother

Baby

Equipment Recommendations Yes No

Breast shells

Hydrogels

Nipple shield (size) _____

Nursing pillow _____

Pumping: Type _____ Flange Size _____

Other instructions _____

Supplemental nursing system Single Double

Other _____

Equipment Recommendations Yes No

Bili Blanket

Bottle _____

Pacifier _____

Other _____

Tests Ordered Yes No

Ultrasound: Breast Pelvic

BHCG

Milk culture (specify) _____

Nipple culture (specify) _____

Prolactin level _____

Thyroid function test _____

Other _____

Tests Ordered Yes No

Serum Bilirubin

Transcutaneous bilirubin

Other _____

Referrals Yes No

Acupuncture _____

Community support group _____

Dermatologist _____

Post partum doula _____

PPD support group _____

Therapist: Chris Raines (specify) _____

Other _____

Referrals Yes No

Chiropractor _____

Craniosacral therapist _____

ENT: Laura Brown

Other _____

Frenotomy(provider) _____

Referral

In office

Physical therapist

Speech pathologist: Joan Comrie

UNC

Other _____

Other _____

Prescriptions Yes No

Antibiotic (specify) _____

Antidepressant (specify) _____

Antifungal (specify) _____

Dermatitis (specify) _____

Galactagogue (specify) _____

Other (specify) _____

Pharmacy name _____

Pharmacy address _____

Pharmacy phone _____

Prescriptions Yes No

Antifungal (specify) _____

Reflux medication (specify) _____

Other (specify) _____

Pharmacy name _____

Pharmacy address _____

Pharmacy phone _____

Comments _____
