

Minimum Babies First! and CaCoon Documentation Requirements Checklist: Nursing Documentation

Nursing Assessment

- Subjective data documented (every visit)
- Objective data documented, including:
 - Current medical diagnoses (if applicable – once and PRN)
 - Medications (if applicable – once and PRN)
 - Medical Equipment (if applicable – once and PRN)
 - Immunization status (per schedule)
 - Maternal blood pressure (if applicable – every visit)
 - Prenatal height and weight and weight gain plotted on grid (if applicable –every visit)
 - Child grown grids (if applicable – every visit)
- Screening tools (administered according to schedule):

Prenatal and Postpartum	Adult Caregiver	Infant/Child	Child/Youth
<input type="checkbox"/> History and Physical (including weight and BP) <input type="checkbox"/> Gestational Diabetes Mellitus <input type="checkbox"/> Environmental and Environmental Exposure <input type="checkbox"/> Social Determinants of Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Reproductive Life Planning	<input type="checkbox"/> Social Determinants of Health <input type="checkbox"/> Environmental and Environmental Exposure <input type="checkbox"/> Substance Use <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Mood Disorders and Emotional Health <input type="checkbox"/> Reproductive Life Planning	<input type="checkbox"/> Social Determinants of Health <input type="checkbox"/> Environmental and Environmental Exposure <input type="checkbox"/> Breastfeeding/ Nutrition <input type="checkbox"/> History and Physical <input type="checkbox"/> Parent Child Interaction <input type="checkbox"/> Oral Health <input type="checkbox"/> ASQ/ASQ-SE (if applicable)	<input type="checkbox"/> Social Determinants of Health <input type="checkbox"/> Environmental and Environmental Exposure <input type="checkbox"/> Nutrition <input type="checkbox"/> History and Physical <input type="checkbox"/> Parent Child Interaction <input type="checkbox"/> Oral Health <input type="checkbox"/> Mood Disorders and Emotional Health <input type="checkbox"/> Substance Use (if applicable) <input type="checkbox"/> Reproductive Life Planning (if applicable)

- Nursing Diagnoses (PRN)
- Client Strengths and Problems (once and PRN)
- Nursing Plan (once and PRN)
- Including activities assigned to CHW (if applicable)
- Nursing Interventions (e.g. health education, case management, motivational interviewing) (every visit)
- Intervention outcomes (every visit)
- Review of and signature on CHW documentation (as applicable)