

## **NEWBORN CASENOTE**



Name: DOB: Age: Gender: PHN: Home Address: General, Cry and Behaviour	Casenote Date: Paris Id: Team: Physician: School Name: Phone:
Needs	Interventions
General health promotion	<ul> <li>Babies Best Chance given to caregiver</li> <li>Toddlers First Steps given to caregiver</li> <li>Pospartum Package given/mailed to caregiver</li> <li>Other</li> <li>CHN provided information/support re strategies to manage cry</li> <li>Caregiver(s) to implement strategies to manage cry</li> <li>CNH informed primary care provider</li> </ul>
CRY - Inappropriate caregiver response (Shaken Baby/Insecure attachment risk)	by Caregiver(s) to seek medical assessment at Other CHN provided information/support re: strategies to reduce shaken baby risk Caregiver to implement anticipatory guidance strategies to decrease shaken baby risk CHN referred to for additional supports Caregiver(s) to self refer to for additional supports CNH informed primary care provider
BEH - Sleep/wake pattern variance	by Other CHN provided information/support re: strategies to manage sleep/wake pattern variance Caregiver(s) to implement anticipatory guidance strategies to manage sleep/wake pattern behaviours CHN referred to

Name:	Paris ID:
Health Follow-Up and Immunization	for additional supports Caregiver(s) to self refer to for additional supports Other
	later setting
Needs HF - Lack of primary care provider	Interventions CHN provided information re: access to primary care providers Caregiver(s) to implement strategies to secure a primary care provider
	Other
HF - Inadequate health/medical follow-up plan	CHN provided information on impact of inadequate health/medical follow-up plan CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
HF - Lack of plan for immunizations	<ul> <li>CHN to make referral to MCFD</li> <li>Other</li> <li>CHN reinforced anticipatory guidance re: immunization</li> <li>Caregiver(s) to arrange for appointment for immunization</li> <li>Other</li> </ul>
Safety	
Needs	Interventions
SAFE - Unsafe home environment	CHN provided verbal/written information re: strategies to reduce unsafe home environment risk
	Caregiver(s) to implement strategies to reduce risk of unsafe home environment
	CHN referred to
	for additional supports
	Caregiver(s) to self refer to
	for additional supports
	CHN to make referral to MCFD
	Other
SAFE - SIDS risk	CHN provided information re: strategies to reduce SIDS risk
	Caregiver(s) to place newborn on back to sleep
	Caregiver(s) to eliminate 2nd hand smoke in environment
	Caregiver(s) to remove extra bedding/padding from sleep environment
	Caregiver(s) to follow safe sleeping strategies
	Caregiver(s) to avoid newborn overheating CHN informed primary care provider

SAFE - Inappropriate use/lack of car seat	by Other CHN reinforced information re: appropriate use of car seat and resources Caregiver(s) to acquire appropriate care seat Caregiver(s) to attend car seat clinic for assistance Other Other
Head and Eyes/Vision	
Needs HEAD - Physical/head circumference variance	Interventions CHN provided information/support re: head variance CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
HEAD - Plagiocephaly risk	CHN provided information re: strategies to reduce plagiocephaly risk Caregiver(s) to implement strategies to reduce plagiocephaly risk CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
EYE - Vision impairment risk	CHN provided information/support re: impact of vision impairment risk Caregiver(s) to implement strategies to manage vision impairment risk CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
EYE - Physical variance management	Other         CHN provided information re: strategies to manage eye variance         Caregiver(s) to implement strategies to manage eye variance         CHN informed primary care provider

Name:	Paris ID:			
	by Caregiver(s) to seek medical assessment at			
Ears/Hearing and Mouth	Other			
Needs	Interventions			
EAR - Hearing impairment risk	<ul> <li>CHN provided information/support re: impact of hearing impairment risk</li> <li>CHN referred to audiology</li> <li>Caregiver(s) to self refer to audiology</li> <li>CHN informed primary care provider</li> </ul>			
	by Caregiver(s) to seek medical assessment at			
EAR - Physical variance management	Other         CHN provided information re: management of ear variance         Caregiver(s) to implement strategies to manage ear variance         CHN informed primary care provider			
	by Caregiver(s) to seek medical assessment at			
MOUTH - Physical variance management	Other         CHN provided information re: strategies to manage mouth variance         Caregiver(s) to implement strategies to manage mouth variance         CHN informed primary care provider			
	by Caregiver(s) to seek medical assessment at			
Chest, Umbilicus and Skeletal/Extremities	Other			
	Interventions			
Needs CHEST - Physical variance management	Interventions CHN provided information re: management of chest variance Caregiver(s) to implement strategies to manage chest variance CHN informed primary care provider			

Name:	Paris ID:		
	by Caregiver(s) to seek medical assessment at		
UMB - Physical variance management	<ul> <li>Other</li> <li>CHN provided information/support re: management of cord/umbilical variance</li> <li>Caregiver(s) to implement care re: cord/umbilical variance</li> <li>CHN informed primary care provider</li> </ul>		
	by Caregiver(s) to seek medical assessment at		
SKEL - Physical variance management	Other         CHN provided information/support re: skeletal variance management         Caregiver(s) to implement strategies to manage skeletal variance         CHN informed primary care provider		
	by Caregiver(s) to seek medical assessment at		
	Other		
Skin and Neuromuscular			
Needs SKIN - Physical variance management	Interventions CHN provided information/support re: skin variance management Caregiver(s) to implement anticipatory guidance re: skin care Caregiver(s) to implement strategies to manage skin variance CHN informed primary care provider		
	by Caregiver(s) to seek medical assessment at		
SKIN - Jaundice management	Other         CHN provided information/support re: management of jaundice         Caregiver(s) to ensure adequate intake and monitor elimination         CHN informed primary care provider		

Name:	Paris ID:			
	by Caregiver(s) to seek medical assessment at			
NEUR - Physical variance management	Other         CHN provided information/support re: neurological variance management         Caregiver(s) to implement neurological variance management         CHN informed primary care provider			
	by Caregiver(s) to seek medical assessment at			
	Other			
Elimination				
Needs ELIM - Urine output variance	Interventions CHN provided information/support re: urine output management Caregiver(s) to monitor output Caregiver(s) to implement feeding plan CHN informed primary care provider			
	by Caregiver(s) to seek medical assessment at			
ELIM - Stooling variance	<ul> <li>Other</li> <li>CHN provided information/support re: stooling variance management</li> <li>Caregiver(s) to monitor output</li> <li>Caregiver(s) to implement feeding plan</li> <li>Caregiver(s) to implement strategies to manage stoolingvariance</li> <li>CHN informed primary care provider</li> </ul>			
	by Caregiver(s) to seek medical assessment at			
Vital Signs	Other			
	Interventione			
Needs VS - Temperature variance management	Interventions CHN provided information/support re: temperature variance management Caregiver(s) to implement strategies to manage temperature variance			

Name:	Paris ID:
	CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
VS - Heart rate/cardiovascular variance management	<ul> <li>Other</li> <li>CHN provided information/support re: heart rate/cardio variance management</li> <li>Caregiver(s) to implement heart rate/cardio variance management</li> <li>CHN informed primary care provider</li> </ul>
	by Caregiver(s) to seek medical assessment at
VS - Respiratory variance management	Other         CHN provided information/support re: respiratory variance management         Caregiver(s) to implement respiratory variance management         CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
	Other
Weight and Feeding	
Needs WT - Weight gain variance	Interventions         CHN provided information/support re: weight gain variance management         CHN and caregiver(s) developed feeding plan (see feeding)         Caregiver(s) to implement feeding plan         CHN informed primary care provider
	by Caregiver(s) to seek medical assessment at
FEED - Intake/hydration variance	Other         CHN provided information/support re: signs of inadequate intake/hydration         CHN provided information re: acquisition of breast pump         CHN and caregiver(s) developed feeding plan to address variance         Caregiver(s) to feed minimum of 8 times in 24 hours

	Paris	ID:	
CHN referred mother to			
Mother to self refer to			
Mother to breastfeed		breast(s)	
	min q		hours
Mother to breastfeed		breast(s)	
	min q		hours
Caregiver(s) to feed			
	mls every q		hours
by			
Mother to pump			
breast(s)		min q	
	hours		
Mother to pump			
breast(s)		min q	
	hours		
Mother to pump breasts	using		
CHN informed primary ca	are provider		
by			
Caregiver(s) to seek med	lical assessment at		
0.1			
Other			
CHN provided information/support re: suck/latch variance			

	Other
FEED - Suck/latch variance	CHN provided information/support re: suck/latch variance
	CHN observed feeding/listening for swallowing
	CHN assisted with position and latch
	CHN provided informaiton re: breast stimulation/expression/compression
	CHN provided information re: waking techniques
	CHN provided information re: strategies to prevent/reduce nipple confusion
	CHN provided information re: impact of short frenulum
	CHN provided information re: management of fast let down
	Caregiver(s) to implement above strategies to resolve suck/latch variance
	CHN referred mother to
	Mother to self refer to
	CHN informed primary care provider
	by
	Other
FEED - Bottle feeding/breast milk substitute variance	CHN provided information/support re: feeding with bottles/breast milk substitutes
	Caregiver(s) to provide recommended breast milk substitute

Name:		Paris ID:			
		Caregiver(s) to prepare	breast milk sul	bstitute per product guidlines	
		Caregiver(s) to clean equipment as per guidlines			
		Caregiver(s) to use feed	ing equipment	appropriate to NB's needs	
		Other			
Development and Other					
Needs OTH - Developmental risk	Inter	erventions CHN provided information/support re: activities to promote optimal			
		development			
				promote optimal development	
			on re: recomme	edations for developmental screening	
		CHN referred to			
		Caregiver(s) to self refer			
		CHN informed primary o	are provider		
		by Caregiver(s) to seek me	dical assessm	ent at	
OTH - Other physical variance		Other         CHN provided information/support with variance management         Caregiver(s) to implement strategies to manage variance         CHN informed primary care provider			
		by Caregiver(s) to seek me Other	dical assessm	ient at	
Next Planned Contact/Visit					
Planned Date:	or in	Week(s):		Month(s):	
Contact Type:		Reason:			
Planned Staff:		Completed Previ	ous Planned	Date:	
Type of Contact					
Contact #1:		Duration:	hr	min	
Contact #2:		Duration:	hr	min	
Contact #3:		Duration:	hr	min	
Contact #4:		Duration:	hr	min	

## Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----