



NEWBORN NURSING ASSESSMENT

Birth Date (YYYY-MM-DD)		Birth Time		Sex	Band #							
Birth Wt. (g)		Head Circ. (cm)		Length (cm)		1						
Blood Group		'	Feeding 🖵	Breast	☐ Exclusive	1						
Mother Ba		Coombs		With Suppl.	☐ Formula							
GESTATIONAL	_ AGE A			Protorm)	Mara than ar	ogual to 2	7 WEEKS /T	orm) CF	CTATIONIAL A	CE.		
BREAST TISSU	Ε		i n 37 WEEKS (I than or equal t		More than or ☐ Greater th			eiiii) GE	STATIONAL A	GE		
PLANTAR CREASES					□ Covering	•		Ву	Dates		wks.	
EAR		☐ Relatively Flat, Pliable			☐ Stiff Cartilage, Deep		Crease at					
					Outer Asp	pect		Ву	Assessment _		_wks.	
GENITALIA		le 🗆 Teste			☐ Testes we				7			
	Fema	ile 🗀 Labia	Minora Visible		☐ Labia Ma	jora cover	Minora	A	3			
HEAD TO TOE A									ntment given	☐ Yes	☐ No	
NORMAL ABNORMAL (Comment on Abnormalities)								K Dose/Roι	ıte			
1. GENERAL							Given by _		D. D:			
APPEARANCI							Newborn S	creening:	☐ Discusse☐ Done	d		
2. SKIN		☐ Bruisi	-		Peeling 		> _		☐ Arranged			
		☐ Petec			Jaundice	CX	CCHD Scr	enina.	_ / indingod			
			nium Stain		Other		Age at initia				hours	
		☐ Edem	ia issue wasting	ال	Moderate	1 Severe	R. Hand	Foot	% Diff	Actio	n	
						•	1			P/R/	F	
3. HEAD		<u> </u>			Molding					P/R/	F	
		☐ Hema	atoma	<u> </u>	Other	☐ Caput				P/F	:	
4. EENT		☐ Cleft Lip/Palate☐ Suspected Choanal Atresia☐			Other				R=Repeat / F=Fa			
								ssessment	required [See No	ies	
5. RESP		☐ Grunt	ting	□ ↓ Breath Sounds		☐ Screenin	-	rioto				
		□ Nasa			Tachypnea			ally approp	T	mo:		
		☐ Retracting			Other			-MIM-DD):		iiie		
6. CVS		☐ Murmur			Central Cyano	osis						
		☐ Arrhy	thmia		Absent Femo	ral Pulses	DISCHARG		: Weight ا		9	
		☐ Tach	ycardia		□ Other		□ Physician assessment completed□ Order for discharge written					
7. ABDOMEN		□ Scap	hoid		Other			•	☐ Exclusive ☐) With Su	ppl.	
		☐ Diste	nded					Formula				
8. UMBILICAL CORD		☐ Meco	nium Stain		Thin		1	☐ Medically	Indicated			
		2 Vessels			Other			■ Well Esta				
9. MUSCULO-	П	☐ Spine	<u> </u>		Foot abnorma	.I		☐ Problems				
SKELETAL	–	☐ Hip a			Other	ll.	Follow-up	Plan				
		☐ Clavid		_	0 11 10 1							
10. GENITO- RECTAL		☐ Hydro	☐ Hydrocele ☐		mperforate anus		COMMENT	s				
		•			Other							
		• •	descended testes									
11. CNS		□ ↓ Ton	10	П .	☐ [↑] Tone ☐ Other		1					
II. UNS	J		rmal Cry		Jittery	J Outer						
Data AAAAA III	DD):		*				Dota (2000)	MM DD':	т	imo:		
,					ime:		Date (YYYY-MM-DD): Time:					
Signature:	d Cab						Signature:		NEWDODN NITE	CINC ACCE	COMENT	
RCP/09 - Revise	u rebrua	ary/∠∪lŏ					1		NEWBORN NUR	JOCA DVIIC	SOIVIEIVI	



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