

Guidelines and Training Manual

for the

Prenatal-5 Nurse Home Visiting Program

January 2002

Prepared by
Donna Smith, MSN, CFNP
Home Visiting and Early Childhood Nurse Consultant

Contributor
Jan Robinson, MSN, CPNP
Child, Adolescent and School Health Program Manager

*Utah Department of Health
Division of Community and Family Health Services
Maternal and Child Health Bureau
Child, Adolescent and School Health Program
801-538-9459*

For questions regarding information contained within this manual,
please contact:

Donna Smith, MSN, CFNP
Home Visiting and Early Childhood Nurse Consultant

Utah Department of Health
Division of Community and Family Health Services
Child, Adolescent and School Health Program
PO Box 142001
Salt Lake City, UT 84114-2001

Phone: (801) 538-9459

FAX: (801) 538-9409

E-mail: dsmith@doh.state.ut.us

Table of Contents

I.	Introduction	5
II.	Implementing the Prenatal-5 Nurse Home Visiting Program	
	Target Population	7
	Contract Information	
	Funding.....	9
	Contract Special Provisions/Action Plan.....	9
	Contract Report Form.....	9
	Data Tracking Tool.....	10
	Staffing.....	10
	Outreach and Referrals	
	Vital Records and Reports.....	12
	Agency Collaboration and Promotion.....	12
	Receiving a Referral.....	14
	Prioritizing Referrals.....	15
	Waiting List.....	16
	Invitation to the Program	17
	Conducting Effective Home Visits	
	Nurse Safety.....	19
	Cultural Sensitivity and Relationships.....	20
	Medical Home.....	23
III.	Initial Home Visits	
	Obtaining Consent.....	24
	Prenatal.....	25
	Infant/Child.....	26
IV.	Follow-up Home Visits	27
	Keeping Appointments.....	29
	Closing a Case.....	29
V.	Services Provided During Follow-up Home Visits	30
	Developmental Screening.....	30
	Physical Assessment.....	32
	Perinatal Education and Use of Curriculum.....	33
	Maternal Life Course Development.....	35

Parenting Education and Use of Curriculum.....	37
Literacy Kits.....	38
VI. Child Abuse and Domestic Violence Reporting.....	39
VII. Community Resources	
Mental Health.....	40
Substance Abuse.....	41
VIII. Appendices	
Appendix A - Orientation to Forms	43
Permission to Evaluate - Prenatal/Child	44
Initial Intake Form - Prenatal.....	45
Initial Home Visit Assessment Form - Prenatal.....	46
Follow-up Home Visit Form - Prenatal.....	52
Initial Intake Form - Infant/Child.....	56
Initial Home Visit Assessment Form - Infant/Child.....	57
Follow-up Home Visit Form - Infant/Child	63
Home Visit Plan Form - Generic	67
Appendix B - Sample Forms & Letters	69
Sample Invitation/Follow-up Letter.....	70
Sample Letter to Primary Care Provider.....	71
Permission to Evaluate - Prenatal/Child	72
Home Visit Plan.....	73
Initial Intake Form - Prenatal.....	74
Initial Home Visit Assessment Form - Prenatal.....	75
Follow-up Home Visit - Prenatal.....	78
Perinatal Education Checklist.....	80
Initial Intake Form - Infant/Child.....	81
Initial Home Visit Assessment Form - Infant/Child.....	82
Follow-up Home Visit Form - Infant/Child	85
Parenting Education Checklist	87
Appendix C - P-5 Home Visiting Contract.....	88
Prenatal-5 Home Visiting Contract Report Form.....	89
Data Tracking Tool.....	91
Appendix D - Additional Resources	93

I. INTRODUCTION

Recent research on the powerful benefits of nurse home visiting programs for at-risk families¹ has motivated a wide variety of public and private service agencies to provide home visiting services. While many different programs in Utah offer home visits to at-risk families, not all use the same service delivery model. Examples of different home visiting program models in Utah include Head Start Programs²; Baby Watch Early Intervention; Family Preservation; Parents As Teachers³; Children's Aid Society; Children's Service Society; Families, Agencies and Communities Together (FACT); Prenatal-5 Nurse Home Visiting; Family Support Centers; and Welcome Baby Success By Six⁴. Most home visiting programs operate for the purpose of preventing child abuse and neglect and improving the health status of young children in at-risk families. Nurse home visiting is an effective strategy that increases at-risk families' use of preventive health care, reduces the incidence of intentional and unintentional childhood injuries, promotes the healthy growth and development of children and families, and reduces the incidence of vaccine-preventable diseases⁵.

The Utah Department of Health, Division of Community and Family Health Services contracts with local health departments to conduct the Prenatal-5 Nurse Home Visiting Program wherein at-risk families are offered home visits. Visits are conducted by public health nurses who assess the child and family needs and strengths related to overall health and well-being. Based on this assessment, the nurse and parents formulate an individualized plan to facilitate services related to child health and development and the establishment a medical home. Nurses also provide parenting education, anticipatory guidance, health and safety education, and assistance to the family in accessing needed services. Services provided

¹American Academy of Pediatrics Policy Statement (1998). The role of home visitation programs in improving health outcomes for children and families (RE9734). <http://www.aap.org/policy/re9734.html> .

²Utah Head Start-State Collaboration Project (1999). The Utah Head Start Profile 1999 Report. Utah Department of Health; Division of Community and Family Health Services; Child, Adolescent and School Health Program.

³Packard Foundation (1999). Home visiting: Recent program evaluations. The Future of Children, 9(1).

⁴Committee on the Current Status of Home Visiting (2000). Utah Home Visiting Programs Serving Young Children: A Summary. Utah Department of Health, Division of Community and Family Health Services and Prevent Child Abuse Utah.

⁵Olds, D., Henderson, C.R., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P., & Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior. Journal of the American Medical Association (280)14:1238-1244.

through the program are coordinated at the local level with other community agencies and providers serving young children and families.

The long term goals of the Prenatal-5 Nurse Home Visiting Program are:

- To enhance overall health status and well-being of children and families
- To foster healthy growth and development of children and families
- To increase access to and appropriate utilization of preventive and primary health care services
- To reduce the incidence of vaccine-preventable infections among children
- To reduce the incidence of intentional and unintentional childhood injuries

The purpose of this manual is to provide step-by-step guidelines for nurses conducting home visits within the Prenatal-5 Nurse Home Visiting Program. It is hoped that any new nurse stepping into any local health department in Utah would be able to conduct an effective home visit by following these guidelines. For the experienced public health nurse, the guidelines may also be a useful tool for reference and technical support. In addition, these guidelines may serve as a training manual that can be reviewed with groups of nurses for the purpose of standardizing the Prenatal-5 Nurse Home Visiting Program administered by local health departments throughout the state. *The guidelines in this manual are not intended to serve as a substitute for professional nursing judgement* but to be a resource to nurses for their home visiting practice.

Nurse home visits are an important preventive service for young children and families at-risk in Utah. The Utah Department of Health supports the local health departments in the planning and administration of their home visiting programs by offering guidelines, consultation, technical assistance and training.

II. IMPLEMENTING THE PRENATAL-5 NURSE HOME VISITING PROGRAM

This section provides a step-by-step review of all that a nurse needs to know in order to implement the Prenatal-5 Nurse Home Visiting Program in the local health department. Implementation guidelines are applicable whether a nurse is the only home visitor in the region or the nurse is part of a large team of home visitors. In any case, nursing consultation and technical assistance are available from the Home Visiting and Early Childhood Nurse Consultant through the Child, Adolescent and School Health Program (CASH) within the Division of Community and Family Health Services, Utah Department of Health at 801-538-9459. This state nurse consultant is available to provide local health department nurses with program information, consultation, training and assistance in program monitoring and evaluation.

In addition, the Early Childhood Specialist at the Utah Department of Health, Division of Health Care Financing is available for consultation and technical assistance related to Medicaid policy for targeted case management activities that take place during home visits. The Early Childhood Specialist can provide information related to the delivery of services for the targeted population, policies and protocols as they pertain to reimbursable activities, site visits, and consultation. A copy of the Utah Medicaid Provider Manual for Targeted Case Management for Early Childhood can be obtained by calling 801-538-9199.

Target Population

The Prenatal-5 Nurse Home Visiting Program is designed to serve two main population groups through the local health departments: pregnant women and children age birth - 5 years old. In order to be eligible for home visits through this program, families should generally have at least one risk factor for child developmental delay as a result of environmental, medical, or social risk factors. A list of common risk factors follows; however, eligibility need not be determined by this list alone. If a nurse feels that a family is at-risk and can benefit from the program's services, the reason for referral should be documented and then home visits may begin.

Examples of Risk Factors for Eligibility

<i>Pregnant Women</i> ⁶	<i>Children</i>
<ul style="list-style-type: none"> • under 18 years of age • unmarried • low-income • medical or nutritional problems during pregnancy • knowledge deficit about parenting • less than 12 years of education • mental illness 	<ul style="list-style-type: none"> • mother's age less than 18 years • single parent • low-income • medical or nutritional problems • parents with less than 12 years of education • low birth weight infant (less than 5.5 pounds or 2500 grams)

⁶Pregnancy case management services are available statewide to pregnant women who are enrolled in Medicaid. These services are administered through managed care organizations (MCOs) and local health departments, depending on the region. If a pregnant woman is enrolled in Medicaid, contact the Baby Your Baby nurse at the local health department or the perinatal case manager of the MCO before commencing home visits to collaborate efforts and avoid duplication of visits. These mothers may be eligible for Medicaid-reimbursed perinatal home visits.

Contract Information

Funding

The Prenatal-5 Nurse Home Visiting Program conducted by Utah local health departments is partially supported by funds received through contract with the Utah Department of Health (UDOH), Division of Community and Family Health Services (CFHS). Funds for these contracts are derived from a combination of federal Maternal and Child Health Block Grant (MCHBG) funds and state funds. Local health departments (LHDs) may supplement the contract funding for their Prenatal-5 Nurse Home Visiting Program with local funds, private contributions, and/or locally acquired grants. Home visits offered through the local health departments are available free of charge to families.

Contract Special Provisions/Action Plan

The Contract Special Provisions and/or Action Plan documents related to the Prenatal-5 Nurse Home Visiting Program component of the UDOH/LHD contracts are generally reviewed and updated annually for inclusion in the upcoming round of contracts. This review and revision are usually conducted in March or April of each year by state program and/or MCH Bureau staff responsible for general oversight of the program. Feedback is encouraged from local nursing directors and public health nursing staff involved in program operation at the community level, particularly in regard to report form development and requirements. Contracts are awarded and/or renewed on a state fiscal year basis, to run from July 1 through June 30 of each year.

The Special Provisions document is an official part of the overall UDOH/LHD contracts. This contract Special Provisions and any accompanying Action Plan constitute a formal agreement between designated state and local agencies, and must be signed by those state and local agency representatives responsible for the program.

Contract Report Form

All local health departments contracted with the UDOH/CFHS to conduct the Prenatal-5 Nurse Home Visiting Program are required to submit a completed Contract Report Form twice a year. Each report form covers data from the program for the last six months. For the period covering July 1 through December 31, the Report Form is due by January 31; for the period covering January 1 through June 30, the Report Form is due by July 31 each year. The information collected from these reports is summarized by the Home Visiting and Early

Childhood Nurse Consultant and compared to the program's current year goals, listed below. The results of the annual summary are reported back to the local health departments annually.

Current Year Goals

- All families served by the program will have at least one initial home visit, at which time an Initial Home Visit Assessment will be completed and a family care plan for follow-up and referral will be jointly developed by the nurse and the family.
- At least 80% of children served by the program will have an identified medical home.
- At least 80% of children served by the program will have up-to-date immunization status.
- All children served by the program will have at least one nursing assessment conducted during the year.
- All children served by the program will have an age-appropriate developmental screening conducted during the year using either the Denver II or the Ages and Stages Questionnaire.

Data Tracking Tool

A Data Tracking Tool has been developed to assist the home visiting nurses in collecting the data necessary to complete the Contract Report Form. Copies of both the Data Tracking Tool and the Prenatal-5 Contract Report Form can be found in Appendix C. Used together, both of these tools are designed to be fairly self-explanatory, with definitions and instructions built into the report form. For any questions regarding the Data Tracking Tool or the Prenatal-5 Contract Report Form, contact the Home Visiting and Early Childhood Nurse Consultant at 801-538-9459.

Staffing

The Prenatal-5 Nurse Home Visiting Program is administered by all twelve local health departments (LHDs) located throughout Utah. Typically, one or more local health department nurses are involved in conducting home visits under the general supervision of the local nursing director. All program nursing staff are expected to be registered nurses, licensed in the State of Utah. Full-time home visiting nurses can be expected to manage a case load of at least 25 but not more than 40 families. Some LHD programs may wish to use non-RNs, trained volunteers or part-time interpreters to visit families who are at lower risk levels. Home visitors who are not registered nurses, or who are volunteers or interpreters should be

adequately trained by the local program's nursing staff and closely supervised through regular staff meetings and periodic joint visits with the supervising registered nurse.

Outreach and Referrals

Various means of identifying and recruiting clients into the Prenatal-5 Nurse Home Visiting Program exist, such as by screening birth certificate records and by establishing collaborative community relationships for program promotion. These are described below.

Vital Records and Reports

Birth certificates yield a large quantity of data that is available to state and local governmental agencies for official purposes. Utah Administrative Code Section 26-2-22 authorizes access to vital records by public health departments to determine which births are in the high-risk category and "to offer appropriate local services to support the child's successful growth and development." The Utah Department of Health Office of Vital Records and Statistics has a system for accessing vital records reports of all high-risk births by county and health district. The system is available in a computerized format called CITRIX or by hard copies delivered by mail. The reports contain medical and demographic information pertinent to the birth, including the mother's address. For more information regarding the Vital Records Reports and how to access the computerized format, call the Office of Vital Records & Statistics at 801-538-7012.

Agency Collaboration and Promotion

Collaboration with other local agencies, health care providers and other local health department programs can also yield referrals to the program and prevent duplication of services to the same family. In addition, collaboration and promotion help to improve the system-wide delivery of early childhood services in the community. When the nurse and/or nursing director establishes a collaborative working relationship with key staff in other programs, families can easily be referred to the program that best meets their needs, at the same time minimizing redundant services and avoiding client frustration. When the local Prenatal-5 Nurse Home Visiting Program is well-known by the community, referrals may come from family, friends or even people requesting services for themselves. It is important to determine that the referred family is not receiving similar services from another agency before conducting an initial home visit. Following is a list of some possible sources of referrals for the Prenatal-5 Nurse Home Visiting Program.

Sources of Referrals for the Prenatal-5 Nurse Home Visiting Program⁷

- | | |
|--|--|
| • Primary health care providers | • Early Childhood Development Program |
| • Division of Child and Family Services (DCFS) | • Social workers |
| • Baby Your Baby Program | • WIC Program |
| • Local health department well child clinics | • Local health department prenatal clinics |
| • Baby Watch Early Intervention Program | • Teratology and Birth Defect Program |
| • Early Head Start and Head Start Programs | • Young Parents schools |
| • Child care providers | • Discharge planners at the local hospital |

Investing time and energy in implementing collaborative efforts is wise and cost-effective in the long run. Since community collaboration involves several planned and purposeful steps, the following five steps may be helpful to those who are working to develop better collaboration in their local communities. They are borrowed from a publication entitled "Community collaborations: A success story⁸" by Maria Avila and Marlies Zammuto.

Step 1: Create a needs assessment of your community and your program. Learn where the strengths and weaknesses of your community and program lie. Identify the network of early childhood service stakeholders.

Step 2: Network with the stakeholders by inviting them to community group meetings, such as early childhood committee meetings. Hold mutually supportive, regular meetings in which a shared vision and mission are created. Spend time learning about each other's programs and developing trusting relationships between workers in different agencies.

Step 3: Set goals to provide continuity of services and to avoid duplication of services. Take intentional risks by trying something new or thinking "outside the box." Share duties, obligations, costs and resources. Maintain relationships and communication by returning phone calls, sharing referrals and showing up for meetings.

Step 4: Develop and implement new programs. If and when a community reaches this level of collaboration, so much more can happen within a community, even more than was originally planned. Imagine having integrated play groups for home visited

⁷In most cases, it is required for agencies to have a signed client consent on file before making referrals to another program.

⁸*Community collaborations: A success story* by Maria Avila and Marlies Zammuto. Copies of this publication can be obtained by contacting Maria Avila at 978-681-9504 of Massachusetts Society for the Prevention of Cruelty to Children or Marlies Zammuto at 978-868-4288, extension 502 of the Lawrence/Methuen Family Network.

families, intern/resident training, prenatal and parenting classes where they didn't exist before, family literacy groups, etc.

Step 5: Evaluation takes place throughout the collaboration process, but formal evaluation studies can be implemented after the previous four steps are successfully underway. Evaluation takes on many faces, such as: accountability, data collection, customer satisfaction, and outcome evaluation.

Adapted with permission from "Community collaborations: A success story"

Receiving A Referral

As previously mentioned, referrals to the Prenatal-5 Nurse Home Visiting Program may come from a variety sources. In order to document each referral consistently, two initial intake forms were created: the "Initial Intake Form - Prenatal" and the "Initial Intake Form - Infant/Child". An orientation to these and other forms can be found in Appendix A and reproducible forms are in Appendix B. The information requested on the Initial Intake Form is collected at the time of the referral. Anyone who may be answering intake calls should be oriented to the proper use of these forms and instructed to sign after the section of the form that they complete.

All completed Initial Intake forms should be saved either in the child's chart or in a file for counting of referrals when the Contract Report Form is due. After a family has been identified through a referral, they may be contacted by the home visiting nurse to be offered a home visit⁹.

At times the program may receive a referral that is more appropriate for another agency or program to handle. A nurse can determine this while completing the Initial Intake Form if he/she is familiar with the eligibility requirements for the Prenatal-5 Nurse Home Visiting Program as well as the requirements for other programs, such as Early Intervention, Child Protective Services or Substance Abuse Programs. Below is a description of each of these programs' current eligibility criteria, as of the time of the publication of these guidelines.

Baby Watch Early Intervention: Serves children age birth to 3 years who meet any of the following criteria:

- Born at less than 30 weeks gestation
- birth weight less than 1000 grams
- any disability
- suspicion of developmental delay

For questions regarding this program, call 801-584-8226 or 1-800-961-4226.

⁹See **Invitation to the Program** on page 17.

Child Protective Services: State law 62A-4a requires that any person who has reason to believe that a child has been subjected to abuse or neglect immediately notify the nearest Utah Division of Children and Family Services (DCFS) office or the police. If a referral comes into the Nurse Home Visiting Program that leads a nurse to believe that a child has been or is presently subjected to abuse or neglect, the referring person should be instructed to call the nearest DCFS office or the local police. Reporting the suspicions to the Prenatal-5 Nurse Home Visiting Program does not absolve the referring person from his/her obligation to report to DCFS or the police. Likewise, during the course of providing services to a family, if child abuse or neglect is suspected, the nurse is required to report it.

Division of Substance Abuse, Prenatal Substance Abuse Program; Utah

Department of Human Services: This Division has access to federal dollars for the treatment of pregnant women and mothers who are abusing drugs. If it is disclosed at the time of referral that a mother is seeking treatment for substance abuse, she should be referred to this program first. Local home visiting program staff may work together with this Division to provide the most appropriate level of services necessary. It is not common, however, for this kind of referral to come to the Prenatal-5 Nurse Home Visiting Program. More commonly, a problem with substance abuse is assessed by the nurse during the course of home visits¹⁰. If the nurse has established a trusting relationship with the mother and the local mental health agency or Prenatal Substance Abuse Program, he/she is in an ideal position to facilitate a smooth and effective referral and transition process¹¹.

Prioritizing Referrals

Recognizing that the number of referrals into the Prenatal-5 Nurse Home Visiting Program may outweigh the current level of staffing and financial resources, it is recommended that cases be prioritized during screening and intake of referrals by using the "Risk Factors for Eligibility"¹². Initial home visits can then be conserved for families who, based on screened risk factors, are likely to benefit most from the program. During the initial home visit, the

¹⁰ See **Substance Abuse** on page 41.

¹¹ A list of local providers of substance abuse treatment can be found in Appendix D.

¹² See **Target Population** on page 7.

nurse should use the Initial Home Visit Assessment Form¹³ which has been designed to help determine the risk level of the family (low, medium or high). At the time of the initial home visit, the nurse and the family decide whether or not to continue home visits based on the risk level assessed and the family's goals.

Please keep in mind that risk factors and risk assessment tools are imperfect measures of a child's likelihood of being abused or neglected. It is possible for a child in the best of situations to still be a victim of abuse or neglect. It is also possible for a nurse to feel responsible for passing up an apparently low-risk referral that was found to result in child abuse or neglect at a later time. In light of these predicaments, the nurse should document all actions based on his/her best professional judgement and the recommendations in these guidelines.

Waiting List

When all referrals cannot be accommodated immediately due to staffing constraints, a waiting list is acceptable, with the higher risk referrals being served immediately and lower risk referrals being followed up as soon as possible. All referrals should be addressed in a timely manner. Local home visiting program staff are encouraged to be aware of other agencies' and programs' waiting lists so that, whenever appropriate, referrals can be passed along to other providers of home visits to families. A family may be able to be served more quickly by another agency, such as a Family Support Center, if the family's needs can be adequately addressed by a non-nurse home visitor. Likewise, if a collaborative system is in place in the community, the local health department's Prenatal-5 Nurse Home Visiting Program can be a resource for other agencies that have a waiting list, especially when a family's needs require the expertise of a registered nurse.

¹³This form is found in Appendix B on page 74 for Prenatal or page 82 for Infant/Child. Orientation for these forms is available in Appendix A on pages 46 and 57, respectively.

Invitation to the Program

After receiving the referral information and determining that a family is eligible for the Prenatal-5 Nurse Home Visiting Program and that the local program has the resources to serve this family, the nurse is ready to contact the parent and offer a home visit. If a telephone number is available, record all attempts to call the parents on the Initial Intake Form. Keep in mind that the nurse's style of presenting the program to a family will make a big difference in whether or not a family accepts the invitation for home visits. Following are some suggestions for making invitations to the program.

Suggestions for Making Invitations to the Program

- Identify yourself as a nurse who would like to invite them to participate in the Prenatal-5 Nurse Home Visiting Program
- Include both parents in the invitation (only one parent needs to be present for the visits, ideally the mother)
- Be cheerful and interesting as you describe all the beneficial services that you are prepared to offer the family in the convenience of their home
- Mention that information is provided on pregnancy and child development, child health, safety, parenting and community resources
- Point out that services are voluntary and individualized to meet the family's strengths and needs
- Let them know that there is no charge to the family

If the family's phone number is not available, such as in Vital Records Reports, an invitation to participate in the Prenatal-5 Nurse Home Visiting Program can be made by mail. Mail a letter¹⁴ that includes a program brochure and a request for a phone number where messages can be left if the family is interested in enrolling in the program. Document when the invitation was sent on the referral form. An unannounced first visit is not recommended as it may alarm the family unnecessarily.

When a family accepts the invitation for a home visit, set up a convenient appointment time and obtain directions to the home. Assure the parent that nothing special needs to be done to prepare for the first visit except to set aside about one hour to talk.

¹⁴A **Sample Invitation/Follow-up Letter** can be found in Appendix B, page 70.

If the family refuses the invitation, let them know that you would like to send them some information about the program in the mail and that if they change their mind in the future, they are welcome to call back. A letter¹⁵ may be sent to the home with a program brochure and some child development information or resources, such as a Baby Your Baby newsletter or a hand out on car seat safety.

A generic program brochure is available from the Utah Department of Health, Division of Community and Family Health Services, Child, Adolescent and School Health Program. Please call 801-538-9459 for additional brochures.

¹⁵ A **Sample Invitation/Follow-up Letter** can be found in Appendix B, page 70.

Conducting Effective Home Visits

Nurse Safety

When venturing into the community to visit at-risk families, nurses must remember to be safety-conscious. If at any time, the nurse feels uncomfortable, threatened, or that his/her safety is jeopardized, the nurse should postpone the visit and leave the situation as calmly and quickly as possible. The following is a list of recommended personal safety guidelines¹⁶.

1. **Use the nurse's first name only on badges.** Many home visiting nurses don't use badges but they may carry business cards that bear their last name or sign papers that are left with the family. Nurses should not expose their last name to a family unless they feel it is safe to do so.
2. **Make phone calls from business or public phones.** Many families have caller I.D. and can access a nurse's home phone number if calls are made from home.
3. **Know when to leave.** If a nurse observes drug paraphernalia, meth lab materials, unlocked guns, hard core pornography or other illegal activity taking place in the home, the nurse should leave the premises as soon as possible without revealing any awareness of a problem. Do not confront the family about any suspicions. Report your concerns to the police and your supervisor immediately.
4. **Practice common sense and be aware.** Before leaving for the home visit, put your belongings in the car trunk or out of sight. Don't bring anything into the home that you don't need, i.e. a purse, coat, or case file. Only bring into the home your car keys and the supplies that you plan to use for that visit. Lock your car. Watch for dangerous dogs and tall shrubs or bushes. Cross the street and walk on the other side if possible. If the environment is unsafe or threatening, leave and reschedule the visit under different circumstances, with which you are more comfortable. Phone ahead of all appointments so that families know when to expect you. If an apartment building's hallways have men or teenagers loitering, do not enter; have a family member meet you at the outside entrance and escort you into the apartment.

¹⁶ Adapted from *Homecare Education Management*, January 1996, Vol. 1, No. 1, pp.1 - 9, an American Health Consultants publication.

¹⁶ *Culture & Nursing Care: A Pocket Guide*, USCF Nursing Press. For information on how to get this book, call 415- 476-4992.

Cultural Sensitivity and Relationships

Nurses in all fields of practice frequently work with families of various cultures and backgrounds. Since culture can be used as a resource in relating with families, it is helpful for the nurse to familiarize him/herself with the beliefs and practices of cultures different from his/her own. Using books such as *Culture & Nursing Care: A Pocket Guide*¹⁷ can alert nurses to the similarities and differences between groups that make us all unique people and that affect the nurse's approach to relating with a family. With our increasingly diverse society, it is ever important that all interactions with families are informed by and honor the family's home culture. The following table defines important principles for delivering family-centered, home-based services¹⁸.

Principles for Delivering Family-Centered, Home-Based Services

Respect the family's values	Each family has their own values. Home visitors must be able to honor these values – especially when they're different from their own.
Recognize that you are a guest in the home	The home visitor is a guest in the family's life and in the home and should not try to impose changes on the family that have not been requested.
Trust the family and recognize parents as the decision-makers	The home visitor needs to recognize that the family is the expert for their child. Their judgement and observation need to be trusted. Home visitors must trust the family's ability to determine their own service needs.
Work together	Home visitors need to collaborate in all aspects of planning, delivering, and evaluating services.
Be flexible	Home visitors need to be flexible with the focus of services. A family has their own priorities. In order to provide effective services, the home visitor must start with the family's agenda.
Relate to the family as people	Do not relate to families as "clients" or "patients." Avoid interviewing and asking formal questions. Rather, try a conversational approach to getting to know one another and sharing information.
Look at the whole picture	A child with special needs is a member of a family. The child's needs should be considered within the context of the family.
Be creative	Keep the family's daily routine in mind when planning your work. Plan with the family to find ways to accomplish therapeutic activities during the normal rhythms of the day, such as during feeding or bathing times.

Adapted with permission from *An Introduction to Home Visitation* by the Colorado Department of Public Health and Environment, 1996

¹⁷ *Culture & Nursing Care: A Pocket Guide*, USCF Nursing Press. For information on how to get this book, call 415- 476-4992.

¹⁸ Adapted with permission from Colorado Department of Public Health and Environment, 1996.

Regardless of circumstances, it is important that the nurse home visitor always maintain professionalism in dress and behavior and express genuine concern for every family. The most valuable part of home visits to at-risk families is the relationship between the home visitor and the mother. A therapeutic relationship between the nurse and the family is established by using good communication and interaction techniques. The following communication strategies¹⁹ are useful to review and practice with peers, especially when dealing with difficult situations.

Skills to Enhance Communication

Be attentive	Listening is the key to meaningful dialogue. Listen to understand, not to reply. Face the speaker. Maintain eye contact. Nod. Lean forward in an attentive manner. Do not shuffle papers or doodle.
Listen	Talking interferes with listening.
Ask open-ended questions	This encourages the speaker to continue and shows that you are listening.
Put the speaker at ease	Allow the speaker to feel at ease. Indicate that what the person has to say is important and valuable.
Empathize	Try to see the other person's point of view.
Paraphrase	This is a good way to validate what the speaker has been saying. This also indicates to the speaker that he or she has been heard.
Echo	Restate what the speaker has said using your own words.
Hold your temper	Anger does not facilitate communication.
Don't argue or criticize	This can cause people to become defensive and usually ends any meaningful dialogue.

Adapted with permission from *An Introduction to Home Visitation* by the Colorado Department of Public Health and Environment, 1996

¹⁹ Adapted with permission from "An Introduction to Home Visitation" by the Colorado Department of Public Health and Environment, 1996.

Communicating in Challenging Situations

If the other person is:	Then you need to:
Defensive	<ul style="list-style-type: none"> • Refrain from accusing or blaming • Help the other person "save face" • Lower the pitch and volume of your voice • Separate people from issues. State facts: "The baby has a large bruise on her head," instead of "Who hurt your baby?" • Provide positive feedback about the parent's role and responsibilities: "You are doing a good job of taking care of your baby" • Avoid aggressive body language: clenched fist, finger pointing, abrupt gestures
Offensive (blaming or accusatory)	<ul style="list-style-type: none"> • Separate the people from the problem • Identify the real vs. the perceived problem • Move the encounter to a more private setting • Focus on the present rather than the past • Display a willingness to work together to help correct mistakes • Avoid defensive gestures like crossing arms and fidgeting • Use a moderate voice pitch and volume • Acknowledge personal responsibility or any misunderstanding: "I may not have given the directions very clearly"
Hostile, angry	<ul style="list-style-type: none"> • Use supportive language ("I can see you are angry") • Lower the volume, rate, and pitch of your voice • Postpone the visit - allow a cooling off period • Back off. Give the other person physical and psychological "space" • Allow the other person to vent, complain, and let off steam • Suggest a face-saving alternative

Adapted from "An Introduction to Home Visitation" by the Colorado Department of Public Health and Environment, 1996.

Medical Home

One of the long term goals of the Prenatal-5 Nurse Home Visiting Program is to ensure that all children and pregnant women served have or obtain a medical home. The current year goal states:

- At least 80% of children served by the program will have an identified medical home.

The medical home is a concept espoused by the American Academy of Pediatrics in which health care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent. An initial step in facilitating a family having a medical home is ensuring that the family can identify a regular primary care provider (pediatrician, family practitioner, nurse practitioner, etc.) whom they use for regular preventive care and sick care when needed.

Home visiting nurses can play a role in making the medical home concept a reality for their families by sending each family's primary care provider (PCP) a letter after the initial home visit²⁰. This letter serves several purposes:

- 1) It informs the PCP of the role the home visiting program is playing in the family's life as well as in the community.
- 2) It invites collaboration between providers and other programs serving the family.
- 3) It facilitates future communication.
- 4) It keeps the PCP involved in all aspects of the child's or pregnant woman's health care.

In the event that a home visiting nurse needs to call the PCP sometime in the future, it is likely that he/she will be much more accepted as part of the health care team if this important step in communication has already taken place.

²⁰A **Sample Letter to Primary Care Provider** is available in Appendix B on page 71.

III. INITIAL HOME VISITS

This section of the manual includes guidelines to assist in conducting effective home visits. It also serves to outline program standards that can be consistently applied throughout local health departments in Utah. These guidelines are based on the Utah Department of Health/Local Health Department Prenatal-5 Nurse Home Visiting Program contract and the long term and current year goals set forth by that contract²¹. They are not intended to be a substitute for good nursing judgement, nor do they necessarily replace existing local program standards and guidelines. As long as a local health department's Prenatal-5 Nurse Home Visiting Program meets or exceeds the recommendations in these guidelines, any variations in program delivery at the local level are acceptable.

This section contains a detailed description of what should take place during the initial home visit for pregnant women, newborns and children up to and including five years of age. This section refers directly to the current year goal:

- All families served by the program will have at least one initial home visit, at which time an Initial Home Visit Assessment will be completed, and a family care plan for follow-up and referral will be jointly developed by the nurse and family.

The orientation format for all recommended home visit documentation forms is provided in Appendix A and blank forms are available in Appendix B. Since certain information must be obtained at the first home visit, initial home visits will be described in this section and follow-up home visits will be explained in a later section of the manual²².

Obtaining Consent

Obtain parental consent at the beginning of the initial visit for all services that may be offered through the program. Always ask permission prior to touching the child or using anything in the home. Taking the time to get permission from the parent shows respect and begins to build trust between the nurse and the parent. The Permission to Evaluate form²³ is a good tool for documenting that consent was obtained and it provides a basic explanation of the services offered by the local health department's Prenatal-5 Nurse Home Visiting Program.

²¹See **Contract Information** on page 9.

²²See **Follow-up Home Visits** on page 27.

²³An orientation for the suggested **Permission to Evaluate Form** is available in Appendix A on page 44 and a blank form for copying is in Appendix B on page 72.

Initial Home Visit - Prenatal

A pregnant woman may be referred into the program at any time during the pregnancy, at which time an Initial Intake Form is completed²⁴. The following activities are documented for the initial home visit of all pregnant women:

- Signed consent for services²⁵
- Insurance status - if the pregnant woman does not have insurance, the family care plan should document efforts to help her obtain insurance or find means to afford prenatal care
- Assessment of the mother's general health, nutrition, number of weeks gestation, reproductive history, family resources, home environment, and personal safety²⁶
- Assessment of fetal well-being as evidenced by prenatal care and awareness of fetal movement²⁷
- Assessment of risk level based on the results of the above assessments and the nurse's judgement
- Identification of family strengths and needs - the reason for referral to the program should be addressed in this area
- A family care plan jointly developed by the nurse and the pregnant woman and/or her family that addresses the family's needs and builds on their strengths

The Initial Home Visit Assessment Form - Prenatal was developed to assist the nurse with documentation²⁸. All of the questions on the assessment form are intended to be nurse prompts for the initial interview and for parent education during the interview. Completion of all the items on this form with the family constitutes a complete initial home visit.

²³See **Initial Intake Form - Prenatal** on page 74.

²⁵See **Obtaining Consent** section on page 24.

²⁶See **Initial Home Visit Assessment Form - Prenatal** on page 75.

²⁷For questions on how to access family planning and prenatal care information throughout Utah, contact the nurse consultant at the Reproductive Health Program, Utah Department of Health at 801-538-9946.

²⁸The **Initial Home Visit Assessment Form– Prenatal** can be found in Appendix B on page 75. If needed, line-by-line instructions for each page of the assessment form can be found in Appendix A on page 46.

Initial Home Visit - Infant/Child

A child may be referred into the Prenatal-5 Nurse Home Visiting Program at any time between birth and age five. At the time of referral, the Initial Intake Form - Infant/Child should be completed²⁹. The following activities should be documented for the initial home visit of all infants and children:

- Signed consent for services³⁰
- Nursing assessment of the child's past and present health, immunization status, sleep, nutrition, development and home environment. Tracking the immunization status of children in the program is a very important role of the home visiting nurse. In fact, one of the program's current year goals is "at least 80% of children served by the program will have up-to-date immunization status."
- Assessment of the family's use of a regular primary care provider (PCP) or medical home³¹
- Nursing assessment of family resources, parenting knowledge and parent-child relationship³²
- Identification of child and family strengths and unmet needs - the reason for referral to the program should be addressed in this area
- Assessment of the child's risk level based on the results of the above assessments and the nurse's judgement
- A family care plan jointly developed by the nurse and the child's family that addresses meeting the child and family's needs and builds on their strengths - the plan for the first visit should include education about SIDS, Shaken Baby Syndrome and/or safety as it pertains to the child's age, and any safety concerns that arose during the visit

The Initial Home Visit Assessment Form-Infant/Child³³ was developed to assist the nurse with documentation. All of the questions on the form are intended to be nurse prompts for the initial interview and parent education. Completion of all the items on this form with the parent constitutes a complete initial home visit.

²⁹See **Initial Intake Form - Infant/Child** on page 81.

³⁰See **Obtaining Consent** section on page 24.

³¹See **Medical Home** on page 23.

³²See **Initial Home Visit Assessment Form - Infant/Child** on page 82.

³³The **Initial Home Visit Assessment Form - Infant/Child** can be found in Appendix B on page 82. If needed, line-by-line instructions for each page of the assessment form can be found in Appendix A on page 57.

IV. FOLLOW-UP HOME VISITS

The need for follow-up visits is determined by the nurse and the family at the time of the initial home visit. As a general guideline, it is recommended that families with medium to high Risk Acuity Levels³⁴ receive follow-up visits. Families with a low Risk Acuity Level can be provided with information on community resources, child development, and the phone number of the local Prenatal-5 Nurse Home Visiting Program. In the event that the family's needs change, they can call for further assistance. At the discretion of the nurse home visitor, follow-up telephone calls may serve families with low to medium risk acuity levels well and may help to conserve follow-up home visits for higher risk acuity level families.

Since the Prenatal-5 Nurse Home Visiting Program provides individualized services to at-risk families, the frequency of home visits depends on the needs of the family and, realistically, the demands on a nurse's time. For the higher risk families, visits may be as often as weekly, then tapered to monthly before a case is closed, depending on the family's needs. Some families may receive only one visit if that is all the nurse and family agree is necessary or if the family is more appropriately served by a referral to another program. No limit exists as to the duration or frequency of services provided to any one family that qualifies for the program. It is possible that a family may be involved with the program from the time the mother is pregnant until the child is five years old and transitions to school. While this kind of extensive service is possible, most families are involved in the program for a year or less.

The overall goals of the Prenatal-5 Nurse Home Visiting Program are to strengthen a family's capacity to meet their needs, whether personal, social, medical or financial; to facilitate a family's ability to access and appropriately utilize available resources; and to optimize the family's overall health and well being. Through positive reinforcement, encouragement, guidance in goal setting and recognition of personal achievements, the nurse can help families to achieve these goals.

The following table describes the activities that should be documented during follow-up home visits of all infants, children and pregnant women. These activities are intended to

³⁴See the **Initial Home Visit Assessment Form-Prenatal** on page 75 or **Infant/Child** on page 82.

transpire and be documented according to the time frame that the family and nurse jointly establish, unless specifically noted otherwise³⁵.

Follow-up Prenatal-5 Nurse Home Visiting Program Activities

Prenatal clients	Children age birth - 5 years
<ul style="list-style-type: none"> • Monitor health insurance status and facilitate access to coverage • Monitor changes in family resources and home environment • Re-evaluate risk level periodically • Evaluate effectiveness of plan in addressing reason for referral into the program • Refer to appropriate community resources • Monitor mother's access to prenatal care • Complete and document a nursing assessment of the general observed health of the mother and fetus at each visit³⁶ • Provide education about all aspects of the perinatal period and maternal life course development³⁷ • Develop a care plan for each visit together with the family that documents the implementation and evaluation of home visit nursing interventions 	<ul style="list-style-type: none"> • Monitor health insurance status and facilitate access to coverage • Monitor changes in family resources and home environment that affect the child • Re-evaluate risk level periodically • Evaluate effectiveness of plan in addressing reason for referral into the Program • Refer to appropriate community resources • Monitor immunization status and promote the completion of age-appropriate immunizations • Monitor and facilitate the child's entry into a medical home³⁸ • Complete and document a nursing assessment of sleep, nutrition, general observed health and development of the child at each visit³⁹ • Conduct a developmental screening using a standardized screening tool such as the Denver II or the Ages and Stages Questionnaire⁴⁰ on each child at least once a year while in the program • Provide parenting and infant care education and anticipatory guidance⁴¹ • Develop a care plan for each visit together with the family that documents the implementation and evaluation of home visit nursing interventions

³⁵To facilitate the documentation of follow-up home visiting activities, assessment forms for infant/child and prenatal follow-up visits can be found in Appendix B. The orientation format for all forms is available in Appendix A.

³⁶See **Physical Assessment** on page 32.

³⁷See **Perinatal Education** section on page 33 and **Maternal Life Course Development** section on page 35.

³⁸See **Medical Home** on page 23.

³⁹See **Physical Assessment** on page 32.

⁴⁰See **Developmental Screening** on page 30.

⁴¹See **Parenting Education** on page 37.

Keeping Appointments

At times, a nurse may find that a family is not home for an appointment for various reasons. Calling ahead to confirm with the mother that you are coming may or may not help with this problem, depending on the reasons the mother has for missing her appointment. Wasted travel and preparation time can be a big concern for home visiting nurses who arrive at a home only to find that the family is not there. As a general guideline, it is recommended that the nurse try to contact the family by phone after the first missed appointment. Discuss the missed appointment with them and the importance of someone being home for all scheduled visits. It is acceptable to make a verbal contract at this point with the family stating that another missed visit may result in the termination of home visiting services. These conversations should be documented in the Nurses Notes of the family's chart.

Closing a Case

Since Prenatal-5 Nurse Home Visiting Program services are voluntary, a family may terminate visits at any time; however, cases are usually closed when the goals set by the family and the nurse have been achieved. Ideally, the mother and nurse anticipate the closing of the case a few visits prior to the last visit. During this termination period, the nurse has the opportunity to review and summarize the information covered with the family, to facilitate transition to other programs, and to acknowledge achievements made by the family while enrolled in the program. Parents and children also have the opportunity to prepare for separation of the bond that has been established between the family and the nurse by thinking of final questions to go over and by strengthening their relationship with other appropriate support systems in their life.

Some families may have established a strong dependence on their nurse home visitor, making it difficult for a nurse to close a case. These families may need a longer termination period or an increased length of time between the last few visits in order to transition successfully out of the program and into a healthier, more independent lifestyle. For families who are transitioning to other programs, such as into the public school or local Head Start program, nurses should try to participate in discharge or transition planning meetings with the other program to facilitate the transfer of the family's case.

V. SERVICES PROVIDED DURING FOLLOW-UP HOME VISITS

Follow-up home visits are comprised of a variety of nursing and case management activities that depend on the needs of the individual family and the nurse's judgement⁴². Nursing services provided during follow-up home visits may include developmental and physical assessment, perinatal and parenting education, maternal life course education, and/or literacy and child development education. Some local programs may elect to conduct vision and hearing screenings in the home or do weights and measures on a regular basis, but it is not a service required by the Prenatal-5 Nurse Home Visiting Program at this time. The supporting current year goals for follow-up activities include:

- All children served by the program will have at least one nursing assessment conducted during the year.
- All children served by the program will have an age-appropriate developmental screening conducted during the year using either the Denver II or the Ages and Stages Questionnaire.

The nurse has a professional responsibility to observe and document the health status of the mother and/or child at every home visit, particularly if altered health status is apparent. Nurses are required to promptly refer any medical condition requiring the attention of the mother's or child's primary care provider (PCP) and the referral should be noted in the chart. Nurse home visiting services are not intended to be a substitute for regular and/or episodic health care for the family but rather to complement and reinforce those services provided by their respective PCP/medical home⁴³.

A variety of assessment tools, training modules and curricula exist to help home visiting nurses measure various child and family factors and to help direct delivery of services. Following is a description of the assessments and the corresponding assessment tools recommended for the Prenatal-5 Nurse Home Visiting Program.

Developmental Screening

It is a current year goal that all children enrolled in the Prenatal-5 Nurse Home Visiting Program should receive a standardized developmental screening by the nurse home visitor at least once a year. The screening is intended to be an educational experience for the parents as

⁴²See **Follow-up Home Visits** on page 26.

⁴³ Two detailed explanations, one for a pregnant woman and one for an infant, on how to conduct an observed nursing physical assessment can be found starting on page 32.

well as a form of documentation of the child's current developmental status. In the event that a delay is suspected, the nurse should refer the family to the child's primary care provider (PCP) for an evaluation. Home visiting nurses are in a unique position to help recognize and/or prevent developmental delays by educating parents on their child's developmental milestones and when to expect them to occur, and by providing parents with age-appropriate activities to stimulate their child's development at home.

It is recommended that the developmental screening be reserved for a follow-up visit in which the child is at least four months old, since the initial visit involves a comprehensive assessment of family resources and child health history. Also, it may be difficult to perceive a delay in a child younger than four months old.

The two screening tools recommended for use in the Prenatal-5 Nurse Home Visiting Program are the Denver II and the Ages and Stages Questionnaire⁴⁴. The nurse may select which tool to employ based upon individual circumstances. After completing the developmental screening, include a dated copy of the completed developmental screening tool in the child's chart, and/or a note as to what action was taken based on the results of the screen⁴⁵.

⁴⁴See **Appendix D** for information on how to acquire these tools.

⁴⁵For training on the use of these screening tools, please contact the Utah Department of Health, Child, Adolescent and School Health Program at 801-538-9459.

Observed Physical Assessment - Prenatal

Observe and document in narrative style the pertinent systems for an observed nursing physical assessment. For the purposes of the Nurse Home Visiting Program, the nurse is not required to palpate, auscultate or examine any part of the patient that is normally covered with clothing unless specifically requested to do so by the mother.

Prenatal - sample of an observed nursing physical assessment note

System Assessed	Example of Nursing Note
General	Cooperative, good hygiene, asks appropriate questions, well-appearing
Cardio-Pulmonary	Regular respirations, no dyspnea or pedal edema observed
Gastro-intestinal	c/o nausea, able to tolerate a cracker during visit
Musculo-skeletal	No limitations observed
Skin	Natural color, bruises on upper arms, states she fell
Reproductive	Gravid abdomen

In an assessment such as this, the nurse has noted only those systems which were apparent during the home visit, yet a wealth of information was obtained. The notes indicate that the mother is not obviously physically or mentally ill, she is warm and breathing with no visible sign of pregnancy-induced hypertension, and she is still battling pregnancy-related nausea but able to eat. She is ambulating without limitations and is obviously pregnant. A problem worth addressing further is the bruising on her upper arms from a "fall," as this is not a typical place to see bruises from a fall. It raises the nurse's suspicions of possible domestic violence in this woman's life⁴⁶.

⁴⁶See **Domestic Violence Reporting** on page 39.

Observed Physical Assessment - Infant or Child

Below is an example of an observed nursing physical assessment on a two month-old baby conducted during a home visit.

Infant - sample of an observed nursing physical assessment

System Assessed	Example of note
General	Alert, active infant, well-appearing, responsive to mom's voice and cares
Cardio-Pulmonary	Regular respirations, no dyspnea during feeding, pink lips
GI	Latches onto mother's breast well, burps without spitting up
Musculo-skeletal	Moves all extremities well, symmetric
Skin	Pink, no jaundice or rashes observed
Development/Neuro	Holds head up 45 degrees in prone position

Again, a wealth of information was obtained by observing and documenting only those systems which were apparent during the home visit. We know that the child did not appear sick and he behaved like a normal infant. He could hear, breath, and pump enough blood around his body to meet his energy expenditure needs. The baby was breastfeeding well and developing appropriately for a child of this age. No referral was needed based on these findings but breastfeeding support, parenting education, and child development resources could be included in the plan for this and future visits.

Perinatal Education and Use of Curriculum

Many good home visiting curricula and educational programs exist to provide home visitors with a visit-by-visit plan and parent education handouts. Local health department Prenatal-5 Nurse Home Visiting Programs are encouraged to employ the curriculum that they prefer. For perinatal education, nurses are encouraged to choose a pregnancy reference book, such as *What to Expect When You're Expecting* by Eisenberg, Murkoff and Hathaway⁴⁷, and use it together with the mother to look up information and answers to questions. All perinatal

⁴⁷*What to Expect When You're Expecting* by Eisenberg, Murkoff and Hathaway, Workman Publishing:New York, is available at most bookstores.

education programs should cover the following aspects of pregnancy, labor and delivery, and the postnatal period accurately. A Perinatal Education Checklist noting all of the topics listed below is available in Appendix B to guide the nurse in evaluating his/her teaching and the parent's learning.

Perinatal Education Topics

- ▶ normal symptoms throughout pregnancy
- ▶ fetal growth and development
- ▶ stages of labor and delivery
- ▶ when to call the doctor or go to the hospital
- ▶ care of the infant
- ▶ work and exercise
- ▶ use of tobacco, alcohol and drugs during pregnancy
- ▶ prenatal classes
- ▶ family planning/pregnancy spacing
- ▶ smoking cessation information and referral
- ▶ postpartum depression
- ▶ prenatal care schedule
- ▶ signs of labor
- ▶ breast vs. bottle feeding
- ▶ nutrition/weight gain/WIC
- ▶ maternal life course development
- ▶ fetal movement/kick counts
- ▶ sex during and after pregnancy
- ▶ safety
- ▶ attachment and bonding
- ▶ sibling rivalry

Additional health education information and resources are available through other local and state health department programs, such as Baby Your Baby and the Supplemental Food Program for Women, Infants and Children (WIC)⁴⁸. The Home Visiting and Early Childhood Nurse Consultant⁴⁹ is also available as a resource for perinatal home visits; please call 801-538-9459 to inquire about hard-to-find resources.

Whenever appropriate, the nurse should encourage the mother to take a list of questions to ask the PCP herself. The nurse should also promote healthy behaviors and independence in the pregnant woman through positive reinforcement, encouragement, and recognition of her efforts. After all, the relationship that is established between the nurse and the mother is most important part of the home visit. Once the baby arrives, the nurse's role will shift to promoting a strong and healthy parent-child relationship.

⁴⁸See **Appendix D** for Baby Your Baby and WIC contact information.

⁴⁹The consultant can be reached through the Child Adolescent and School Health Program, Utah Department of Health by calling 801-538-9459.

Maternal Life Course Development

Maternal life course development is a term that refers to the social support and guidance that nurses provide to mothers during home visits. Nurses can do much in guiding mothers to set goals for themselves, their personal relationships, health, family development, home and/or career. The following table illustrates a list of topics that a nurse can address to promote positive maternal life course development and the associated potential outcomes of setting goals for each topic.

For more information on the benefits of nurse home visiting on maternal life course development, please see *Enduring Effects of Nurse Home Visitation on Maternal Life Course* by H. Kitzman, D. Olds, K. Sidora, C.R. Henderson, C. Hanks, R. Cole, D. W. Luckey, J. Bondy, K. Cole and J. Glazner as published in the April 19, 2000 issue of the Journal of the American Medical Association.

Maternal Life Course Development

Topics to Promote	Associated Potential Outcomes
Personal relationships	<ul style="list-style-type: none"> Healthier self-esteem Preservation of long-term relationships Increased awareness of the value of interpersonal relationships Increased awareness of resources and assistance available for victims of domestic violence
Family Planning ⁵⁰	<ul style="list-style-type: none"> Informed decision making Longer intervals between pregnancies Improved parent-child relationships Improved maternal health from spacing pregnancies at least 2 years apart Increased access to family planning information and resources Decreased personal stress related to unplanned pregnancy
Women's Health Mind, Body and Spirituality	<ul style="list-style-type: none"> Increased awareness of women's health concerns Improved self-esteem, mental and physical health Better stress management and coping skills Increased understanding of self-care and access to health care
Education/Job Training	<ul style="list-style-type: none"> Completion of goals Improved employability Improved job stability Improved financial status Healthier self-esteem Decreased need for public assistance
Homemaker role	<ul style="list-style-type: none"> Increased sense of personal value and self-esteem Increased desire to excel Improved access to resources for the family
Child care	<ul style="list-style-type: none"> Increased completion of goals Improved financial stability Increased awareness of how to select quality child care Improved access to child care, resources and support systems

⁵⁰ For questions on how to access family planning and prenatal care information throughout Utah, contact the Reproductive Health Nurse Consultant at the Reproductive Health Program, Utah Department of Health at 801-538-9946.

Parenting Education and Use of Curriculum

For the parenting education component of the Prenatal-5 Nurse Home Visiting Program, no formal curriculum or educational format is required to be used. Many good curricula and programs exist, however, and local health departments are encouraged to employ those that they prefer. The *Welcome Baby Home Visitor's Guide*⁵¹ and accompanying *Keeping Baby Healthy* booklet developed and published by the Utah County Health Department is a good example of a home visiting curriculum for parent education.

All parenting education programs should include the topics listed below and should cover these aspects of child development, health, and safety accurately and appropriately according to the child's and family's needs. A Parenting Education Checklist containing all of the topics listed below is available in Appendix B to guide the nurse in evaluating his/her teaching and the parent's learning.

Parenting Education Topics

- ▶ normal infant appearance and behavior
- ▶ anticipatory guidance of child growth and development
- ▶ crying and colic
- ▶ Shaken Baby Syndrome
- ▶ when to call the doctor or go to the hospital
- ▶ maternal life course development
- ▶ sibling rivalry
- ▶ tobacco, alcohol and drugs
- ▶ parenting classes
- ▶ bonding and attachment
- ▶ sleep position and SIDS
- ▶ well child check-up schedule
- ▶ immunizations
- ▶ breast vs. bottle feeding
- ▶ infant caregiving
- ▶ nutrition/weight gain/WIC
- ▶ work and exercise
- ▶ finding quality child care
- ▶ home safety
- ▶ new parental roles
- ▶ brain and literacy development
- ▶ socialization and school readiness
- ▶ normal toddler and preschool behavior and ways to cope

Many brochures and educational materials are available to parents and home visiting programs from various state and national agencies and programs, as well as from the local health departments. For example, local child care resource and referral agencies have

⁵¹For information on obtaining the *Welcome Baby* curriculum, contact the Utah County Health Department at 801-370-8759 or the Child, Adolescent and School Health Program, Utah Department of Health at 801-538-9459.

information on finding quality child care. Brochures on Shaken Baby Syndrome can be obtained through the National Center on Shaken Baby Syndrome's website at <http://www.capcenter.org>. Information on parenting classes in Utah can be found at local family support centers, Children's Service Society or Children's Aid Society. Appendix D has a resource list for obtaining these items and more. The Home Visiting and Early Childhood Nurse Consultant⁵² is also available as a resource to all home visiting nurses for training and consultation.

Literacy Kits

The *Starting Early Literacy Kit* is an excellent resource for parents with young children who are receiving home visits. The kit includes information on child development, brain development, and literacy development for children birth - 5 years old. It also contains three children's books, a music tape, a *First Years Last Forever* videotape and a wealth of activities for parents to do with their child at home to promote literacy development. It is available in Spanish and English. A limited supply of these kits is available to the Prenatal-5 Nurse Home Visiting Program and other home visitors for distribution during home visits to families with pregnant women and/or children under 12 months of age. Prior to distributing these kits, home visitors are requested to view an orientation video or attend a training session on the literacy kit's recommended use, distribution, and evaluation process⁵³.

⁵²The consultant can be reached through the Child Adolescent and School Health Program, Utah Department of Health by calling 801-538-9459.

⁵³To view the training video or request kits, please contact the Utah Department of Health, Child, Adolescent and School Health Program at 801-538-9459.

VI. CHILD ABUSE AND DOMESTIC VIOLENCE REPORTING

Utah Code 62A-4a requires that any person who has reason to believe that a child has been subjected to abuse or neglect immediately notify the nearest Utah Division of Children and Family Services (DCFS) office or the police⁵⁴. Likewise, during the course of providing services to a family, if child abuse or neglect is suspected, the nurse is required to report it to the local DCFS office or the police. The crisis hot line for child abuse is available statewide at 1-800-638-9399. Prevent Child Abuse Utah has published an excellent resource on child abuse and neglect entitled "Recognizing and Reporting Child Abuse for Utah"⁵⁵. This manual is useful for developing an understanding of the dynamics of child abuse and neglect as well as recognition, risk factors, laws, and reporting of child abuse and neglect.

Each of the twelve private family support centers⁵⁶ around the state operates a crisis nursery for children and families in distress. These family support center-directed crisis nurseries offer respite to families for times when child abuse or neglect may be imminent.

Utah Code 26-23a mandates that health care providers report to police whenever they become aware of domestic violence that results in a physical injury. Utah Code 76-5-109.1 defines that a person is guilty of child abuse if the act of domestic violence is committed in the presence of a child. The Utah Domestic Violence Advisory Council has produced a reference manual for health care providers entitled "Guidelines for Assessment, Treatment and Referral for Victims of Partner Abuse"⁵⁷. The manual is useful for developing an understanding of the dynamics of domestic violence, recognizing the indicators, and becoming aware of community resources to appropriately refer victims.

⁵⁴See **Prioritizing Referrals** on page 15.

⁵⁵ To obtain a copy of "**Recognizing and Reporting Child Abuse in Utah**" contact Prevent Child Abuse Utah at 801-532-3404 or 1-800-CHILDREN.

⁵⁶See **Appendix D** for a list of all the family support centers in Utah.

⁵⁷Copies of "Guidelines for Assessment, Treatment and Referral for Victims of Partner Abuse" can be obtained by calling the Utah Department of Health, Division of Community and Family Health Services, Violence and Injury Prevention Program at 1-800-894-7651.

VII. COMMUNITY RESOURCES

All public health nurses should familiarize themselves with the resources available in their community and statewide so they can be knowledgeable and prepared to refer families in need of services. For staff who are new to the role of the public health nurse or new to the community in which they are working, the following list describes some ways to find and learn about available community resources. A list of local, state, and national resources that pertain to the program can be found in Appendix D. Document all referrals on the Home Visit Plan⁵⁸ and evaluate the effectiveness of the referral at the next visit or by phone.

Suggestions for Finding Community Resources

- ◀ Ask co-workers what directories they use; obtain a copy
- ◀ Network with others at conference, meetings and health fairs to make contacts and learn the best referral for different situations⁵⁹
- ◀ Consult the "Network Pages" - it is a good directory of resources that covers statewide services for Utah families with young children age birth - 8 years⁶⁰
- ◀ Use the Yellow Pages, the Internet and the local public library, all of which are useful resources for state and national support organizations

Mental Health

Nurses can help families to access mental health services for children and adults in a variety of ways. After determining the need for a mental health referral, the nurse may assist the family to review their employee and insurance benefits. Some employers offer an employee assistance program for employees and their families to facilitate confidential access to mental health services. This service may be free or very low cost, and may or may not be affiliated with insurance benefits. Other employers may offer health insurance that includes mental health services. Again, the nurse can help the family to access the appropriate office for their insurance plan within their community.

⁵⁸ The **Home Visit Plan** is a three-page NCR form available by calling 801-538-9459. Orientation for this form is on page 67, the reproducible version is on page 73.

⁵⁹ See **Agency Collaboration and Promotion** on page 12.

⁶⁰ See **Appendix D** for how to obtain copies of "The Network Pages".

For those who do not have access to private insurance or employee assistance programs, the Division of Mental Health arranges local contracts to provide services through community mental health centers. Each center provides a comprehensive system of services using a multi-disciplinary staff. The following services are available to eligible adults and children: inpatient; outpatient; psychosocial rehabilitation; residential services; 24-hour crisis care; follow-up care; screening for referral; consultation, education and prevention; and case management. Home visiting nurses should establish a positive working relationship with their local community mental health services providers in order to facilitate for their families a smooth transition into the mental health service system. A list of the community mental health centers in Utah is available in Appendix D. All of the community mental health centers accept Medicaid and most offer a sliding fee scale for the uninsured.

Substance Abuse

Often mental health problems are compounded by substance abuse. The home visiting nurse should be familiar with the signs of alcohol and/or drug abuse, as listed below.

Red Flags for Alcohol/Drug Abuse during a nursing assessment

1. Tremor, perspiring, tachycardia
2. Evidence of current intoxication
3. Prescription drug seeking behavior
4. Frequent falls, unexplained bruises
5. Diabetes, elevated BP, and ulcers that are unresponsive to treatment
6. Frequent hospitalizations
7. Inflamed, eroded nasal septum
8. Dilated pupils
9. Track marks, injection sites
10. Gunshot or knife wound
11. Suicide talk or attempt, depression
12. Pregnancy - screen all pregnancies for substance abuse

The home visiting nurse should also be familiar with assessing for substance abuse or addiction. The CAGE questionnaire, below, is a common screening tool used to assess for substance abuse and addiction. The tool is best used after the nurse has established a trusting, non-judgmental relationship with the mother. The CAGE is easy to use and document. A "yes" answer to more than one item in the questionnaire raises the suspicion of addiction and would warrant a referral.

CAGE Questionnaire

- C** Have you ever felt you should *CUT DOWN* on your drinking or drug use?
- A** Have people *ANNOYED* you by criticizing or complaining about your drinking or drug use?
- G** Have you ever felt bad or *GUILTY* about your drinking or drug use?
- E** Have you ever had a drink or drug in the morning as an *EYE OPENER* to steady your nerves or to get rid of a hangover?

Once the nurse and mother have established that treatment for substance abuse is a goal, a referral to the local Prenatal Substance Abuse Program is appropriate⁶¹. The Division of Substance Abuse has access to federal dollars for the treatment of substance abusing pregnant women and mothers. If a mother is ready to receive treatment, she should not be turned away, put on a waiting list, or made to wait for a future appointment. If a nurse is confronting a barrier to access to care for a substance abusing pregnant woman or mother, please call the Prenatal Substance Abuse Program contact person or the Director of the local Division of Substance Abuse in your area. If barriers to access to treatment continue to be a problem, please contact the state treatment coordinator.

⁶¹ See Appendix D for a list of the Prenatal Substance Abuse Programs in Utah.

VIII. APPENDIX A - Orientation to Forms

Permission to Evaluate - Prenatal/Child.....	44
Initial Intake Form - Prenatal.....	45
Initial Home Visit Assessment Form - Prenatal.....	46
Follow-up Home Visit Form - Prenatal.....	52
Initial Intake Form - Infant/Child.....	56
Initial Home Visit Assessment Form - Infant/Child.....	57
Follow-up Home Visit Form - Infant/Child	63
Home Visit Plan Form - Generic	67

This page is in *orientation format*, (instructions are shaded). Go to Appendix B for the user format.

Permission to Evaluate - Prenatal/Child

Date:

Dear _____, (read or paraphrase the letter aloud with the parent)

In order to provide a meaningful and individualized program for you and your child through the (enter the name of the local health department) Health Department Prenatal - 5 Nurse Home Visiting Program, we request your permission to carry out the following marked assessments:

(Nurse and parent discuss each item and check those that apply. These assessments may take place at a future time but consent is gathered at the beginning of the first visit. Mark only the assessments that you usually perform.)

- _____ 1. Health assessment (Review of immunization records, past medical history and daily routine. Includes an observed physical assessment.)
- _____ 2. Hearing assessment (Use of an instrument to assess hearing in infants and children.)
- _____ 3. Vision assessment (Use of an instrument to assess vision in infants and children.)
- _____ 4. Developmental assessment (Observation and use of a screening tool to assess development.)

Results of evaluations are kept confidential and will be used by you and your nurse to develop a home visiting plan. Your records may be requested by other service providers involved in the care of you or your child, but they will not be released without your permission. You are welcome to review your records, including the results of all evaluations, at any time.

Other resources are available for home visits. Check those areas that you would like more information about:

Family Planning (Education about pregnancy spacing, types of birth control, how to get birth control, or offering condoms. May include written materials. If the mother is an unmarried minor, the nurse will need her parent's consent and signature below, too.)

Domestic Violence (Education and referral about domestic violence, what do if one is a victim, how to get help, etc.)

How to Quit Smoking (Education and referral regarding the effects of tobacco, encouragement to quit, information on how to quit and accessing medical support to quit.)

Substance Abuse (Education and referral on the effects of drugs and alcohol, encouragement to seek help in quitting, and accessing medical support to quit.)

I give permission for the above marked assessments and resources. Yes_____ No_____

I give permission for you to consult my/my child's primary care provider. Yes_____ No_____

(check yes or no to document that these points were discussed with the client)

Name and address of primary care provider: _____

_____ date parent signature (if parent is an unmarried minor, need guardian's signature, too)

_____ date nurse's signature nurse's name, printed (leave a copy with the client)

Nurse copy - white

parent copy - canary (leave a signed copy with the family)

This page is in *orientation* format, (instructions are shaded). Go to Appendix B for the user format.

Initial Intake Form – Prenatal

Date Referral Received _____

Name and agency of referring party _____ phone _____

Address _____

City - State - ZIP _____

(Complete as much of the following information as possible while on the phone with the referring party. Some of this information is valuable in determining program eligibility, see Receiving a Referral.)

Mother's name _____ Due Date _____ Age _____

Father's name _____ Age _____

Other caregiver(s) (If the mother is an unmarried minor, list her parent/guardian and their phone number if different)

Street Address _____ P.O. Box _____

City _____ Zip _____ Phone _____

Primary Language Spoken in Home (may indicate need to bring a translator)

Directions to home (very important, especially in rural areas such as Indian Reservations)

Primary Care Provider (doctor, nurse practitioner or physician assistant) Phone _____ Fax _____

Address _____, City _____, Utah, ZIP _____

(This information is needed to inform the primary care provider that his/her patient is receiving home visits - see "Medical Home.")

Type of Insurance: Medicaid None other _____

(Coordinate the plans for prenatal home visits with the Baby Your Baby nurse or HMO case manager.)

Is any other program visiting you? No Yes If yes, who?

(List who else is visiting and determine if/when enrollment in the NHVP is appropriate)

Reason for Referral (Use quotation marks when using the exact words of the referring party. Collect all pertinent facts that help to make the client eligible for the NHVP. Avoid documenting any disparaging remarks in the event that the client reads this or your records get subpoenaed. See Receiving a Referral.)

Special Medical, Nutritional or Other Needs or Concerns (Are there any other special care issues that the nurse should know about, like special medical or nutritional needs? Document carefully, using quotations when appropriate. Answers may also lead to a referral directly to another service, such as home health nursing.)

Nurse's Notes Dates of attempted phone contact: (It is important to document each attempt to call the family, whether successful or not. See "First Telephone Contact with Family.")

Home visit scheduled? No Yes If yes, scheduled date _____ time _____

If no Home Visit is scheduled, note reason and plans for follow-up (Document, in quotes if necessary, reason for no home visit. Follow up all refusals with a letter and brochure, see Sample Invitation /Follow-up Letter)

Referral made? (Specify if you referred the client to a more appropriate service.)

Follow-up letter mailed? Y/N Date _____ (circle Y and date after the letter is mailed, sample letter in Appendix B.)

Nurse's Signature (If this form was completed by more than one person, all need to sign and date. The nurse signs/dates here, others sign and date following the section they completed.)

This form is in *orientation* format; go to Appendix B for the user format.

Family I.D. (A.) nurse initials _____

Date of Visit _____ Visit Number 1

Initial Home Visit Assessment Form– Prenatal

Instructions: Parent-to-be, please complete this page to help the nurse identify family strengths and needs.

Name:		Birthdate:		Age:		
Marital Status:		due date:		Number of weeks pregnant: (B.)		
List below all people in the home and their relationship to you. (C.)						
	Name	Birthdate	Age	Gender	Relationship	Any Health Problems?
1						
2						
3						
4						
5						
Highest level of education completed by parents:				other:		
Mother: 8 9 10 11 12 13 14 15 16 17 18 years						
Father: : 8 9 10 11 12 13 14 15 16 17 18 years						
Mother's occupation/hours:				Father's occupation and hours:		
Best time for visits?						
Insurance: <input type="checkbox"/> Medicaid - HMO <input type="checkbox"/> Medicaid non-HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> NONE						
Tell me about any programs or resources that you are currently using: <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Church <input type="checkbox"/> Horizon Card <input type="checkbox"/> Food Program <input type="checkbox"/> Temporary Assistance to Needy Families <input type="checkbox"/> Other _____						
Would the mother describe her race as: (check all that apply) White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Spanish/Hispanic/Latina <input type="checkbox"/>						
Would the father describe his race as: White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/>						
Does anyone in the household use tobacco? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, who? _____						

Family I.D. _____ nurse initials _____

This page is to be completed by the nurse

HISTORY - Subjective information

questions are nurse prompts for interview and parent education

(D.)	Risk (✓) = low med high		
1. How are things going in your family with this pregnancy?			
(E.) 2. When did you begin prenatal care for this pregnancy? Month 1 2 3 4 5 6 7 8 9 How often have you been getting prenatal care? <input type="checkbox"/> missed no appts <input type="checkbox"/> missed some appts <input type="checkbox"/> missed most appts <input type="checkbox"/> no prenatal care Name/phone of Primary Care Provider _____			
(F.) 3. Have you ever been pregnant before? <input type="checkbox"/> no <input type="checkbox"/> yes (G.) If yes, G ___ T ___ P ___ A ___ L ___ M ___ Did you have any problems with your previous pregnancies? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain			
4. What concerns do you have about this pregnancy? Have you or your baby experienced any medical problems during this pregnancy? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain: (H.)			
5. Have you felt the baby move today? <input type="checkbox"/> yes <input type="checkbox"/> no If no, assess for referral to M.D. or hospital and note: (I.)			
6. Have you had any health problems in the past, before you were pregnant? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list: Do you take any medications or vitamins? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list: (J.)			
7. Tell me about your current activity and rest pattern. Describe your typical day. (K.)			
8. What is your current eating pattern? List all that you eat in a typical day. (L.)			
9. Assess parenting and child development knowledge. For example: "Many people feel that parenting is a challenging role. What would you consider is important to be a good parent?" "Tell me about your past experiences with children." Comments: (M.)			

Home environment - review with family and check box if a safety risk is present

Risk (✓) = low med high

- | | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Adequate shelter | <input type="checkbox"/> | Second Hand Smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hygiene | <input type="checkbox"/> | Dangerous Objects | <input type="checkbox"/> | | | |
| Pets | <input type="checkbox"/> | Smoke Detector | <input type="checkbox"/> | | | |
| Poisons/Medications | <input type="checkbox"/> | Violence | <input type="checkbox"/> | | | |
| Guns/locks | <input type="checkbox"/> | Preparations for newborn | <input type="checkbox"/> | | | |

Other _____
(N.)

Family I.D. _____ nurse initials _____

This page is to be completed by the nurse

ASSESSMENT - Objective information

Observation of General Health (i.e. mother's general appearance, breathing, color, mood, activity level, etc. Note any other systems assessed.)

(O.) _____

BASED ON REVIEW OF COMPLETED ASSESSMENT, IDENTIFY STRENGTHS/NEEDS FOR A CARE PLAN (i.e. Attachment, financial resources, support systems, coping, stress, health, caregiving skills, etc.)

Family Strengths _____
(P.) _____

Family Needs and Concerns _____

(Q.) Long-term _____

Short-term _____

Any Additional Comments _____

(R.) _____

Risk Acuity Assessment - to be rated by RN based on information gathered during the initial assessment and the nurse's impression.

(S.) **Circle one**

#1 low	#2 med	#3 high
---------------	---------------	----------------

(T.) **Go to Home Visit Plan Form**

Initial Home Visit Assessment Form- Prenatal
Line-by-line Instructions and Orientation to Form

Page One of the Assessment Form

This is the only page of the assessment form that is completed by the parent. After completion by the parent, the nurse reviews it with the parent for completeness, teaching and/or discussion points. Afterward, it is kept with the rest of the assessment form in the family's chart.

Match the letters in parentheses on the form with the instructions below:

- A. Use a numbering or initial system to confidentially identify cases. All pages should be labeled alike. The nurse should initial and/or sign all pages of the assessment.
- B. Number of weeks pregnant = date of last menstrual period + 7 days - 3 months.
- C. The parent-to-be completes the first page which comprises a family and support systems assessment. The completed assessment will help the nurse to identify risk factors that may impact the healthy growth and development of the child and family. Consider the risk factors identified on page one when assigning an overall risk level on the third page of this tool. Parents who have a supportive family, a high school diploma, insurance coverage and who have accessed needed services independently would be considered to be at a lower risk level. Parents who are single, teens, have less than 12 years of schooling and who have not accessed appropriate resources on their own are at a higher risk level.

Page Two of the Assessment Form

HISTORY - Subjective information

- D. **History - subjective.** In the following section, each question is designed to assess concepts that may negatively impact a child's health and development. Based on the nurse's judgement, check a risk level for each concept assessed. The nurse may wish to assign risk levels after leaving the home. Specific concept examples are given for each question in this section.
- E. Concept: assess for acceptance issues, self-concept, roles, family finances/adequate resources, family stress, and general coping skills. Coping poorly = high risk level, coping well = low risk level.
- F. Concept: assess knowledge of need for prenatal care and access to a primary care provider. Little or no prenatal care, poor knowledge, no access = high risk level; some prenatal care = med risk level.
- G. Concept: assess past reproductive history including the prenatal, labor & delivery, post-partum, and neonatal periods. G= # pregnancies, T= # term, P= # premature, A= # abortions/miscarriages, L= # living, M= # multiples. High risk level = more than four pregnancies, pregnancies spaced less than 12 months apart, multiple abortions/miscarriages, history of premature births, more than one child death, and/or one or more sets of multiples.
- H. Concept: assess understanding of the medical history of this pregnancy. RN is aware of problems but client seems unaware = high risk level. Problem level matches knowledge level of client = low to med risk level, depending on accuracy of match and severity of

problem. Consider medical problems such as infections or high blood pressure when assigning risk level.

- I. Concept: assess knowledge of fetal development and movement and acceptance of pregnancy. Most women feel the baby kicking around 20 weeks gestation. Most doctors are concerned if fetal movement is not detected by the 22nd week. Mother has concerning symptoms but she seems unconcerned = high risk level, mother is inappropriately concerned about symptoms/condition = med risk level, concerns are appropriate to the symptoms/conditions = medium to low risk level, depending on the severity of the condition.
- J. Concept: assess past medical history and knowledge of general health and prenatal care. Assess for chronic illness, frequent infections, frequent use of emergency departments and/or hospitalizations. Assess for use of medications including supplements, over-the-counter medications and herbal remedies. Poor knowledge and health practices = high risk level, good knowledge and practices = low risk level.
- K. Concept: assess mother's activity and stress level and her knowledge of general health and prenatal care. Poor knowledge, unhealthy practices, high stress = high risk level. Good knowledge, healthy practices, manageable stress = low risk level.
- L. Concept: assess mother's knowledge of nutrition, dietary habits and access to food. Poor knowledge and habits, little or no food = high risk level. Good knowledge, habits and available food = low risk level.
- M. Concept: assess knowledge of parenting, experience with children and appropriate expectations of child development. Assess for positive family values and child rearing practices. Poor knowledge, experience and expectations = high risk level, good knowledge, experience and expectations = low risk level.
- N. Concept: assess home safety by observing the environment and listening to the family's concerns. This is not intended to be a walk-through inspection. Check any areas observed by the nurse to pose a safety hazard. Address all dangerous conditions observed during the initial visit with education. Include home safety education in the family care plan for future visits when appropriate. All safety issues in this assessment do not need to be addressed during the initial visit unless an immediate hazard is noted. Assign risk level based on the danger level of hazards observed and the family's response to education.

Page Three Assessment Form

Objective Assessment and Family Care Plan

This page is completed by the nurse.

- O. The nurse on a home visit is responsible for documenting the general observed health of the patient. Describe in narrative format those systems that were assessed by observation. If any system is requested by the mother to be assessed physically, i.e. by touch, auscultation or undressing, document those findings as well (see Physical Assessment). Any problems noted in the health assessment must be addressed in the plan, such as by noting "referred to physician."
- P. The Family Care Plan is to be jointly developed by the nurse and the family. Discuss

with the parents what you see their strengths are based on your review of the initial assessment. Ask them if there are any other family strengths that you have not mentioned yet. List strengths generously.

- Q.** Review with the parents what you see their needs to be based on your review of the initial assessment. Ask them if there are any other family needs that you have not mentioned yet and that they would like help in addressing. List the needs as long and short-term goals.
- R.** If there is something else that you would like to add but have not seen a place to put it, use this space.
- S.** The nurse may wish to complete the risk acuity assessment after leaving the home. Assign an overall risk acuity based on the number of high, medium and low ✓ s in the risk boxes and the family's response to education during the visit. The risk acuity level is the nurse's overall impression of the family's risk level for negatively impacting their child's health and development.
- T.** The Home Visit Plan Form is a generic form that should be used as the last page on all types of home visits: initial or follow-up, infant/child or prenatal. See "Home Visit Plan Form - Generic" for instructions to this form. NCR copies of this form are available from the Child Adolescent and School Health Program, Utah Department of Health by calling 801-538-9459.

This form is in *orientation* format; go to Appendix B for the user format

Family I.D. **(A.)** nurse initials _____

Date of Visit _____ Visit Number **(B.)** _____

Follow-up Home Visit Form – Prenatal

(C.) Completed by nurse:

Mother's name:	Age:
Due date:	Gestation by weeks:

Assessment: Prenatal Care - questions are nurse prompts for interview and education

When was your last appointment?
When is your next appointment?
Any new medical problems or symptoms with you or your baby during this pregnancy?
Have you felt the baby move today? <input type="checkbox"/> yes <input type="checkbox"/> no If no, assess for referral to M.D. or hospital and note:
Are you taking any medications or vitamins? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list:
Have there been any changes in your current activity and rest patterns or eating patterns since the initial or last visit? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list:

Assessment: Family Relationships

Any changes in family relationships since the Initial or last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:						
	Name	Birthdate	Age	Gender	Change in Relationship:	
1						
2						
Changes in Insurance status since Initial Home Visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: <input type="checkbox"/> Medicaid - HMO <input type="checkbox"/> Medicaid non-HMO <input type="checkbox"/> NONE <input type="checkbox"/> Other _____						

Observation of Mother's General Health (i.e. general appearance, breathing, color, mood, activity level, etc. Note any other systems assessed.)

(D.)

Home environment - review with the family and check a box if a safety risk is observed

- | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|
| Adequate shelter | <input type="checkbox"/> | Second Hand Smoke | <input type="checkbox"/> |
| Hygiene | <input type="checkbox"/> | Dangerous Objects | <input type="checkbox"/> |
| Pets | <input type="checkbox"/> | Smoke Detector | <input type="checkbox"/> |
| Poisons/Medications | <input type="checkbox"/> | Violence | <input type="checkbox"/> |
| Guns/locks | <input type="checkbox"/> | Preparations for newborn | <input type="checkbox"/> |

Other _____

(E.)

Family I.D. _____ nurse initials _____

This page is to be completed by the nurse

BASED ON THE FOLLOW-UP ASSESSMENT, IDENTIFY ANY CHANGES/ADDITIONS IN THE INITIAL FAMILY CARE PLAN

New Family Strengths

(F.)

New Family Needs/Concerns

(G.)Long-term

Short-term

Any Additional Comments

(H.)

Risk Acuity Re-Assessment - to be rated by RN as needed based on information gathered during follow-up assessments and the nurse's impression

(I.)

Circle one

#1 low	#2 med	#3 high
---------------	---------------	----------------

(J.) Go to Home Visit Plan Form

Follow-up Home Visit Form - Prenatal
Line-by-line Instructions and Orientation to Form

Page One of the Assessment Form

This form is an abbreviated version of the Initial Home Visit form. The form may be printed as a two-sided, single page document and used together with the Home Visit Plan Form to complete all necessary documentation. The assessment and care plan are focused on changes identified since the previous or initial visit. All of the pages in this form are to be completed by the nurse.

Match the letters in parentheses on the form with the instructions below:

- A. Use the same numbering or initial system that was used on the initial visit to confidentially identify cases. All pages should be labeled alike. The nurse should initial and/or sign all pages of the assessment.
- B. It is useful to keep track of how many home visits a family has received. Write here which visit number this is.
- C. The nurse completes all of the pages in this form. Ask the following questions for the purpose of updating the family assessment information as needed.
- D. A nurse on a prenatal home visit has the responsibility to document the general observed health status of the expectant mother. Describe in narrative format those systems that were assessed by observation. If any system is requested by the woman to be assessed physically, i.e. by touch, auscultation or undressing, document those findings as well (see Physical Assessment). Any problems noted in the health assessment must be addressed in the plan as "referred to physician."
- E. Assess the home for safety at every visit by observing the environment and listening to the family's concerns. This is not intended to be a walk-through inspection. Check any areas observed by the nurse to pose a safety hazard. Address all dangerous conditions during the initial visit with education. Include home safety education in the family care plan for every visit as appropriate. All safety issues in this assessment do not need to be addressed at every visit unless an immediate hazard is noted.

Page Two of the Follow-up Prenatal Form

- F. The Family Care Plan is to be jointly developed by the nurse and the family. Share any new strengths that you have identified with the parents based on your review of the follow-up assessment. Ask them if there are any other family strengths that have not been mentioned yet. If no new strengths have been identified on this visit, make a note to that effect such as "none new."
- G. On follow-up visits, new needs may be identified. Review with the parents any new needs that you have identified based on your review of the follow-up assessment. Ask them if there are any other unidentified family needs that they would like help in addressing. List the needs as long and short-term goals.
- H. If there is something else that you would like to add but have not seen a place to put it, use this space.

- I.** The nurse may wish to re-assess the family's Risk Acuity Level once he/she is more familiar with the family. This can be done after leaving the home. Assign an overall risk acuity based on changes to the family care plan and the family's response to education during the visit. The risk acuity level is the nurse's overall impression of the family's risk level for potentially negatively impacting their child's health and development.

- J.** Use the generic, three-page NCR copy of the Home Visit Plan for every follow-up visit. The user format for this form is available in Appendix B and pre-printed NCR copies can be obtained by calling the Child, Adolescent and School Health Program, Utah Department of Health at 801-538-9459. The orientation format for the Home Visit Plan Form is found in Appendix A.

This page is in *orientation format*, (instructions are shaded). Go to Appendix B for the user format.

Initial Intake Form – Infant/Child

Date Referral Received _____

Source of Referral (If the referral was obtained through Vital Records, write that here and skip to Child's Name.)

Name/agency of referring party _____ phone _____

Address _____

City-State - ZIP _____

(Complete as much of the following information as possible while on the phone with the referring party. Some of this information is valuable in determining program eligibility - see Receiving a Referral.)

Child's Name _____	M/F _____	Birthdate ____/____/____	Age _____
Birth weight _____	Weight at Discharge (if known) _____	Discharge Date _____	
Mother's name _____		Age _____	
Father's name _____		Age _____	
Other caregiver(s) (If child has a guardian other than the birth mother, describe) _____		Age _____	
Street Address _____		P.O. Box _____	
City _____	Zip _____	Phone _____	

Primary Language Spoken in Home (may indicate need to bring a translator)

Directions to Home (very important, especially in rural areas such as Indian Reservations)

Primary Care Provider (doctor, nurse practitioner or physician assistant) Phone _____ Fax _____
Address _____ City _____ Utah, ZIP _____

(This information is needed to inform the primary care provider that his/her patient is receiving home visits - see Medical Home.)

Reason for Referral (Use quotation marks when using the exact words of the referring party. Collect all pertinent facts that help to make the client eligible for the NHVP. Avoid documenting any disparaging remarks in the event that the client reads this or your records get subpoenaed. See Receiving a Referral.)

Special Medical, Nutritional or Other Needs or Concerns (Are there any other special care issues that the nurse should know about, like special medical or nutritional needs? Answers may also lead to a referral directly to Early Intervention or home health nursing services.)

Nurse's Notes Dates of attempted phone contact: (It is important to document each attempt to call the family, whether successful or not. See "First Telephone Contact with Family.")

Home Visit scheduled? No Yes If yes, scheduled date _____ time _____

If no Home Visit scheduled, note reason and plans for follow-up

(Document, in quotes if necessary, reason for no home visit. Follow up all refusals with a letter and brochure, see Sample Invitation/Follow-up Letter.)

Referral made? (Specify if you referred the client to a more appropriate service.)

Follow-up letter mailed? Y/N date ____ (Circle Y and date after the letter is mailed, sample letter in Appendix B.)

Nurse's Signature and date (If this form was completed by more than one person, all need to sign and date. The nurse signs/dates here, others sign and date following the section they completed.)

This form is in *orientation format*; go to Appendix B for the user format.

Family I.D. (A.) nurse initials _____

Date of Visit _____ Visit Number 1

Initial Home Visit Assessment Form – Infant/Child

(B.) Instructions: Parent, please complete this page to help the nurse identify family strengths and needs.

Child's Name:		Gender (M/F):		Birthdate:		
Mother's Name:		Father's Name:				
Marital Status:		Other caregivers?				
List below all people in the home and their relationship to the child.						
	Name	Birthdate	Age	Gender	Relationship	Any health problems?
1						
2						
3						
4						
5						
Highest level of education completed by parent(s):				other:		
Mother: 8 9 10 11 12 13 14 15 16 17 18 years						
Father: 8 9 10 11 12 13 14 15 16 17 18 years						
Mother's occupation/hours:			Father's occupation/hours:			
Best time for visits?						
Does your child have a regular doctor or other primary care provider? <input type="checkbox"/> no <input type="checkbox"/> yes, if yes who?						
Doctor _____ Address/phone _____						
Insurance: <input type="checkbox"/> Medicaid # _____ <input type="checkbox"/> CHIP <input type="checkbox"/> Other _____ <input type="checkbox"/> NONE						
Tell me about any programs or resources that you are currently using: (check all that apply)						
<input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Temporary Assistance for Needy Families <input type="checkbox"/> Church <input type="checkbox"/> Horizon Card <input type="checkbox"/> Food Program <input type="checkbox"/> Housing Assistance <input type="checkbox"/> H.E.A.T.						
Other _____						
Would you describe your child's race as: (check all that apply) White <input type="checkbox"/> Black or African American <input type="checkbox"/>						
Asian <input type="checkbox"/>						
American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/>						
Does anyone in the household use tobacco? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, who? _____						

Family I.D. _____ nurse initials _____

To be completed by nurse

HISTORY – Subjective information questions are nurse prompts for interview and education

(C.) Risk (✓) = low med high

<p>1. How are things going in your family with a new baby?</p> <p>(D.)</p>			
<p>2. What month did you begin prenatal care? (circle month) 1 2 3 4 5 6 7 8 9 How often did you get prenatal care? <input type="checkbox"/> miss no appts <input type="checkbox"/> missed some appts <input type="checkbox"/> missed most appts <input type="checkbox"/> no prenatal care</p> <p>(E.)</p>			
<p>3. Did you or this baby experience any medical problems during the pregnancy, delivery or afterward? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain:</p> <p>(F.)</p>			
<p>4. What medical problems or concerns do you have about your baby/child?</p> <p>(G.)</p>			
<p>5. Where will you take your child for well child exams, immunizations and sick visits? <input type="checkbox"/> Hospital ER <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Instacare <input type="checkbox"/> Health Department <input type="checkbox"/> Other _____</p> <p>Review of child's immunization record: Hep B <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> DTP/DtaP <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Hib <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> IPV/OPV <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> other _____</p> <p>(H.)</p>			
<p>6. Tell me about your child's sleep pattern.</p> <p>(I.)</p>			
<p>7. What is your child eating, how much and how often?</p> <p>Birth weight _____ Last weight _____ When/where? _____</p> <p>(J.)</p>			
<p>8. Assess the infant/child's elimination pattern. Urine: Wets six or more times a day <input type="checkbox"/> Stools: Four or more stools a day <input type="checkbox"/> Wets less than six times a day <input type="checkbox"/> Less than four stools a day <input type="checkbox"/></p> <p>(K.) Comments:</p>			
<p>9. Assess parenting and child development knowledge. For example: "Many people feel that parenting is a challenging role. What would you consider is important to be a good parent?" "Tell me about your past experiences with children." "Do you have any concerns about your child's development? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:"</p> <p>(L.) Comments:</p>			

Home environment - check box if a safety risk is observed or reported Risk (✓) = low med high

- | | | | | | |
|--|---|---|--------------------------|--------------------------|--------------------------|
| Car Seat <input type="checkbox"/> | Toys <input type="checkbox"/> | Second Hand Smoke <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervision <input type="checkbox"/> | Hot Water Temp <input type="checkbox"/> | Strings/Cords <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bottle Propping <input type="checkbox"/> | Pets <input type="checkbox"/> | Dangerous Objects <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pooled Water <input type="checkbox"/> | Hot Objects <input type="checkbox"/> | Smoke Detector <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stairways <input type="checkbox"/> | Crib <input type="checkbox"/> | Poison/Medications <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep Position <input type="checkbox"/> | Baby Shaking <input type="checkbox"/> | Guns/locks <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hygiene <input type="checkbox"/> | Other _____ | | | | |

(M.)

Family I.D. _____ nurse initials _____ To be completed by nurse

ASSESSMENT - Objective information

Observation of General Health (i.e. general appearance, child's breathing, color, and developmental status. Note any other systems assessed.)

(N.) _____

Observation of Parent-Child Interaction _____

(O.) _____

BASED ON REVIEW OF COMPLETED ASSESSMENT, IDENTIFY STRENGTHS/NEEDS FOR A CARE PLAN (i.e. Attachment, financial resources, support systems, coping, stress, health, caregiving skills, etc.)

Family Strengths _____

(P.) _____

Family Needs and Concerns _____

(Q.) Long-term _____

Short-term _____

Any Additional Comments _____

(R.) _____

Risk Acuity Assessment - to be rated by RN based on information gathered during the initial assessment and the nurse's impression

(S.) **Circle one**

#1 low	#2 med	#3 high
---------------	---------------	----------------

(T.) Go to Home Visit Plan Form.

Initial Home Visit Assessment Form - Infant/Child

Line-by-line Instructions and Orientation to Form

Page One of the Assessment Form

This is the only page of the assessment form that is completed by the parent. After completion by the parent, the nurse reviews it with the parent for completeness, teaching and/or discussion points. Afterward, it is kept with the rest of the assessment form in the family's chart.

Match the letters in parentheses on the form with the instructions below:

- A. Use a numbering or initial system to confidentially identify cases. All pages should be labeled alike. The nurse should initial and/or sign all pages of the assessment.
- B. The parent-to-be completes the first page which comprises a family and support systems assessment. The completed assessment will help the nurse to identify risk factors that may impact the child's health and development. Consider the risk factors identified on page one when assigning an overall risk level on the third page of this tool. Parents who have a supportive family, a high school diploma, insurance coverage and who have accessed needed services independently would be considered to be at a lower risk level. Parents who are single, teens, have less than 12 years of schooling and who have not accessed appropriate resources on their own are at a higher risk level.

Page Two of the Assessment Form

HISTORY – Subjective information

- C. **History - subjective.** In the following section, each question is designed to assess concepts that may negatively impact a child's health and development. Based on the nurse's judgement, check a risk level for each concept assessed. The nurse may wish to assign risk levels after leaving the home. Specific concept examples are given for each question in this section.
- D. Concept: assess for acceptance issues, self-concept, roles, family finances/adequate resources, family stress, and general coping skills. Coping poorly = high risk level, coping well = low risk level.
- E. Concept: assess knowledge of need for prenatal care and access to a primary care provider. Little or no prenatal care, poor knowledge = high risk level, some prenatal care = med risk level.
- F. Concept: assess past medical history of this pregnancy and mother's knowledge of health problems; assess for medical risk factors that may have affected the child. RN is aware of problems but parent seems unaware = high risk level, problem level matches knowledge level of parent = low to med, depending on accuracy of match, and severity of medical problems/risk factors.
- G. Concept: assess parent's understanding of the child's health and developmental status, parental role acceptance, appropriate expectations. RN is aware of problems but parent seems unaware = high risk level. Problem level matches knowledge/response level of parent = low to med risk level, depending on accuracy of match and severity of problem. Consider the child's medical status when assigning risk level.

- H.** Concept: assess parent's knowledge of child's health care and developmental needs. Assess for access to medical home and appropriate expectations. If the child is older than two months, assess immunization status. Tracking the immunization status of children in the program is a very important role of the home visiting nurse. In fact, one of the program's current year goals is:
- At least 80% of children served by the program will have up-to-date immunization status
- Poor knowledge, access or expectations = high risk level; good knowledge, access to services and expectations = low risk level.
- I.** Concept: assess parent's knowledge of their child's need for rest, of child development and of SIDS. Consider family's values, assess for infant/child self-regulation. Poor knowledge, practice or routine = high risk level, good knowledge, practice or routine = low risk level.
- J.** Concept: assess parent's knowledge of their child's health and nutrition needs. Assess for developmentally appropriate practices and family values. Assess for infant/child self-regulation, bottle propping. Assess for attendance at well child visits and growth. Poor knowledge, practice or routine = high risk level, good knowledge practice or routine = low risk level.
- K.** Concept: assess parent's knowledge of their child's health, nutrition, elimination and caregiving patterns. Assess for developmentally appropriate practices and family values. Assess for infant/child self-regulation. Infants under six months-old should have more than six wet and four dirty diapers per day. Older infants and children may have established a different pattern, which is normal as long as it is regular. Poor knowledge, practice or routine = high risk level, good knowledge practice or routine = low risk level.
- L.** Concept: assess parent's knowledge of parenting and child development. Assess for appropriate expectations, values and adequacy of past experience with children. Poor knowledge, expectations and experience = high risk level; good knowledge, expectations and experience = low risk level.
- M.** Concept: assess home safety by observing the environment and listening to the family's concerns. This is not intended to be a walk-through inspection. Check any areas observed by the nurse to pose a safety hazard. Address all dangerous conditions observed during the initial visit with education. Include home safety education in the family care plan for future visits when appropriate. All safety issues in this assessment do not need to be addressed during the initial visit unless an immediate hazard is noted. Assign risk level based on the danger level of hazards observed and the family's response to education.

Page Three of the Assessment Form

OBJECTIVE ASSESSMENT AND FAMILY CARE PLAN

- N.** A nurse on a home visit has the responsibility to document the general observed health status of the child. Describe in narrative format those systems that were assessed by observation. If any system is requested by the parent to be assessed physically, i.e. by touch, auscultation or undressing, document those findings as well (see Physical Assessment - Infant/Child). Any problems noted in the health assessment must be addressed in the plan as "referred to physician."

- O.** The nurse on a home visit has the responsibility to document the observed relationship between the parents and the child. Describe in narrative format those behaviors observed during the visit such as: "mother was responsive to cry, baby easily comforted, frequent eye contact and body-to-body contact" or "baby cries frequently, mother visibly tired, father is present and supportive, at times frustrated. Little eye contact or snuggling observed."
- P.** The Family Care Plan is to be jointly developed by the nurse and the family. Discuss with the parents what you see their strengths to be based on your review of the initial assessment. Ask them if there are any other family strengths that you have not mentioned yet. List strengths generously.
- Q.** Review with the parents what you see their needs to be based on your review of the initial assessment. Ask them if there are any other family needs that you have not mentioned yet and that they would like help in addressing. List the needs as long and short-term goals.
- R.** If there is something else that you would like to add but have not seen a place to put it, use this space.
- S.** The nurse may wish to complete the risk acuity assessment after leaving the home. Assign an overall risk acuity based on the number of high, medium and low ✓ s in the risk boxes and the parent's overall response to education efforts during the visit. The risk acuity level is the nurse's overall impression of the family's risk level for potentially negatively impacting their child's health and development.
- T.** The Home Visit Plan Form is a generic form that may be used for initial visits and follow-up visits for prenatal or infant/child visits. This is the only page of the Initial Home Visit assessment tool that the parent will keep a copy. See "Home Visit Plan Form" in Appendix A for the orientation format for this form and Appendix B for the reproducible copy.

nurse initials _____

BASED ON THE FOLLOW-UP ASSESSMENT, IDENTIFY ANY CHANGES/ADDITIONS IN THE INITIAL FAMILY CARE PLAN

New Family Strengths

(G.) _____

New Family Needs/Concerns

Long-term _____

(H.) _____

Short-term _____

Any Additional Comments

(I.) _____

Risk Acuity Re-Assessment - to be rated by RN as needed based on information gathered during follow-up assessments and the nurse's impression

(J.)

Circle one

#1 low	#2 med	#3 high
--------	--------	---------

(K.) **Go to Home Visit Plan Form**

Follow-up Home Visit Form – Infant/Child

Line-by-line Instructions and Orientation to Form

Page One of the Assessment Form

This form is an abbreviated version of the Initial Home Visit Form. It may be printed as a two-sided, single page document and used together with the Home Visit Plan Form to complete all necessary documentation. The assessment and care plan are focused on changes identified since the previous or initial visit. All of the pages in this form are to be completed by the nurse.

Match the letters in parentheses on the form with the instructions below:

- A. Use the same numbering or initial system that was used for the initial visit to confidentially identify cases by family. All pages should be labeled alike. The nurse should initial and/or sign all pages of the assessment.
- B. It is useful to keep track of how many home visits a family has received. Write here which visit number this is.
- C. The nurse completes all of the pages in this form. Ask the following questions for the purpose of updating the family assessment information as needed. Immunization status should be re-assessed at every visit for all children until all series are complete.
- D. Describe in narrative format those systems that were assessed by observation. If any system is requested by the mother to be assessed physically, i.e. by touch, auscultation or undressing, document those findings as well (see Physical Assessment). Any problems noted in the health assessment must be addressed in the plan as "referred to physician."
- E. The nurse on a home visit has the responsibility to document the general observed relationship between the parents and the child. Describe in narrative format those behaviors observed during the visit such as: "mother was responsive to cry, baby easily comforted, frequent eye contact and body-to-body contact" or "baby cries frequently, mother visibly tired, father is present and supportive, at times frustrated. Little eye contact or snuggling observed."
- F. Assess home safety at every visit by observing the environment and listening to the family's concerns. This is not intended to be a walk through inspection. Check any areas observed by the nurse to pose a safety hazard. Address all dangerous conditions observed during the visit with education. Include home safety education in the family care plan for every visit as appropriate. All safety issues in this assessment do not need to be addressed at every visit unless an immediate hazard is noted.

Page Two of Follow-up Form

- G. The Family Care Plan is to be jointly developed by the nurse and the family. Share any new strengths that you have identified with the parents based on your review of the follow-up assessment. Ask them if there are any other family strengths that have not been mentioned yet. If no new strengths have been identified on this visit, make a note to that effect such as "none new."
- H. On follow-up visits, new needs may be identified. Review with the parents any new needs that you have identified based on your review of the follow-up assessment. Ask them if

there are any other unidentified family needs that they would like help in addressing. List the needs as long and short-term goals. If no new needs have been identified on this visit, make a note to that effect such as "none new."

- I.** If there is something else that you would like to add but have not seen a place to put it, use this space.
- J.** The nurse may wish to re-assess the family's Risk Acuity Level once he/she is more familiar with the family. This can be done after leaving the home. Assign an overall risk acuity based on changes to the family care plan and the family's response to education during the visit. The risk acuity level is the nurse's overall impression of the family's risk level for potentially negatively impacting their child's health and development.
- K.** Use the generic, three-page NCR copy of the Home Visit Plan Form for every follow-up visit. The user format for this form is available in Appendix B and pre-printed NCR copies can be obtained by calling the Child, Adolescent and School Health Program, Utah Department of Health at 801-538-9459. The orientation format for the Home Visit Plan Form is found in Appendix A.

This form is in *orientation* format; go to Appendix B for the user format.

Home Visit Plan

Family I.D. _____

Visit number _____

To be completed by nurse and a copy given to the family:

(A.) Plan for today's visit:

Initial visit: Assessment Educational Assessment Refer to needed services
Follow-up visit: Evaluation and Assessment Education Refer to needed services

IMPLEMENTATION OF PLAN - "what we did today":

Specific activities completed this visit

(B.) _____

Handouts or resources provided

Referrals made today

FUTURE PLAN:

(C.) Continue nurse home visits Refer for non-RN home visits Discontinue home visits

Together with the parent(s), identify a **Plan for the next visit** (education topics to cover, follow up, possible future referrals, long term goals based on the family's agenda, etc.):

The nurse and I have made this plan together and all my questions about this plan have been answered.		
(D.)		
Parent Signature _____	Nurse Signature _____	Date _____
Health Department address _____		
Health Department phone _____ next visit _____		

(E.) Parent - pink Primary Care Provider - yellow File - white

Utah Department of Health

Home Visit Plan Form

Line-by-line Instructions and Orientation to Form

This is the only page of the home visit assessment forms that the parent will keep a copy. The Home Visit Plan is a generic form that may be used for initial and follow-up visits for prenatal or infant/child visits. For more NCR forms call the Child, Adolescent and School Health Program, Utah Department of Health at 801-538-9459.

- A.** This section explains what the RN planned to do today. If today's visit was an initial home visit, check the boxes in the first row that pertain to what the nurse had planned to do on the initial visit before arriving in the home. Most initial visits are comprised of the following three activities: initial assessment, educational assessment, and referral to needed services.

For follow-up visits, check the boxes in the second row that pertain to what the nurse had planned for the visit before arriving in the home. Activities that take place during follow-up visits generally fall into the following three categories: evaluation and assessment, education, and referral to needed services.

- B.** This section is where details of what actually took place during the visit are documented. All activities listed should relate to goals in the Family Care Plan. The section is divided into three sections for easier documentation: activities completed (such as education, assessment, screening tests), handouts (such as pamphlets, education sheets, etc.) and referrals.
- C.** Check the appropriate box regarding plans for continuation of visits. Together with the parents, come up with a plan for the next visit and activities that the parents can do between visits. Document those notes here. Use language and writing that the parents can clearly understand since they will be using your notes to carry out activities between visits.
- D.** A parent signature is useful in documenting that the plan was jointly developed. Schedule the next visit, if necessary, and note it here with the nurse's name, address and phone in case the parent needs to call to cancel or reschedule their appointment.
- E.** The Home Visit Plan form is printed on three-page NCR so that the parent can keep the last page. The middle page can be mailed to the primary care provider/Medical Home, and the top (white) page is the nurse's copy for the file.

APPENDIX B - Sample Forms and Letters

Sample Invitation/Follow-up Letter.....	70
Sample Letter to Primary Care Provider.....	71
Permission to Evaluate.....	72
Home Visit Plan Form - Generic	73
Initial Intake Form - Prenatal.....	74
Initial Home Visit Assessment Form - Prenatal.....	75
Follow-up Home Visit Form - Prenatal.....	78
Perinatal Education Checklist.....	80
Initial Intake Form - Infant/Child	81
Initial Home Visit Assessment Form - Infant/Child.....	82
Follow-up Home Visit Form - Infant/Child.....	85
Parenting Education Checklist.....	87

Sample Invitation/Follow-up Letter

Date:

Dear _____,

I would like to take this opportunity to invite you to participate in the Prenatal-5 Nurse Home Visiting Program at (your local health department). I have enclosed a brochure that tells about the program. If you have any questions, please call and we can talk about it.

If you decide that you would like to participate in this program, please call me at (your phone number) to make an appointment for a home visit.

Sincerely,

Nancy Nurse, RN

Your Local Health Department

Sample Letter to Primary Care Provider

Date:

Dear _____,

Your patient _____ has recently enrolled in the Prenatal-5 Nurse Home Visiting Program administered by the _____ Health Department. The first home visit with this family took place on _____. A copy of the plan that the family and I developed together is enclosed for your information and records.

The Prenatal-5 Nurse Home Visiting Program is available to at-risk pregnant women and families with children up to five years of age through the local health department. The purpose of this program is to provide families with assistance in accessing information and services that support and strengthen the family's capacity to meet their own health needs and those of their children. Public health nurses visit families and pregnant women who are referred to the program for risk factors such as teen pregnancy, single parenthood, less than 12 years of education, or medical risk factors such as infants with low birth weight.

Services that nurse home visitors generally provide to families include information on pregnancy and fetal development, child development, child health and perinatal health, safety, and parenting as well as linking families with community resources and facilitating their access to a medical home. Home visits are free and completely voluntary to families. Visit frequency depends on the family's needs.

The family will be encouraged to keep their regular checkups with you. I appreciate the opportunity to communicate with you as this family's primary care provider. Please feel free to call me at _____ with any questions.

Sincerely,

Nancy Nurse
Your Local Health Department

Permission to Evaluate - Prenatal/Child

Date:

In order to provide a meaningful and individualized program for you/your child (circle) through the _____ Health Department's Prenatal-5 Nurse Home Visiting Program, we request your permission to carry out an assessment of you/your child using the following instruments (check all that apply):

- _____1. Health assessment _____3. Vision assessment
_____2. Hearing assessment _____4. Developmental assessment

Results of your evaluations are kept confidential and will be used by you and your nurse to develop a home visiting plan. These records may be requested by other service providers involved in your/your child's care, but they will not be released without your permission. You are welcome to review your/your child's records, including the results of all evaluations at any time.

Other resources are available for home visits. Check those areas that you would like more information about:

- Family Planning Domestic Violence
How to Quit Smoking Substance Abuse

I give permission for the above marked assessments and resources. Yes_____ No_____

I give permission for you to consult my/my child's primary care provider. Yes_____ No_____

Name and address of primary care provider:

date parent signature (if parent is an unmarried minor, need guardian's signature, too)

date nurse's signature nurse's name, printed

nurse copy - white parent copy - canary

Home Visit Plan

Family I.D. _____

Visit number _____

To be completed by nurse and a copy given to the family.

Plan for today's visit:

Initial visit: Assessment Educational Assessment Refer to needed services
Follow-up visit: Evaluation and Assessment Education Refer to needed services

IMPLEMENTATION OF PLAN - "what we did today":

Specific activities completed this visit

Handouts or resources provided

Referrals made today

FUTURE PLAN:

Continue nurse home visits Refer for non-RN home visits Discontinue home visits

Together with the parent(s), identify a **Plan for the next visit** (education topics to cover, follow up, possible future referrals, long term goals based on the family's agenda, etc.):

The nurse and I have made this plan together and all my questions about this plan have been answered.		
Parent Signature _____	Nurse Signature _____	Date _____
Health Department address _____		
Health Department phone _____ next visit _____		

Initial Intake Form – Prenatal

Date Referral Received _____

Complete as much of the following information as possible while on the phone with the referring party.

Name of Referring Party _____

Mailing Address _____

Mother's name _____ Due Date _____ Age _____

Father's name _____ Age _____

Other caregiver(s) _____

Street Address _____ P.O. Box _____ City _____ Zip _____

Phone _____

Primary Language Spoken in Home _____

Directions to home _____

Primary Care Provider _____ Phone _____ Fax _____

Address _____ City _____ Utah, ZIP _____

Type of Insurance: Medicaid None other _____

Reason for Referral _____

Special Medical, Nutritional or Other Needs or Concerns _____

Nurse's Notes: Dates of attempted phone contact: _____

Home Visit scheduled? yes no If yes, scheduled date _____ time _____

If no Home Visit scheduled, note reason and plans for follow-up

Follow-up letter mailed? yes no If yes, date _____

Referral made? yes no If yes, to whom? _____

Nurse's Signature _____ date _____

Family I.D. _____ nurse initials ____ Date of Visit _____ Visit Number 1

Initial Home Visit Assessment Form – Prenatal

Instructions: Parent-to-be, please complete this page to help the nurse identify family strengths and needs.

Name:		Birth date:			Age:	
Marital Status:		due date:			Number of weeks pregnant:	
List below all people in the home and their relationship to you.						
	Name	Birth date	Age	Gender	Relationship	Any Health Conditions?
1						
2						
3						
4						
5						
Highest level of education completed by parents:				other:		
Mother: 8 9 10 11 12 13 14 15 16 17 18 years						
Father: : 8 9 10 11 12 13 14 15 16 17 18 years						
Mother's occupation/hours:				Father's occupation and hours:		
Best time for visits?						
Tell me about any programs or resources that you are currently using:						
<input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Church <input type="checkbox"/> Horizon Card <input type="checkbox"/> Food Program <input type="checkbox"/> Temporary Assistance to Needy Families <input type="checkbox"/> Other _____						
Insurance: <input type="checkbox"/> Medicaid - HMO <input type="checkbox"/> Medicaid non-HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> NONE						
Would the mother describe her race as:				<input type="checkbox"/> White <input type="checkbox"/> Black or African American		
<input type="checkbox"/> Spanish, Hispanic, or Latina				<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Native Hawaiian or other Pacific Islander				<input type="checkbox"/> Asian		
Would the father describe his race as:				<input type="checkbox"/> White <input type="checkbox"/> Black or African American		
<input type="checkbox"/> Spanish, Hispanic or Latino				<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Native Hawaiian or other Pacific Islander				<input type="checkbox"/> Asian		
Does anyone in the household use tobacco? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, who? _____						

HISTORY – Subjective-questions are nurse prompts for interview and parent education

Risk (✓) = low med high

<p>1. How are things going in your family with this pregnancy?</p>			
<p>2. When did you begin prenatal care for this pregnancy? Month 1 2 3 4 5 6 7 8 9 How often have you been getting prenatal care? <input type="checkbox"/> missed no appts <input type="checkbox"/> missed some appts <input type="checkbox"/> missed most appts <input type="checkbox"/> no prenatal care Name/phone of Primary Care Provider _____</p>			
<p>3. Have you ever been pregnant before? <input type="checkbox"/>no <input type="checkbox"/>yes If yes, G ___ T ___ P ___ A ___ L ___ M ___ Did you have any problems with your previous pregnancies? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain</p>			
<p>4. What concerns do you have about this pregnancy? Have you or your baby experienced any medical problems during this pregnancy? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain:</p>			
<p>5. Have you felt the baby move today? <input type="checkbox"/> yes <input type="checkbox"/> no If no, assess for referral to M.D. or hospital and note: _____</p>			
<p>6. Have you had any health problems in the past, before you were pregnant? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list: Do you take any medications or vitamins? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list:</p>			
<p>7. Tell me about your current activity and rest pattern. Describe your typical day.</p>			
<p>8. What is your current eating pattern? List all that you eat in a typical day.</p>			
<p>9. Assess parenting and child development knowledge. For example: "Many people feel that parenting is a challenging role. What would you consider is important to be a good parent?" "Tell me about your past experiences with children." Comments:</p>			

Home environment - review with family and check box if a safety risk is present

Risk (✓) = low med high

Adequate shelter	<input type="checkbox"/>	Second Hand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene	<input type="checkbox"/>	Dangerous Objects	<input type="checkbox"/>			
Pets	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>			
Poisons/Medications	<input type="checkbox"/>	Violence	<input type="checkbox"/>			
Guns/locks	<input type="checkbox"/>	Preparations for newborn	<input type="checkbox"/>			
Other	_____					

Family I.D. _____ nurse initials _____

This page is to be completed by the nurse

ASSESSMENT - Objective information

Observation of General Health (i.e. general appearance, breathing, color, mood, activity level, etc. Note any other systems assessed.)

BASED ON A REVIEW OF THE COMPLETED ASSESSMENT AND FAMILY INPUT, IDENTIFY STRENGTHS/NEEDS FOR A FAMILY CARE PLAN

Family Strengths _____

Family Needs

Long-term _____

Short- term _____

Any Additional Comments

Risk Acuity Assessment - to be rated by RN based on information gathered during the initial assessment and the nurse's impression

Circle one

#1 low	#2 med	#3 high
---------------	---------------	----------------

Go to the Home Visit Plan Form

Follow-up Home Visit Form – Prenatal

Complete by nurse:

Name:	Age:
EDC: (due date)	Gestation by weeks:

Assessment: Prenatal Care - questions are nurse prompts for interview and education

When was your last appointment?	When is your next appointment?
Any new medical problems or symptoms with you or your baby during this pregnancy?	
Have you felt the baby move today? <input type="checkbox"/> yes <input type="checkbox"/> no If no, assess for referral to M.D. or hospital and note:	
Are you taking any medications or vitamins? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list:	
Have there been any changes in your current activity and rest patterns or eating patterns since the initial or last visit? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, list:	

Assessment: Family Relationships

Any changes in family relationships since the Initial or last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:					
	Name	Birthdate	Age	Gender	Change in Relationship:
1					
2					
Changes in Insurance status since Initial Home Visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: <input type="checkbox"/> Medicaid - HMO <input type="checkbox"/> Medicaid non-HMO <input type="checkbox"/> NONE <input type="checkbox"/> Other _____					

Observation of General Health of Mother (i.e. general appearance, breathing, color, mood, activity level, etc. Note any other systems assessed.)

Home environment - check box if a safety risk is observed or reported

- | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|
| Adequate shelter | <input type="checkbox"/> | Second Hand Smoke | <input type="checkbox"/> |
| Hygiene | <input type="checkbox"/> | Dangerous Objects | <input type="checkbox"/> |
| Pets | <input type="checkbox"/> | Smoke Detector | <input type="checkbox"/> |
| Poisons/Medication | <input type="checkbox"/> | Violence | <input type="checkbox"/> |
| Guns/locks | <input type="checkbox"/> | Preparations for newborn | <input type="checkbox"/> |
| Other _____ | | | |

Nurse initials _____

BASED ON THE FOLLOW-UP ASSESSMENT, IDENTIFY ANY CHANGES/ADDITIONS IN THE INITIAL FAMILY CARE PLAN

New Family Strengths

New Family Needs/Concerns

Long-term

Short-term

Any Additional Comments

Risk Acuity Re-Assessment - to be rated by RN as needed based on information gathered during follow-up assessments and the nurse's impression

Circle one

#1 low	#2 med	#3 high
--------	--------	---------

Go to the Home Visit Plan Form.

Perinatal Education Checklist

Ask the parents "How do you learn best?" Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> verbal instructions and talking about it | <input type="checkbox"/> visually, through videos and pictures |
| <input type="checkbox"/> by doing, touching, and feeling | <input type="checkbox"/> reading about it |
| <input type="checkbox"/> through computers | <input type="checkbox"/> other? _____ |

Initial and enter the date the topic was discussed in the box that corresponds with the mother's learning level.

Education Topics	New Concept	Heard it before, needs more review	Is learning info well, review again	Knows it well enough to teach someone else
Tobacco, alcohol and drugs during pregnancy				
Smoking cessation information and referral				
Normal symptoms of pregnancy				
Prenatal care schedule				
Prenatal classes				
Breast vs. bottle feeding				
Nutrition/weight gain/WIC				
Fetal growth and development				
Fetal movement/kick counts				
Sex during and after pregnancy				
Signs of labor				
When to call the doctor or go to the hospital				
Stages of labor and delivery				
Postpartum Depression				
Care of the infant				
Attachment and bonding				
Safety				
Sibling rivalry				
Maternal life course development				
Work and exercise				
Family planning and pregnancy spacing				

Initial Intake Form – Infant/Child

Date Referral Received _____

Source of Referral _____

Name/agency of referring party _____ phone _____

Address _____

City-State-ZIP _____

Child's Name _____ M/F Birthdate ___/___/___ Age _____

Birth weight _____ Weight at Discharge _____ Discharge Date _____

Mother's name _____ Age _____

Father's name _____ Age _____

Other caregiver(s) _____ Age _____

Street Address _____ P.O. Box _____

City _____ Zip _____

Phone _____

Primary Language Spoken in Home _____

Directions to home _____

Primary Care Provider _____ Phone _____ Fax _____

Address _____ City _____ Utah, ZIP _____

Reason for Referral _____

Special Medical, Nutritional or Other Needs or Concerns _____

Nurse's Notes Dates of attempted phone contact: _____

Home Visit scheduled? No Yes If yes, scheduled date _____ time _____

If no Home Visit scheduled, note reason and plans for follow-up _____

Referral made? _____

Follow-up letter mailed? Y/N date _____

Nurse's Signature and date _____

Initial Home Visit Assessment Form – Infant/Child**Instructions:** Parent, please complete this page to help the nurse identify family strengths and needs.

Child's Name:		Gender (M/F)		Birthdate:		
Mother's Name:			Father's Name:			
Marital Status:			Other caregivers?			
List below all people in the home and their relationship to the child.						
	Name	Birthdate	Age	Gender	Relationship	Any health problems?
1						
2						
3						
4						
5						
Highest level of education completed by parent(s):				other:		
Mother: 8 9 10 11 12 13 14 15 16 17 18 years						
Father: 8 9 10 11 12 13 14 15 16 17 18 years						
Mother's occupation/hours:			Father's occupation/hours:			
Best time for visits?						
Does your child have a regular doctor or other primary care provider? <input type="checkbox"/> no <input type="checkbox"/> yes, if yes who?						
Doctor _____ Address/phone _____						
Insurance: <input type="checkbox"/> Medicaid # _____ <input type="checkbox"/> CHIP <input type="checkbox"/> Other _____ <input type="checkbox"/> NONE						
Tell me about any programs or resources that you are currently using: (check all that apply)						
<input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Church <input type="checkbox"/> Horizon Card <input type="checkbox"/> Food Program <input type="checkbox"/> H.E.A.T. <input type="checkbox"/> Temporary Assistance for Needy Families Other _____						
Would you describe your child's race as: (check all that apply) White <input type="checkbox"/> Asian <input type="checkbox"/>						
Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/>						
other Pacific Islander <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/>						
Does anyone in the household use tobacco? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes who? _____						

Family I.D. _____ nurse initials _____

To be completed by nurse

HISTORY - Subjective information - questions are nurse prompts for interview and education

Risk (✓) = low med high

1. How are things going in your family with a new baby?			
2. What month did you begin prenatal care? (circle) 1 2 3 4 5 6 7 8 9 month How often did you get prenatal care? <input type="checkbox"/> miss no appts <input type="checkbox"/> missed some appts <input type="checkbox"/> missed most appts <input type="checkbox"/> no prenatal care			
3. Did you or this baby experience any medical problems during the pregnancy, delivery or afterward? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain:			
4. What medical problems or concerns do you have about your baby/child?			
5. Where will you take your child for well child exams, immunizations and sick visits? <input type="checkbox"/> Hospital ER <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Instacare <input type="checkbox"/> Health Department <input type="checkbox"/> Other _____ Review of child's immunization record: Hep B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DTP/DtaP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hib <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IPV/OPV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MMR <input type="checkbox"/> <input type="checkbox"/> Varicella <input type="checkbox"/> other _____			
6. Tell me about your child's sleep pattern.			
7. What is your child eating, how much and how often? Birth weight _____ Last weight _____ When/where? _____			
8. Assess the infant/child's elimination pattern. Urine: Wets six or more times a day <input type="checkbox"/> Stools: Four or more stools a day <input type="checkbox"/> Wets less than six times a day <input type="checkbox"/> Less than four stools a day <input type="checkbox"/> Comments:			
9. Assess parenting and child development knowledge. For example: "Many people feel that parenting is a challenging role. What would you consider is important to be a good parent?" "Tell me about your past experiences with children." "Do you have any concerns about your child's development? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:" Comments:			

Home environment - check box if a safety risk is **observed or reported**

Risk (✓) = low med high

Car Seat <input type="checkbox"/>	Toys <input type="checkbox"/>	Second Hand Smoke <input type="checkbox"/>
Supervision <input type="checkbox"/>	Hot Water Temp <input type="checkbox"/>	Strings/Cords <input type="checkbox"/>
Bottle Propping <input type="checkbox"/>	Pets <input type="checkbox"/>	Dangerous Objects <input type="checkbox"/>
Pooled Water <input type="checkbox"/>	Hot Objects <input type="checkbox"/>	Smoke Detector <input type="checkbox"/>
Stairways <input type="checkbox"/>	Crib <input type="checkbox"/>	Poison/Medications <input type="checkbox"/>
Sleep Position <input type="checkbox"/>	Baby Shaking <input type="checkbox"/>	Guns/locks <input type="checkbox"/>
Hygiene <input type="checkbox"/>	Other _____	

Family I.D. _____ nurse initials _____

To be completed by nurse

ASSESSMENT - Objective information

Observation of General Health (i.e. general appearance, breathing, color, mood, activity level, etc. Note any other systems assessed.)

Observation of Parent-child Interaction

BASED ON REVIEW OF COMPLETED ASSESSMENT, IDENTIFY STRENGTHS/NEEDS FOR A CARE PLAN (i.e. attachment, financial resources, support systems, coping, stress, health, caregiving skills, etc.)

Family Strengths

Family Needs and Concerns

Long-term

Short-term

Any Additional Comments

Risk Acuity Assessment - to be rated by RN based on information gathered during the initial assessment and the nurse's impression

Circle one

#1 low	#2 med	#3 high
---------------	---------------	----------------

Go to the Home Visit Plan Form.

Follow-up Home Visit Form - Infant/Child

Family I.D. _____ nurse initials _____ Date of Visit _____ Visit Number _____

Completed by nurse:

Child's Name:	Age:	Mother's Name:
---------------	------	----------------

Assessment: Child Health

When was _____'s last Well Child Care appointment?	When is _____'s next Well Child Care appointment?
Did your child receive his/her next immunizations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Review of child's immunization record:	
Hep B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DTP/DtaP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IPV/OPV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MMR <input type="checkbox"/> <input type="checkbox"/> Varicella <input type="checkbox"/> other _____
Any new medical problems or symptoms with your child? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list)	
Is your child taking any medications or vitamins? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list)	
Have there been any changes in your child's current sleep patterns, toileting patterns or eating patterns since the initial or last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list)	

Assessment: Family Relationships

Any changes in family relationships since initial or last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:					
	Name	Birthdate	Age	Gender	Change in Relationship:
1					
2					
Any changes in Insurance status since initial or last home visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:					
<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> NONE <input type="checkbox"/> Other _____					

Observation of General Health of Child (i.e. general appearance, breathing, color, mood, activity level, etc.)

Note any other systems assessed.) _____

Observation of Parent-child relationship _____

Home environment - review with family and check box of any safety risk assessed

- | | | | |
|--|---|---|---|
| Car Seat <input type="checkbox"/> | Toys <input type="checkbox"/> | Second Hand Smoke <input type="checkbox"/> | Sleep Position <input type="checkbox"/> |
| Supervision <input type="checkbox"/> | Hot Water Temp <input type="checkbox"/> | Strings/Cords <input type="checkbox"/> | Baby Shaking <input type="checkbox"/> |
| Bottle Propping <input type="checkbox"/> | Pets <input type="checkbox"/> | Dangerous Objects <input type="checkbox"/> | Guns/locks <input type="checkbox"/> |
| Pooled Water <input type="checkbox"/> | Hot Objects <input type="checkbox"/> | Smoke Detector <input type="checkbox"/> | Hygiene <input type="checkbox"/> |
| Stairways <input type="checkbox"/> | Crib <input type="checkbox"/> | Poison/Medications <input type="checkbox"/> | Other _____ |

Nurse initials _____

BASED ON THE ABOVE FOLLOW-UP ASSESSMENT, IDENTIFY ANY CHANGES IN THE INITIAL CARE PLAN

New Family Strengths

New Family Needs/Concerns

Long-term

Short-term

Any Additional Comments

Risk Acuity Re-Assessment - to be rated by RN as needed based on information gathered during follow-up assessments and the nurse's impression

Circle one

#1 low	#2 med	#3 high
---------------	---------------	----------------

Go to the Home Visit Plan Form.

Parenting Education Checklist

Ask the parents "How do you learn best?" Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> verbal instructions and talking about it
<input type="checkbox"/> by doing, touching, and feeling
<input type="checkbox"/> through computers | <input type="checkbox"/> visually, through videos and pictures
<input type="checkbox"/> reading about it
<input type="checkbox"/> other? _____ |
|---|--|

Initial and enter the date the topic was discussed in the box that corresponds with the mother's learning level.

Education Topics	New concept	Heard it before but needs more review	Is learning info well, review again	Knows it well enough to teach someone else
Tobacco, alcohol and drugs				
Smoking cessation information and referral				
Sleep position and SIDS				
Postpartum Depression				
Normal infant appearance and behavior				
Well child check-up schedule and immunizations				
Care of the infant				
Breast vs. bottle feeding				
Nutrition/weight gain/WIC				
When to call the doctor or go to the hospital				
Anticipatory guidance on child development				
Brain and literacy development				
Crying, colic and Shaken Baby Syndrome				
Attachment and bonding				
Parenting classes and new parental roles				
Finding quality child care				
Normal toddler/preschooler behavior and ways to cope				
Socialization and school readiness				
Safety				
Sibling rivalry				
Maternal life course development				
Work and exercise				

Appendix C - Reporting Forms

Prenatal - 5 Home Visiting Contract Report Form.....	89
Data Tracking Tool.....	91

Division of Community and Family Health Services, Child and Adolescent Health Program

Prenatal to 5 Nurse Home Visiting Contract Report Form

Reporting Period (Check one):

July 1 - December 31, 2001

January 1 - June 30, 2002

Local Health Department/County: _____ Form Completed by: _____

Measure <i>(*See back for Clarification of Selected Measures)</i>	<i>Reported Number</i>
1. # of Home Visiting Program referrals received during the reporting period*:	
2. # of home visits conducted during the reporting period*: _____ by RNs + _____ by paraprofessionals =	
3a. # of children in the program* at the beginning of the reporting period (3d from last report form):	_____
3b. # of all new child cases opened for home visits during the reporting period (all is both Medicaid and Non-Medicaid):	+ _____
3c. # of all child cases closed during the reporting period:	- _____
3d. # of all open child cases at the end of the reporting period (this number will be used for 3a in the next reporting period):	= _____
4. # of infants whose initial visit was billed to Medicaid*	
5. # of all new children* in the program during this period who <u>did not</u> have a medical home* at the time of program entry: Of those children noted directly above in Item 5., # who had a medical home at the end of the reporting period:	_____
6. # of all new children* in the program during the reporting period who <u>did not</u> have health insurance at program entry: Of those children noted directly above in Item 6., # who obtained some type of health insurance by the end of the reporting period:	_____
Medicaid	_____
CHIP	_____
Other	_____
7. # of all new children* in the program during this period whose immunization status was <u>not current</u> at program entry: Of those children noted above, # whose immunization status was as current as possible by the end of the reporting period:	_____
8. # of all children in the program on whom a standardized developmental screening* was conducted during the reporting period:	
9a. # of pregnant women in the program* at the beginning of the reporting period (#9d from last report form):	_____
9b. # of new pregnancy cases opened during the reporting period:	+ _____
9c. # of pregnancy cases closed during the reporting period:	- _____
9d. # of open pregnant cases at end of the reporting period (this number will be used for 9a in the next report form):	= _____
10a. # of all families in the program* at the beginning of the reporting period (don't count siblings or children of pregnant women separately). This is #10d from the last report form.	_____
10b. # of all new family cases opened during the reporting period:	+ _____
10c. # of all family cases closed during the reporting period:	- _____
10d. # of all open family cases at the end of the reporting period (this number will be used for 10a in the next reporting period):	= _____
11. # of all families in the program who were referred to community resources during the reporting period:	
12. # of all families in the program reported for suspected child neglect or abuse during the reporting period:	
13. # of all families in the program identified with possible domestic violence during the reporting period:	
14. # of <i>Health and Safety (H/S) Training Courses for Early Childhood Providers</i> taught during the reporting period:	
15. Estimated # of nursing hours spent on H/S Training Course activities during the reporting period*:	
16. Estimated expenditures for H/S Training Course activities during the reporting period*:	

Measure #	Clarification and/or Definitions of Selected* Measures (marked with an asterisk* on the front of the Report Form)
1.	Include in this number all children from birth to age 5 years and pregnant women referred to the Home Visiting Program from any source (local hospital, provider, another agency or program, self-referral, high risk vital records, Medicaid reports, etc.) whether they became an open case in the program or not.
2.	A reportable home visit is any visit made by a P-5 or Medicaid Targeted Case Management (TCM) health department home visitor. The visit is conducted at the place wherein the pregnant client or child resides, and does not include home visits attempted but not completed, such as in the case of the family not being home. Attempted home visits and telephone calls may be reported in the narrative section of this report.
3., 9., & 10.	To be considered “in the program” the eligible child, pregnant woman, or family needs to have had one or more home visits conducted during the reporting period. All home visiting cases are to be counted on this report form, including those billed for Medicaid reimbursement.
4.	Report on this line only the initial child visits billed to Medicaid. This number is a subset of question #3b.
5., 6., & 7.	“All new children” include all those newly opened child cases during the reporting period, whether or not they remain open throughout the entire period, are closed prior to the end of the reporting period, or are P-5 or TCM cases.
5.	Medical home can be defined as a source or provider of primary care (pediatrician, family practitioner, nurse practitioner) with whom the family identifies as the regular provider of health care for their child, and to whom they take their child for preventive and episodic health care.
7.	Current immunization status means having had all the age-appropriate immunizations possible for a given child at a given point in time according to the recommended schedule.
8.	A standardized developmental screening refers to a developmental screening using a standardized tool such as the Denver II or the Ages and Stages Questionnaire. All children should receive at least one screening per year while in the program.
15.	Include the following in this estimate of nursing time related to conducting the <i>Health and Safety Training for Early Childhood Providers</i> : preparation time, actual teaching time, time spent on documentation, reporting, paperwork, etc.
16.	Include personnel costs (salary and benefits) of LHD nursing staff involved in the activities outlined in Measure #15, as well as any costs incurred for training materials, facilities, printing/copying, mailing, etc.

Narrative Description

For each reporting period, the Local Health Department is requested to submit a narrative describing any activities or issues related to the P-5 Home Visiting Program that local staff believe are important to highlight. This narrative might include a description of successes, challenges, and innovative approaches related to any or all of the following: program outreach activities, referral resources used most frequently, prescreening and follow-up activities performed, the impact of travel time and failed home visits on estimated program costs, collaboration and coordination efforts, unmet needs identified within the community or among program clients, difficulties and/or challenges in serving various ethnic clients, and time spent making telephone calls, etc.

Data Tracking Tool - list children carried over from last reporting period first

Name of person completing this form: _____ Health Department: _____ Check reporting period: July 1, 20__ to December 31, 20__ January 1, 20__ to June 30, 20__

** Complete shaded boxes and total shaded columns for *NEW Children only.* **

Child's I.D.	Tally # of visits	New this reporting period? Yes/No	If yes, was initial visit billable to Medicaid? Yes/No	Closed this reporting period? Yes/No	Medical home on entry? Yes/No	If no, RN linked family to medical home this period? Yes/No	Health insurance on entry? Yes/No	If no, RN linked family to insurance this period? Yes- what type?/no	Immunizations current on entry? Yes/No	If no, did immunizations become as current as possible this period? Yes/No	Developmental screening this period? (1 per/year min.) Yes/No
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											
Total # of names:					TOTAL "NO"		TOTAL "NO"		TOTAL "NO"		

Total the number of "YES's" in each column unless noted otherwise.

Prenatal - 5 Nurse Home Visiting Program - **Data Tracking Tool (page 2)** - Use extra pages if necessary, total all pages.

Pregnancy I.D.	Tally # of visits	New this reporting period? Yes/No	Closed this reporting period? Yes/No
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total # of names:			

Total # of "YES's" in columns

Referrals

Source of Referral(s)

Number of referrals

Example: Vital Records Reports	30
Total number of referrals:	

Family I.D.	New this reporting period? Yes/No	Closed this reporting Period? Yes/No	Referred to community resources? Yes/No	Reported to DCFS? Yes/No	Possible domestic violence? Yes/No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Total # of names:

Total # of "YES's" in each column.

Appendix D - Resources

Baby Your Baby Outreach: The Baby Your Baby Outreach Program provides prenatal and well child care information and referrals. Call 1-800-826-9662 or visit <http://www.babyyourbaby.org>.

Baby Watch Early Intervention: Serves children birth to 3 years who were born at less than 30 weeks gestation, who had a birth weight of less than 1000 grams, who have any disability, or who have a suspicion of developmental delay. For questions regarding this program, call 801-584-8226 or 1-800-961-4226.

Child Care Resource and Referral: Local child care resource and referral agencies have information that can help families find quality child care. The regional offices are listed here:

Bridgerland Region: 435-797-1552 www.usu.edu/~usuchild
Serves Box Elder, Cache and Rich Counties

Eastern Region: 435-613-5619
Serves Daggett, Duchesne, Uintah, Carbon, Emery, Grand and San Juan Counties

Western Region: 800-543-7527 www.beansprout.com
Serves Juab, Piute, Wayne, Millard, Sanpete, Sevier, Beaver, Garfield, Kane, Iron and Washington Counties

Metro Region: 801-537-1044 www.childservsociety.org
Serves Salt Lake and Tooele Counties

Mountainland Region: 801-222-8220
Serves Utah, Wasatch and Summit Counties

Northern Region: 801-626-7837 www.weber.edu/ccrr
Serves Weber, Morgan and Davis Counties

Child Protective Services: State law 62A-4a requires that any person who has reason to believe that a child has been subjected to abuse or neglect immediately notify the nearest Utah Division of Children and Family Services (DCFS) office or the police. The Crisis Hot Line for Child Abuse is available statewide at 1-800-638-9399.

Children's Aid Society provides pregnancy options counseling, parenting education, and adoption services for Weber and Davis Counties. Learn more about their services by calling 801-393-8671 or visiting their website at www.casadoptutah.org.

Children's Service Society provides home-based prenatal and parenting classes and offers adoption and other community services for Salt Lake and Tooele Counties. To learn more about the Children Service Society call them at 1-800-839-7444 or 801-355-7444 or visit their website at www.childservsociety.org.

Community Mental Health Centers: The Division of Mental Health contracts with Utah's counties to provide services through these centers:

Bear River Mental Health

90 East 200 North
Logan, UT 84321
435-752-0750

Salt Lake Valley Mental Health Center

5965 South 900 East, Suite 420
Salt Lake City, UT 84121
801-263-7100

Central Utah Mental Health Center

255 West Main
Mt. Pleasant, UT 84647
435-462-2416

San Juan Mental Health

365 South Main
Blanding, UT 84511
435-678-2992

Davis County Mental Health

291 South 200 West
Farmington, UT 84025
801-451-7799

Southwest Center

354 East 600 South, Suite 202
St. George, UT 84770
435-634-5614

Four Corners Mental Health

105 West 100 North
PO Box 867
Price, UT 84501
435-637-7200

Northeastern Counseling

559 North 1700 West
PO Box 1908
Vernal, UT 84078
435-789-6300

Wasatch Mental Health Center

750 North 200 West, Suite 300
Provo, UT 84601
801-373-4760

Weber Mental Health Center

237 26th Street
Ogden, UT 84401
801-625-3700

Culture & Nursing Care: A Pocket Guide, USCF Nursing Press, can alert nurses to the similarities and differences between groups that make us all unique people. For information on how to get this book, call (415) 476-4992.

Developmental Screening Tools

The Denver II Screening Tool and Kit can be obtained through:

Denver Developmental Materials
PO Box 371075
Denver, CO 80237-5075
1-800-419-4729

The Ages and Stages Questionnaire can be obtained through:

Paul H. Brooks Publishing Co., Inc.
PO Box 10624
Baltimore, MD 21285-0624
1-800-638-3775

<http://www.pbrookes.com>

Division of Substance Abuse, Prenatal Substance Abuse Program: This division has access to federal dollars for the treatment of pregnant women and mothers who are abusing drugs. If it is disclosed at the time of referral that a mother is seeking treatment for substance abuse, please refer them to this program first. If a mother is ready to receive treatment, please refer her to the local Prenatal Substance Abuse Program list below. Nurses who encounter barriers to helping mothers with substance abuse problems may call the state contact person for assistance.

State Contact

Kris Urry, Treatment Coordinator
Utah State Division of Substance Abuse
Department of Human Services
120 North 200 West, Suite 201
Salt Lake City, UT 84103
801-538-3952

Weber County

Weber County Human Services
237 26th Street
Ogden, UT 84401
801-625-3864

Davis County

Davis Behavioral Health
860 S. State
Clearfield, UT 84015
801-776-0054

Salt Lake County

Valley Mental Health
5965 S. 900 E., Suite 240
Salt Lake City, UT 84121
801-263-7225

Utah County

Utah County Division of Human Services
100 E. Center Street Suite 300
Provo, UT 84606
801-370-8427

Family Support Centers : All of the twelve of the family support centers around the State operate a crisis nursery for children and families in distress. They are listed below.

Sugarhouse Center	801-487-7778	Roosevelt Center	435-722-2401
Midvale Center	801-255-6881	St. George Center	435-674-4111
Clearfield Center	801-776-4540	Cedar City Center	435-586-0791
Ogden Center	801-393-3113	Price Center	435-637-0281
Logan Center	435-752-8880	Brigham City Center	435-723-7539
Provo Center	801-374-9080		
Orem Center	801-229-1181		

Home Visiting and Early Childhood Nurse Consultant : can be reached at the Child, Adolescent and School Health Program, Utah Department of Health at 801-538-9459.

Home Visit Plan Form: For more NCR forms, call the Child, Adolescent and School Health Program at the Utah Department of Health at 801-538-9459.

Literacy Kits: The *Starting Early Literacy Kit* is available from the Child, Adolescent and School Health Program at the Utah Department of Health by calling 801-538-9459. The kits are available in Spanish and English.

Medicaid Targeted Case Management Reporting and Billing

For questions regarding reporting and billing for targeted case management services related to home visits, please refer to the Utah Medicaid Provider Manual for Targeted Case Management for Early Childhood or call 801-538-9199.

National Center on Shaken Baby Syndrome offers many resources for the prevention of child abuse. Visit their website for an order form. They offer brochures on dealing with crying babies and videos for parent education.

National Center on Shaken Baby Syndrome
2955 Harrison Blvd. Suite #102
Ogden, Utah 84403
801-627-3399
1-888-273-0071
www.capcenter.org

The **Network Pages** is a good directory of resources that covers statewide services for Utah families with young children age birth - 8 years. For a copy call the Child, Adolescent and School Health Program, Utah Department of Health at 801-538-9459.

Prenatal-5 Nurse Home Visiting Program Brochure: A generic program brochure is available from the Child, Adolescent and School Health Program, Utah Department of Health. Please call 801-538-9459 for additional brochures.

Reproductive Health Nurse Consultant: For questions on how to access family planning and prenatal care information throughout Utah, contact the nurse consultant at the Reproductive Health Program, Utah Department of Health at 801-538-9946.

Smoking Cessation: For questions on how to help pregnant women and mothers quit smoking, contact the Tobacco Prevention and Control Program, Utah Department of Health, at 801-538-6917. Refer anyone interested in smoking cessation to the Quitline at 1-888-567-TRUTH.

Vital Records Reports: For more information regarding the Vital Records Reports and how to access the computerized format, call the Office of Vital Records & Statistics at 801-538-7012.

WIC: The Supplemental Food Program for Women, Infants and Children (WIC) is available to low-income pregnant, breast feeding or postpartum women, infants and children up to age five. The program is specifically designed to serve as an adjunct to good health care during critical periods of human growth and development. The number for the state WIC office is 800-662-3638.