## **Breastfeeding Clinic Visit Summary**

Fax ONLY Group Information (top section only) to Carolyn Perchuk in the Transcona Office.

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Clinic Date	PHN name	Community Area of Clinic	Number Attending Group
Issues discussed in group: [] Difficulty/not latching [] Hydration Individual	[] Slow to gain [] Decreased milk supply [] Sore nipples [] Thrush [] Plugged ducts/mastitis [] Engorgement <b>Information</b>	[] Oversupply [] Prematurity [] Failure to thrive [] Infant illness [] Maternal illness [] Medications	[] Not confident [] Reflux [] Weaning [] Weight check [] Other - Details of other
Given Name			
Surname			
Birth Date			
PHIN			
Permanent RHA	[] Northern [] Interlake-Eastern [] Prairie Mountain [] Southern [] Winnipeg [] Other	[] Northern [] Interlake-Eastern [] Prairie Mountain [] Southern [] Winnipeg [] Other	[] Northern [] Interlake-Eastern [] Prairie Mountain [] Southern [] Winnipeg [] Other
Support person attended	[] No [] Yes	[] No [] Yes	[] No [] Yes
First visit	[] No [] Yes	[] No [] Yes	[] No [] Yes
Infant age	[] Days if < month [] Weeks if <u>&gt;</u> 1 month	[] Days if < month [] Weeks if <u>&gt;</u> 1 month	[] Days if < month [] Weeks if <u>&gt;</u> 1 month
Referred by	[] PHN [] Physician [] Nurse Practitioner [] Self [] Other	[] PHN [] Physician [] Nurse Practitioner [] Self [] Other	[] PHN [] Physician [] Nurse Practitioner [] Self [] Other
Issues	[] Other         [] Difficulty/not latching         [] Hydration         [] Slow to gain         [] Decreased milk supply         [] Sore nipples         [] Thrush         [] Plugged ducts/mastitis         [] Engorgement         [] Oversupply         [] Prematurity         [] Failure to thrive         [] Infant illness         [] Medications         [] Not confident         [] Reflux         [] Weaning         [] Weight check         [] Other         Details of other	I Other         I Difficulty/not latching         I Hydration         I Slow to gain         I Decreased milk supply         I Decreased milk supply         I Decreased milk supply         I Sore nipples         I Thrush         I Plugged ducts/mastitis         I Engorgement         I Oversupply         I Prematurity         I Failure to thrive         I Infant illness         I Maternal illness         I Medications         I Not confident         I Reflux         I Weaning         I Weight check         I Other         Details of other	[] Other         [] Difficulty/not latching         [] Hydration         [] Slow to gain         [] Decreased milk supply         [] Decreased milk supply         [] Decreased milk supply         [] Sore nipples         [] Thrush         [] Plugged ducts/mastitis         [] Engorgement         [] Oversupply         [] Prematurity         [] Failure to thrive         [] Infant illness         [] Medications         [] Not confident         [] Reflux         [] Weight check         [] Other         Details of other
Interventions	<ol> <li>Position/latch assist</li> <li>Supplementation</li> <li>Milk expression/pump</li> <li>Nipple shield</li> <li>Nipple care</li> <li>Education</li> <li>Discuss medications</li> <li>Confidence building / reassurance</li> <li>Refer to primary caregiver</li> <li>Other</li> <li>Details of other</li> </ol>	<ul> <li>[] Position/latch assist</li> <li>[] Supplementation</li> <li>[] Milk expression/pump</li> <li>[] Nipple shield</li> <li>[] Nipple care</li> <li>[] Education</li> <li>[] Discuss medications</li> <li>[] Confidence building / reassurance</li> <li>[] Refer to primary caregiver</li> <li>[] Other</li> <li>Details of other</li> </ul>	<ul> <li>[] Position/latch assist</li> <li>[] Supplementation</li> <li>[] Milk expression/pump</li> <li>[] Nipple shield</li> <li>[] Nipple care</li> <li>[] Education</li> <li>[] Discuss medications</li> <li>[] Confidence building / reassurance</li> <li>[] Refer to primary caregiver</li> <li>[] Other</li> <li>Details of other</li> </ul>
Minutes of Visit			

Note: The visit summary should not be placed in or replace documentation in the paper health record.