



# NEWBORN ADMISSION/DISCHARGE

(Including stillbirths)

<b>Initial Assessment</b>			
<b>General Appearance:</b> <input type="checkbox"/> Transitioning Well <input type="checkbox"/> If no, describe below:			
Infant Surname, First name (if known)		Mother's Name	
DOB	Time	Sex	
Gest. Age by Assessment (weeks/days)		Gest. Age by Best Prenatal Estimate (weeks/days)	
<b>Exam:</b>	<b>&lt;37 weeks (Preterm)</b>	<b>≥37 weeks (Term)</b>	
Breast Tissue	<input type="checkbox"/> ≤3mm	<input type="checkbox"/> >3mm	
Plantar Creases	<input type="checkbox"/> Smooth, single crease	<input type="checkbox"/> Cover anterior 1/3 or more	
Ear Pinna	<input type="checkbox"/> Relatively flat, pliable	<input type="checkbox"/> Stiff cartilage, deep crease at outer aspect	
Genitalia: Male	<input type="checkbox"/> Testes in canal	<input type="checkbox"/> Testes well within scrotum	
Female	<input type="checkbox"/> Labia Minora visible	<input type="checkbox"/> Labia Majora cover Minora	
Delivery: <input type="checkbox"/> SVD <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="checkbox"/> Cesarean Apgar: @1 _____ @5 _____ @10 _____ <input type="checkbox"/> Resuscitation <input type="checkbox"/> Admit to NICU/ Nursery (indication): _____ <input type="checkbox"/> At risk for complications <input type="checkbox"/> Labour induced (indication): _____ GBS Status: _____ Rx >4hours: <input type="checkbox"/> Yes <input type="checkbox"/> No Normal Prenatal Ultrasound: <input type="checkbox"/> Yes <input type="checkbox"/> No Skin-to-skin first hour(s): <input type="checkbox"/> Yes <input type="checkbox"/> No, why: _____ Breastfeed first hour(s): <input type="checkbox"/> Yes <input type="checkbox"/> No, why: _____ Erythromycin eye prophylaxis: <input type="checkbox"/> No <input type="checkbox"/> Yes, why: _____ Vitamin K: _____ mg, <input type="checkbox"/> IM <input type="checkbox"/> PO			
<b>Comprehensive Physical Exam</b> Completed within 24h of birth *guide on reverse side of form			
Birth Weight (g)	Length (cm)	Head Circ. (cm)	<input type="checkbox"/> SGA <input type="checkbox"/> LGA
Skin	<input type="checkbox"/> Normal	Soft tissue wasting: <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Head, Neck	<input type="checkbox"/> Normal	<input type="checkbox"/> Palate Intact	
	<input type="checkbox"/> Red reflex: L _____ R _____	<input type="checkbox"/> Unable to obtain <input type="checkbox"/> Follow-up req'd	
Arms, Clavicles, Hands	<input type="checkbox"/> Normal		
Cardiac	<input type="checkbox"/> Normal	<input type="checkbox"/> Femoral pulses <input type="checkbox"/> Murmur	
Respiratory	<input type="checkbox"/> Normal		
Abdomen	<input type="checkbox"/> Normal	Cord: <input type="checkbox"/> Single UA <input type="checkbox"/> Double UA	
	Spleen: _____ cm	Liver: _____ cm	
Anus	<input type="checkbox"/> Normal	<input type="checkbox"/> Passed meconium	
Genitourinary	<input type="checkbox"/> Normal	<input type="checkbox"/> Passed urine	
Hips, Legs, Feet	<input type="checkbox"/> Normal	<input type="checkbox"/> Barlow/Ortolani L _____ R _____	
Back	<input type="checkbox"/> Normal		
Neurologic	<input type="checkbox"/> Normal	<input type="checkbox"/> Reflexes <input type="checkbox"/> Unable to obtain reflexes	
Date:	Time:	Print Name:	Signature/Status:
<b>Discharge</b>			
<input type="checkbox"/> <b>Discharge Physical Completed</b>		Discharge weight: _____(g)	
<b>Comments:</b>			
<b>Feeding</b>		<b>Newborn Screening:</b>	
<input type="checkbox"/> Breastfeeding <input type="checkbox"/> EBM <input type="checkbox"/> Exclusive <input type="checkbox"/> with Supplementation		<input type="checkbox"/> Bilirubin: last TSB _____µmol/L   Date: _____   Time: _____	
<input type="checkbox"/> Formula: _____ <input type="checkbox"/> Medically Indicated		<input type="checkbox"/> To be repeated (date/time): _____	
Indications for supplementation: _____		<input type="checkbox"/> Phototherapy (describe): _____	
Feeding issues: _____		DAT: _____   Blood type: _____	
Discharge/Follow up plan: _____		<input type="checkbox"/> Newborn screening blot: Date: _____ <input type="checkbox"/> To be arranged	
Primary Care Provider appt: <input type="checkbox"/> Booked: _____		Other test results: _____	
(FP/NP/RM) <input type="checkbox"/> Parent to arrange <input type="checkbox"/> No provider		<input type="checkbox"/> <b>Refer to Additional Dictation</b> <input type="checkbox"/> not applicable	
<input type="checkbox"/> PHN referral indicated <input type="checkbox"/> Fax copy (if applicable) to: _____		Consults: _____	
Date/Time	Print Name/Signature/Status		
NSHSC Hearing Screen:   OAE / AABR   Pass / Refer		<input type="checkbox"/> Hearing screen to be arranged	
Date/Time	Print Name/Signature/Status		



NSRCPN

A **brief examination** should occur within the first few minutes of life to:

- Assess for signs of successful transition to the extra- uterine environment
- Determine sex
- Identify significant congenital anomalies
- Reassure parents

In the healthy baby this examination should be undertaken while the baby maintains 'skin to skin' with the mother.

Every newborn baby should receive a comprehensive physical examination within 24h of birth. **If the baby is unwell or premature, this examination may be staged as clinically indicated.** If baby is preterm use the New Ballard Score for maturation assessment of gestational age. Findings should be documented and the results discussed with parents. A follow up comprehensive examination is recommended within the first 7-10 days of birth. All parents are contacted within 1-3 days of discharge to determine ongoing needs/supports required.

### Components of the Comprehensive Newborn Physical Exam:

#### General Appearance

- Skin color
- State of Alertness
- Activity
- Range and symmetry of spontaneous movement
- Posture
- Muscle Tone

#### Growth Status

- Weight and Length
- Head Circumference

#### Skin

- Colour
- Texture
- Integrity
- Anomalies

#### Head

- Shape and symmetry
- Scalp
  - Caput
  - Cephalohematoma
- Anterior and posterior fontanels
- Sutures

#### Face

- Symmetry of structure, features and movement
- Eyes
  - Size and structure
  - Position in relation to the nasal bridge
  - Red Reflex
- Ears
  - Position and structure
- Nose:
  - Position and symmetry of nares and septum
  - Patency of nares bilaterally
- Mouth
  - Size
  - Symmetry of movement
  - Shape and structure - lips, palate, tongue
- Jaw size

#### Neck

- Structure/ Lymph nodes/ Thyroid palpable
- Symmetry of movement
- Range of movement

#### Clavicles, Arms and Hands

- Length
- Proportion
- Symmetry
- Hand creases
- Structure and number of digits

#### Chest/Cardiorespiratory

- Chest
  - Chest size, shape, symmetry
  - Breast tissue
  - Number and position of nipples
- Respiratory
  - Chest movement and effort with respiration
  - Breath sounds/Airway
  - Respiratory rate
- Cardiac
  - Skin colour - central/peripheral
  - Heart sounds
  - Heart rate
  - Heart rhythm
  - Pulse Oximetry
  - Pulses: brachial, femoral

#### Abdomen

- Shape and symmetry
- Major organs (liver and spleen, palpable, size)
- Umbilicus (number of vessels)

#### Genitourinary

- Has the baby passed urine?
- Inguinal hernia , Lymph nodes
- Genitalia: Male, female, ambiguous
  - Male: penis, foreskin, testes
  - Female: clitoris, labia, hymen

#### Anus

- Position
- Patency - Has the baby passed meconium?

#### Hips, Legs and Feet

- Use Ortolani and Barlow's maneuvers to assess hips for stability
- Legs and feet:
  - Length and proportion
  - Symmetry
  - Anomalies (e.g. club feet)
  - Structure and number of digits

#### Back

- Spinal column /Ribs
- Scapulae and buttocks for symmetry
- Skin (sacral dimple/sinus)

#### Neurologic

- Behavior
- Posture
- Muscle tone
- Movements
- Cry
- Reflexes: Babinski, grasp, moro ,rooting, stepping, suck