

EVALUATION & MANAGEMENT FORM..... [Your Name and Initials HERE]

MOTHER _____ DOB _____ NUMBER OF WETS IN PAST 24 HOURS _____
INFANT _____ NUMBER OF STOOLS IN PAST 24 HOURS _____
INFANT'S DOB _____ AGE TODAY _____ NUMBER OF FEEDINGS IN 24 HOURS _____
BIRTH WEIGHT _____ PACIFIER USED: YES NO
TODAY'S WEIGHT _____ GAIN/LOSS _____ NO. OF DAYS _____ AVG. PER DAY _____
Lowest weight _____ Age _____ Gestational Age at birth _____
Reason for visit: _____

INFANT BEHAVIOR/ANATOMY

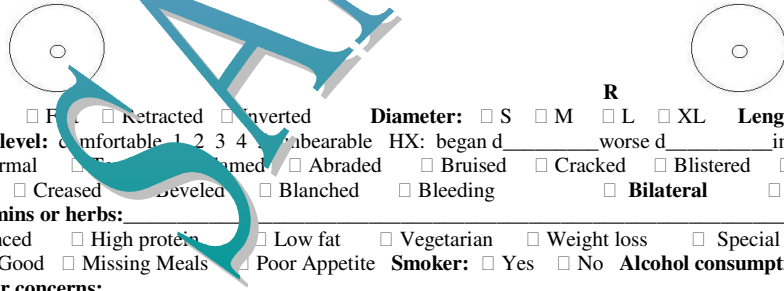
ORAL ASSESSMENT: TONGUE Normal Limited ROM Sucking Clicking Poor tone Thrusting
FRENULUM Elastic Restricted-Attachment at tip Restricted Mid range Frenotomy
PALATE Avg ht wd Wide Narrow High arch Low arch Ridge Bubble Cleft
LIPS Relaxed Asymmetric Pursed Lip sucked top Lip sucked bottom Tight frenum
GUM Complete Straight Other observations: _____
JAW ALIGNMENT... Normal Clench Receding
MUCOSA..... Healthy Trauma Dry Thrush

Refusal of breast... N/A Breast aversion Unilateral Bilateral From birth Began on day techniques tried
Expressing: N/A Hosp. Gr (sng/db) Battery/Electric Manual Hand exp Type
Supplementation.....reason freq qty cc type technique
Skin: Normal Dry Yellow-head/truck Yellow-head/toe Bili level date
Feeding cues:... Rousing Hand to mouth Rooting Crying MUSCLE TONE: Normal Hypertonic Hypotonic
Behavior after feedings Settled Sleeping Quiet Calm Alert Frantic
Waking for feeds: All feedings Some feedings Must wake for every feed

OBSERVED FEED: Baby Weigh Scale... INTAKE AT BREAST L cc 1st 2nd R cc 1st 2nd Total cc
Initiation of feeding: Infant initiated Needed to be roused Unable to rouse
Position of feeding: Football Cradle Cross cradle Australian Lying
Attachment achieved: Rapidly With difficulty Used suction at breast Nipple shield, SIZE Not achieved
Suck pattern: Suck burst & normal rest Extended suck phase Extended rest phase/lots stimulation No suck w/ attachment
Swallow: Audible Consistent Gulping None Who is baby? LC only Mother only Both
Behavior following feed: Relaxed/sleepy Alert/controlling Any other issues
Notes: _____

MATERNAL ANATOMICAL ASSESSMENT

BREAST: S M L XL XXL Round/irregular Pliable Firm Taut Transitional Engorged
Fullness & changes: Began d Type Milk: Colostrum Mature Areas of concern: Lump Inflammation Asymmetric
Surgeries: N/A Year done Implants Reduction Lump Removed



NIPPLE: Shape: Everted Flattened Retracted Inverted Diameter: S M L XL Length: S M L XL
Current comfort level: comfortable 1 2 3 4 unbearable HX: began d worse d improved d
Condition: Normal Irritated Cracked Bruised Cracked Blistered Scabbed Ulcer Yeast
Postfeed Change: Creased Swelled Blanched Bleeding Bilateral Unilateral L R Both
Maternal medications, vitamins or herbs: _____
Maternal diet: Balanced High protein Low fat Vegetarian Weight loss Special diet
Appetite: Excellent Good Missing Meals Poor Appetite Smoker: Yes No Alcohol consumption: N/A Occasional Regular
Maternal health problems or concerns: _____

LACTATION CONSULTANT INTERVENTION, THERAPY and/or TEACHING COVERED IN VISIT:

Positioning & Attachment improved techniques Latch-on techniques Pumping therapy ounces pumped
Milk making process/supply & demand Sore nipple/breast care APNP Milk collection & storage
Alternative feeding (bottle, cup, finger feeding) Recognizing feeding cues Infant settling & sleep techniques
Use of nipple shield or SNS Hand expression Reading newborn behaviors (reflexes/body language)

RECOMMENDATION / CARE PATH: _____

RETURN CALL _____ RETURN VISIT _____ WEIGHT CHECK _____

Referral to: Pediatrician due to concern Mother to OB due to concern Oral Motor Specialist Cranial-sacral/Infant massage

DATE _____ TIME SPENT _____ LACTATION CONSULTANT _____

PHYSICIAN SIGNATURE _____