NEWBORN NURSING ASSESSMENT

Reproductive Care Program of Nova Scotia — RCP — NOVA SCOTIA

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

Blood Group	Feeding
Mother Baby Coombs	☐ Breast ☐ Exclusive ☐ With suppl. ☐ Formula

GESTATIONAL AGE ASSESSMENT

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

		NORMAL	ABNORMAL (comment on Abnormalities)
1.	GENERAL APPEARANCE	☐	☐
2.	SKIN	☐	☐ Bruising ☐ Peeling ☐ Petechiae ☐ Jaundice ☐ Mec. Stain ☐ Other ☐ Edema ☐ Soft tissue wasting ☐ Moderate ☐ Severe
3.	HEAD	☐	☐ Overriding suture ☐ Molding ☐ Caput ☐ Hematoma ☐ Other
4.	EENT	☐	☐ Cleft Lip/Palate ☐ Other ☐ Suspected Choanal Atresia
5.	RESP	☐	☐ Grunting ☐ ↓ Breath Sounds ☐ Nasal Flaring ☐ Tachypnea ☐ Retracting ☐ Other
6.	CVS	☐	☐ Murmur ☐ Central Cyanosis ☐ Arrhythmia ☐ Abs. Fem. Pulses ☐ Tachycardia ☐ Other
7.	ABDOMEN	☐	☐ Scaphoid ☐ Other ☐ Distended
8.	UMBILICAL CORD	☐	☐ Mec. Stain ☐ Thin ☐ 2 Vessels ☐ Other
9.	MUSCULOSKELETAL	☐	☐ Spine ☐ Foot abn. ☐ Hip abn. ☐ Other ☐ Clavicle
10.	GENITORECTAL	☐	☐ Hydrocele ☐ Imperforate anus ☐ Hypospadias ☐ Other ☐ Undescended testes
11.	CNS	☐	☐ ↓ Tone ☐ ↑ Tone ☐ Other ☐ Abn. Cry ☐ Jittery

Date ___________________________ Time ________________________________

Signature ____

☐ Erythromycin eye ointment given

☐ Vitamin K Dose / Route ________________

Given by ___________________

DISCHARGE Weight_________________g

☐ Newborn screening discussed ☐ Newborn screening done ☐ Arranged

Signature______________________________

Date __________________________________

☐ Physician assessment completed

☐ Order for discharge written

Feeding ☐ Breast ☐ Exclusive ☐ With suppl.
☐ Formula _______________
☐ Medically indicated
☐ Well Established
☐ Problems Ongoing

Follow-up Plan __________________________
____
____

COMMENTS

Date __________________ Time __________

Signature ______________________________