**Health Department:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** \_\_\_\_\_\_\_\_\_\_\_

**Reviewers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Identifier:**  **Initials (first, middle, last)**  **Date of birth (DOB),**  **Date of service (DOS)** |  |  |  |  |  |  |  |  |  |  |
| **Initials of Nurse Providing Services** |  |  |  |  |  |  |  |  |  |  |
| **Identifying Information** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|
| * 1. Newborn’s name |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s patient number (available in EHR) |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s Medicaid number (note if pending) |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s date of birth |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s age at visit |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s race |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s ethnicity |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s gender |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s county of residence |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s address |  |  |  |  |  |  |  |  |  |  |
| * 1. Newborn’s telephone |  |  |  |  |  |  |  |  |  |  |
| * 1. Directions to home as needed, unless GPS used |  |  |  |  |  |  |  |  |  |  |
| * 1. Primary Language Spoken |  |  |  |  |  |  |  |  |  |  |
| * 1. Interpreter Needed |  |  |  |  |  |  |  |  |  |  |
| * 1. Interpreter’s Signature |  |  |  |  |  |  |  |  |  |  |
| * 1. Mother’s Name |  |  |  |  |  |  |  |  |  |  |
| * 1. Mother’s Patient Number (available in EHR) |  |  |  |  |  |  |  |  |  |  |
| * 1. Mother’s Date of Birth |  |  |  |  |  |  |  |  |  |  |
| * 1. Mother’s Marital Status |  |  |  |  |  |  |  |  |  |  |
| * 1. Mother’s Education |  |  |  |  |  |  |  |  |  |  |
| * 1. Mother’s Employment Status |  |  |  |  |  |  |  |  |  |  |
| * 1. Father Involvement |  |  |  |  |  |  |  |  |  |  |
| * 1. Other Primary Caretaker(s) |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Home & Social Environment** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Type/Condition of Dwelling |  |  |  |  |  |  |  |  |  |  |
| 1. Number in household |  |  |  |  |  |  |  |  |  |  |
| 1. Cleanliness |  |  |  |  |  |  |  |  |  |  |
| 1. Water supply/plumbing |  |  |  |  |  |  |  |  |  |  |
| 1. Stove, refrigerator working |  |  |  |  |  |  |  |  |  |  |
| 1. Electricity, heat/air conditioning |  |  |  |  |  |  |  |  |  |  |
| 1. Safety hazards in home and neighborhood (describe) |  |  |  |  |  |  |  |  |  |  |
| 1. Smoke Exposure (home, car, outside)   Provided QUIT line information  as indicated |  |  |  |  |  |  |  |  |  |  |
| 1. Alcohol or drug use/abuse |  |  |  |  |  |  |  |  |  |  |
| 1. Mental health issues in family members |  |  |  |  |  |  |  |  |  |  |
| 1. Incarceration of household member |  |  |  |  |  |  |  |  |  |  |
| 1. Domestic violence |  |  |  |  |  |  |  |  |  |  |
| 1. Exposure of caregivers to other forms of trauma |  |  |  |  |  |  |  |  |  |  |
| 1. Smoke/carbon monoxide detectors |  |  |  |  |  |  |  |  |  |  |
| 1. Ever struggle to put food on table |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| II. Perinatal History | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Prenatal Complications |  |  |  |  |  |  |  |  |  |  |
| 1. Labor/Delivery/Postpartum Complications and Concerns |  |  |  |  |  |  |  |  |  |  |
| 1. Emotional status/” Blues”/ Postpartum Depression |  |  |  |  |  |  |  |  |  |  |
| 1. Gestational age |  |  |  |  |  |  |  |  |  |  |
| 1. Birth Weight |  |  |  |  |  |  |  |  |  |  |
| Birth Length |  |  |  |  |  |  |  |  |  |  |
| Head Circumference (Birth) |  |  |  |  |  |  |  |  |  |  |
| 1. Newborn hearing screening |  |  |  |  |  |  |  |  |  |  |
| 1. Newborn Metabolic screening |  |  |  |  |  |  |  |  |  |  |
| 1. Critical Congenital Heart Defects Screening |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **III. Feeding/Nutrition** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| A. Today’s Weight |  |  |  |  |  |  |  |  |  |  |
| B. Breastfeeding (feedings per 24  hours) |  |  |  |  |  |  |  |  |  |  |
| C. Bottle feeding (feedings per 24  hours) |  |  |  |  |  |  |  |  |  |  |
| D. Weight gain since birth |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IV. Basic Care/ Caregiver Skills | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Bottle: formula preparation & storing;   Breast feeding: storage and handling; support for pumping and knowledge of resources |  |  |  |  |  |  |  |  |  |  |
| 1. Oral Health: wipes infants’ mouth daily |  |  |  |  |  |  |  |  |  |  |
| 1. Diapers and diapering   Care of Circumcision (if applicable) |  |  |  |  |  |  |  |  |  |  |
| 1. Clothing: baby dressed appropriately |  |  |  |  |  |  |  |  |  |  |
| 1. Bassinet and/or crib (where does baby sleep) |  |  |  |  |  |  |  |  |  |  |
| 1. Infant car seat |  |  |  |  |  |  |  |  |  |  |
| 1. Thermometer and taking infants’ temperature; instructions regarding fever |  |  |  |  |  |  |  |  |  |  |
| 1. Bathing, skin, and cord care |  |  |  |  |  |  |  |  |  |  |
| 1. Handling and positioning of infant |  |  |  |  |  |  |  |  |  |  |
| 1. Period of Purple Crying |  |  |  |  |  |  |  |  |  |  |
| Safe Sleep  SIDS |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| V. Parenting | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Attachment |  |  |  |  |  |  |  |  |  |  |
| 1. Stimulation using developmentally appropriate activities (i.e. books in home, age appropriate toys) |  |  |  |  |  |  |  |  |  |  |
| 1. Response to infants’ cues (e.g. hunger, satiety) |  |  |  |  |  |  |  |  |  |  |
| 1. Infant feeding (breast/bottle) |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VI. Assessment (expected findings)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Vital Signs |  |  |  |  |  |  |  |  |  |  |
| 1. Urinary - Bowel function, output in 24 hours |  |  |  |  |  |  |  |  |  |  |
| 1. Fontanels |  |  |  |  |  |  |  |  |  |  |
| 1. Skin |  |  |  |  |  |  |  |  |  |  |
| 1. Mouth |  |  |  |  |  |  |  |  |  |  |
| 1. Eyes |  |  |  |  |  |  |  |  |  |  |
| 1. Breast |  |  |  |  |  |  |  |  |  |  |
| 1. Heart |  |  |  |  |  |  |  |  |  |  |
| 1. Lungs |  |  |  |  |  |  |  |  |  |  |
| 1. Abdomen - Cord |  |  |  |  |  |  |  |  |  |  |
| 1. Genitalia: Male - Female |  |  |  |  |  |  |  |  |  |  |
| 1. Reflexes |  |  |  |  |  |  |  |  |  |  |
| 1. Development |  |  |  |  |  |  |  |  |  |  |
| 1. Extremities |  |  |  |  |  |  |  |  |  |  |
| 1. Wake-Sleep Pattern |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Record Compliant? |  |  |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VII. Resources and Referrals** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Pregnancy Care Manager/CC4C Care Manager coordination as applicable |  |  |  |  |  |  |  |  |  |  |
| Prior to visit |  |  |  |  |  |  |  |  |  |  |
| Post Visit |  |  |  |  |  |  |  |  |  |  |
| Documentation in Mother’s and/or Child’s chart as applicable |  |  |  |  |  |  |  |  |  |  |
| 1. Well Child Care/ Primary Care/Medical Home established |  |  |  |  |  |  |  |  |  |  |
| 1. Immunizations reviewed and/or needed |  |  |  |  |  |  |  |  |  |  |
| 1. WIC enrollment |  |  |  |  |  |  |  |  |  |  |
| 1. Medicaid/Health Choice |  |  |  |  |  |  |  |  |  |  |
| 1. Quality Out-of-Home Child Care established |  |  |  |  |  |  |  |  |  |  |
| 1. CC4C referral |  |  |  |  |  |  |  |  |  |  |
| Pregnancy Care Manager/ OBCM Referral |  |  |  |  |  |  |  |  |  |  |
| 1. CDSA-Early Intervention Referral |  |  |  |  |  |  |  |  |  |  |
| 1. Environmental Health Referral |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Record Compliant?** |  |  |  |  |  |  |  |  |  |  |

**Comments:**

Diagnosis codes: Z00.110 (health examination for newborn under 8 days old) and

Z00.111 (health examination for newborn 8 to 28 days old) and

Z00.129 (health examination for newborn 29 to 60 days old)

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

**GENERAL GUIDANCE**

1. DMA Clinical Coverage policy requirements for provision of Home Visit for Newborn Care and Assessment services must be documented regardless of the source of payment. Forms and information regarding clinical guidelines are available at:

Forms: <https://www2.ncdhhs.gov/dph/wch/lhd/cyforms.htm>

General guidelines: <https://www2.ncdhhs.gov/dph/wch/families/newbornhomevisit.htm>

DMA: <https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/1m4.pdf>

<https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/Medicaid_Bulletin_2016_02.pdf>

Critical Congenital Heart Defect screening: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-screening-for-CCHD.aspx>

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.

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. Present | **Y** | Yes |  |
| * 1. Absent: | **N** | No |  |
| * 1. Not Applicable: | **N/A** | N/A |  |

1. All records should contain documentation for all applicable items.
2. 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 | Y | Y | Y | Y | Y |
| b) Newborn hx: Weeks’ gestation | Y | Y | Y | Y | Y |
| c) Delivery/neonatal problems | Y | Y | N | Y | Y |
| Record Compliant? | Y | Y | N | Y | Y |

**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.