PHYSICIAN NEWBORN EXAMINATION

NOVA SCOTIA

(Including stillbirths)

Birth Date	Birth Time	Sex	Birth Wt. (g)	Head Circ. (cm)	Length (cm)

GESTATIONAL AGE ASSESSMENT

	< 37 WEEKS (Preterm)	≥ 37 WEEKS (Term)	GESTATIONAL AGE
BREAST TISSUE	☐ ≤ 3 mm	☐ > 3 mm	
PLANTAR CREASES	☐ Smooth, Single Crease	☐ Covering Ant. 1/3 or More	By Dates_____wks.
EAR	☐ Relatively Flat, Pliable	☐ Stiff Cartilage, Deep Crease at Outer Aspect	By Assessment_____wks.
TESTES	☐ In Canal	☐ Well Within Scrotum	

INITIAL EXAM

General – Tone, Activity, Colour		☐ Normal	☐ Abnormal
Skin		☐ Normal	☐ Abnormal
Nutritional Status		☐ Normal	☐ Abnormal
Moderate Wasting ☐ Severe Wasting ☐			
Skull Shape		☐ Normal	☐ Abnormal
Fontanelle & Sutures		☐ Normal	☐ Abnormal
Eyes		☐ Normal	☐ Abnormal
Red Reflex Present ☐ Absent ☐			
Ears		☐ Normal	☐ Abnormal
Nose		☐ Normal	☐ Abnormal
Mouth		☐ Normal	☐ Abnormal
Palate		☐ Normal	☐ Abnormal
Respiratory System		☐ Normal	☐ Abnormal
Heart		☐ Normal	☐ Abnormal
Femoral Pulsations		☐ Normal	☐ Abnormal
Abdomen			
Liver (_____cm)		☐ Normal	☐ Abnormal
Spleen (_____cm)		☐ Normal	☐ Abnormal
Umbilicus		☐ Normal	☐ Abnormal
Anus		☐ Normal	☐ Abnormal
Genitalia		☐ Normal	☐ Abnormal
Neurological		☐ Normal	☐ Abnormal
Skeletal	Clavicle	☐ Normal	☐ Abnormal
	Hips	☐ Normal	☐ Abnormal
	Feet	☐ Normal	☐ Abnormal

COMMENTS

Date: _____ Time: _____

Signature:_____

DISCHARGE ASSESSMENT

Discharge Weight (g) _____

Blood Group _____ Direct Coombs _____

Last Total Serum Bili (mmol) _____ Date _____

Phototherapy ☐ No ☐ Yes

Describe:

_____

_____

Heart	☐ Normal	☐ Abnormal
Respiratory	☐ Normal	☐ Abnormal
Femoral Pulses	☐ Normal	☐ Abnormal
Umbilicus	☐ Normal	☐ Abnormal
Tone /Activity	☐ Normal	☐ Abnormal
Temperature	☐ Normal	☐ Abnormal
Skin	☐ Normal	☐ Abnormal

Feeding ☐ Breast ☐ Exclusive ☐ With Suppl.
☐ Formula _____ ☐ Medically Indicated
☐ Well Established
☐ Problems Ongoing

Follow-up Plan _____

_____

_____

COMMENTS

Date: _____ Time: _____

Signature:_____

NSRCPN