



# Bright Futures Previsit Questionnaire 2 to 5 Day (First Week) Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

## What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

---

---

---

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

<b>How You Are Feeling</b>	<input type="checkbox"/> Your health <input type="checkbox"/> Feeling sad <input type="checkbox"/> Family stress <input type="checkbox"/> Unwanted advice <input type="checkbox"/> Starting a daily routine
<b>Getting Used to Your Baby</b>	<input type="checkbox"/> How you are doing with your baby <input type="checkbox"/> Calming your baby <input type="checkbox"/> Crib safety <input type="checkbox"/> Where your baby sleeps <input type="checkbox"/> How your baby sleeps <input type="checkbox"/> Placing baby on back to sleep
<b>Feeding Your Baby</b>	<input type="checkbox"/> Gaining weight <input type="checkbox"/> How your baby shows if he/she is hungry or full <input type="checkbox"/> Drinking enough <input type="checkbox"/> Jaundice (skin is yellow) <input type="checkbox"/> Burping <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Formula
<b>Safety</b>	<input type="checkbox"/> Car safety seat <input type="checkbox"/> Cigarette smoke <input type="checkbox"/> Water heater temperature
<b>Baby Care</b>	<input type="checkbox"/> When to call the doctor's office <input type="checkbox"/> Taking your baby's temperature <input type="checkbox"/> Not getting sick <input type="checkbox"/> Hand washing <input type="checkbox"/> Emergency situations <input type="checkbox"/> Leaving the house <input type="checkbox"/> Skin care <input type="checkbox"/> Sunburns

## Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe:  Yes    No    Unsure

---

---

**Vision**   Do you have concerns about how your child sees?    Yes    No    Unsure

Does your child have any special health care needs?    No    Yes, describe:

---

---

Other than your baby's birth, have there been any major changes in your family lately?

Move    Job change    Separation    Divorce    Death in the family    Any other changes? Describe:

---

---

Over the past 2 weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things    Not at all    Several days    More than half the days    Nearly every day
- Feeling down, depressed, or hopeless    Not at all    Several days    More than half the days    Nearly every day

Adapted with permission from "Efficient Identification of Adults with Depression and Dementia," September 15, 2004, *American Family Physician*. Copyright © 2004 American Academy of Family Physicians. All Rights Reserved.

Does your child live with anyone who uses tobacco or spend time in any place where people smoke?    No    Yes

## Your Growing and Developing Baby

Do you have specific concerns about how your baby is growing, learning, or acting?    No    Yes, describe:

---

---

Check off each of the tasks that your baby is able to do.

- |                                                        |                                                                |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Eats well                     | <input type="checkbox"/> Follows your face                     |
| <input type="checkbox"/> Turns and calms to your voice | <input type="checkbox"/> Can suck, swallow, and breathe easily |



### American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Bright Futures Tool and Resource Kit*. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME
DRUG ALLERGIES		CURRENT MEDICATIONS
WEIGHT (%) <small>See growth chart.</small>	LENGTH (%)	WEIGHT FOR LENGTH (%) HEAD CIRC (%)

Name		
ID NUMBER		
TEMPERATURE	BIRTH DATE	AGE
M F		

### History

H  
O  
S  
P  
I  
T  
A  
L

<input type="checkbox"/> Term or _____ weeks	Blood type: Maternal _____
Birth weight _____	Infant _____ Direct Coombs _____
Discharge weight _____	Bilirubin screening <input type="checkbox"/> None
Newborn hearing screening	Transcutaneous bilirubin _____
<input type="checkbox"/> Done & NL _____	Serum bilirubin _____
_____	Hep B (maternal): <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
_____	Hep B vaccine _____ / _____ / _____

Concerns and questions  None  Addressed (see other side)

Follow-up on previous concerns  None  Addressed (see other side)

Medication Record reviewed and updated

Child has special health care needs  Previsit Questionnaire reviewed

### Physical Examination

= NL  
Bright Futures Priority

- HEAD/FONTANELLE
- EYES (red reflex/strabismus/appears to see)
- HEART
  - FEMORAL PULSES
- ABDOMEN (umbilical cord, vessels)
- SKIN (rashes, jaundice)
- NEUROLOGIC (tone, symmetry, state regulation)
- MUSCULOSKELETAL (torticollis)
  - HIPS

**Additional Systems**

- GENERAL APPEARANCE
- EARS/APPEARS TO HEAR
- NOSE
- MOUTH AND THROAT
- LUNGS
- GENITALIA
  - Male/Testes down
  - Female
- EXTREMITIES
- BACK

Abnormal findings and comments \_\_\_\_\_

### Social/Family History

See Initial History Questionnaire.

**Family situation**

Parent adjustment to new child \_\_\_\_\_

Maternal depression  Y  N \_\_\_\_\_

Reaction of siblings to new child \_\_\_\_\_

Work plans \_\_\_\_\_

Child care plans \_\_\_\_\_

### Assessment

Well child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Review of Systems

See Initial History Questionnaire and Problem List.

Changes since last visit \_\_\_\_\_

Nutrition:  Breast milk Minutes per feeding \_\_\_\_\_  
 Hours between feeding \_\_\_\_\_ Feedings per 24 hours \_\_\_\_\_  
 Problems with breastfeeding \_\_\_\_\_  
 Formula Ounces per feeding \_\_\_\_\_  
 Source of water \_\_\_\_\_ Vitamins/Fluoride \_\_\_\_\_

Elimination:  NL \_\_\_\_\_

Sleep:  NL \_\_\_\_\_

Behavior:  NL \_\_\_\_\_

### Anticipatory Guidance

Discussed and/or handout given

<input type="checkbox"/> NEWBORN TRANSITION	<input type="checkbox"/> NUTRITIONAL ADEQUACY	<input type="checkbox"/> SAFETY
• Back to sleep	• Breastfeeding (vitamin D supplement)	• Car safety seat
• Daily routines	• Iron-fortified formula (if not breastfed)	• Smoke-free environment
• Calming techniques	• No solid foods	• No shaking
<input type="checkbox"/> NEWBORN CARE	• No honey	• Burns
• Emergency preparedness plan	<input type="checkbox"/> PARENTAL WELL-BEING	• Water heater
• Frequent hand washing	• Baby blues	• Smoke detectors
• Avoid direct sun exposure	• Accept help	• Crib safety
• Expect 6–8 wet diapers/day	• Sleep when baby sleeps	
	• Unwanted advice	

**Development** (if not reviewed in Previsit Questionnaire)

SOCIAL-EMOTIONAL  COMMUNICATIVE  PHYSICAL DEVELOPMENT

- Eats well
- Turns and calms to your voice
- Can suck, swallow, and breathe easily

COGNITIVE

- Follows your face

### Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results \_\_\_\_\_

Referral to \_\_\_\_\_

**Follow-up/Next visit** \_\_\_\_\_

See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	







# Bright Futures Parent Handout 2 to 5 Day (First Week) Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

## How You Are Feeling

- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Try to sleep or rest when your baby sleeps.
- Take help from family and friends.
- Give your other children small, safe ways to help you with the baby.
- Spend special time alone with each child.
- Keep up family routines.
- If you are offered advice that you do not want or do not agree with, smile, say thanks, and change the subject.

PARENTAL WELL-BEING

## Feeding Your Baby

- Feed only breast milk or iron-fortified formula, no water, in the first 6 months.
- Feed when your baby is hungry.
  - Puts hand to mouth
  - Sucks or roots
  - Fussing
- End feeding when you see your baby is full.
  - Turns away
  - Closes mouth
  - Relaxes hands

NUTRITIONAL ADEQUACY

## If Breastfeeding

- Breastfeed 8–12 times per day.
- Make sure your baby has 6–8 wet diapers a day.
- Avoid foods you are allergic to.
- Wait until your baby is 4–6 weeks old before using a pacifier.
- A breastfeeding specialist can give you information and support on how to position your baby to make you more comfortable.
- WIC has nursing supplies for mothers who breastfeed.

## If Formula Feeding

- Offer your baby 2 oz every 2–3 hours, more if still hungry.

NUTRITION

- Hold your baby so you can look at each other while feeding
- Do not prop the bottle.
- Give your baby a pacifier when sleeping.

## Baby Care

- Use a rectal thermometer, not an ear thermometer.
- Check for fever, which is a rectal temperature of 100.4°F/38.0°C or higher.
- In babies 3 months and younger, fevers are serious. Call us if your baby has a temperature of 100.4°F/38.0°C or higher.
- Take a first aid and infant CPR class.
- Have a list of phone numbers for emergencies.
- Have everyone who touches the baby wash their hands first.
- Wash your hands often.
- Avoid crowds.
- Keep your baby out of the sun; use sunscreen only if there is no shade.
- Know that babies get many rashes from 4–8 weeks of age. Call us if you are worried.

NEWBORN CARE

## Getting Used to Your Baby

- Comfort your baby.
  - Gently touch baby's head.
  - Rocking baby.
- Start routines for bathing, feeding, sleeping, and playing daily.
- Help wake your baby for feedings by
  - Patting
  - Changing diaper
  - Undressing
- Put your baby to sleep on his or her back.
  - In a crib, in your room, not in your bed.
  - In a crib that meets current safety standards, with no drop-side rail and

NEWBORN TRANSITION

NEWBORN TRANSITION

slats no more than 2<sup>3</sup>/<sub>8</sub> inches apart. Find more information on the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).

- If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
- Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.

## Safety

- The car safety seat should be rear-facing in the back seat in all vehicles.
- Your baby should never be in a seat with a passenger air bag.
- Keep your car and home smoke free.
- Keep your baby safe from hot water and hot drinks.
- Do not drink hot liquids while holding your baby.
- Make sure your water heater is set at lower than 120°F.
- Test your baby's bathwater with your wrist.
- Always wear a seat belt and never drink and drive.

SAFETY

## What to Expect at Your Baby's 1 Month Visit

### We will talk about

- Any concerns you have about your baby
- Feeding your baby and watching him or her grow
- How your baby is doing with your whole family
- Your health and recovery
- Your plans to go back to school or work
- Caring for and protecting your baby
- Safety at home and in the car



# American Academy of Pediatrics



The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Bright Futures Tool and Resource Kit. Copyright © 2010 American Academy of Pediatrics, Updated 10/11. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

DEDICATED TO THE HEALTH OF ALL CHILDREN™