

FORMULA DOCUMENTATION FORM

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If formula is to be given to infant, please initial next to the appropriate indication and complete date/time section.

PARENTAL CHOICE:

___ / ___ / ___ Mother/Family choosing to exclusively formula feed infant

___ / ___ / ___ Mother/Family request formula bottle for breastfed baby

Reason given in patient/family's words:

“ _____ ”

Mother/Family educated about impact of formula supplements and bottles on Breastfeeding when not medically indicated including (low milk supply, engorgement, nipple/flow confusion, latch problems and gut exposure/sensitization to foreign protein in cow's milk formula).

Mother/family informed about best practice recommendation not to use formula bottle for breastfed baby

MATERNAL INDICATIONS:

___ / ___ / ___ Maternal Medical Condition (circle one): HIV positive mother, active untreated TB, Active untreated varicella, Active Herpes Simplex breast lesions, severe illness, Other: _____

___ / ___ / ___ Maternal Medications contraindicated for breastfeeding:

List medication: _____

Hale Reference - Medications and Mother's Milk - Lactation Category:

___ / ___ / ___ Maternal Substance Abuse/Alcohol Abuse

___ / ___ / ___ Maternal Radiologic/medical procedure contraindicated in breastfeeding

___ / ___ / ___ Prior breast surgery/pathology resulting in poor milk production

INFANT INDICATIONS:

___/___/___ Infant Metabolic disorder (ie: galactosemia)

___/___/___ Hypoglycemia – (see order set) – and infant unable to latch/breastfeed and/or mother unable to express adequate amount of colostrum (5-10 ml)

___/___/___ Late preterm infant and excessive (5-10 %) weight loss and mother unable to express adequate amount EBM for age (follow order set)

___ Manual expression initiated

___ Pumping initiated

___/___/___ Term infant > 10% weight loss and delayed lactogenesis II ("milk coming in")

___ Manual expression initiated

___ Pumping initiated

___/___/___ Hyperbilirubinemia and Phototherapy (if low maternal milk supply, poor milk transfer, dehydration)

___ Manual expression initiated

___ Pumping initiated

___/___/___ Clinical evidence of dehydration (high sodium, urate crystals >72 hrs of age, output < BF log)

___ Manual expression initiated

___ Pumping initiated

___/___/___ Infant unable to feed at the breast (not latching after 24 hrs of age, congenital malformation, severe illness)

___ Manual expression initiated

___ Pumping initiated

Mother/Family verbalizes understanding and would like to supplement with formula bottle

Date/Time : Signature/Initials:
