

NEWBORN FOCUSED ASSESSMENT

STUDENT'S NAME:			DATE:		
Patient's Initial:			DATE OF CARE:		
ADMISSION INFORMATION					
Date / Time of Birth:					
Sex:		Female:		Male:	
DELIVERY INFORMATION					
Gestational Age:					
Delivery Method:		SVD:		C/S:	
Forceps		VAC:			
ROM date / time:					
Fluid Color:					
Resuscitation:		Yes:		No:	
Describe if Yes:					
VITAL SIGNS (at delivery):					
Temperature:			Route:		
Respiration Rate:			Heart Rate:		
APGAR SCORE:					
1 Minute Score:			5 Minute Score:		
Note any criteria less than 2 and resuscitation needed:					
Physical Assessment					
CNS:					
<input type="checkbox"/> Moves all extremities, muscle tone good			<input type="checkbox"/> Symmetric features, movement		
<input type="checkbox"/> Suck, rooting, Moro response, grasp, reflexes present			<input type="checkbox"/> Anterior fontanel soft and flat		
Note abnormal findings:					
CV:					
<input type="checkbox"/> Heart rate strong and regular			<input type="checkbox"/> No murmurs heard		
<input type="checkbox"/> Pulses strong / equal bilaterally					
Note abnormal findings:					
Respiratory:					
<input type="checkbox"/> Lungs clear to auscultation bilaterally			<input type="checkbox"/> No retractions or nasal flaring		
<input type="checkbox"/> Respiratory rate, 30-60 breaths/min			<input type="checkbox"/> Chest expansion symmetric		
<input type="checkbox"/> No upper airway congestion			<input type="checkbox"/> No respiratory distress		
Note abnormal findings:					

STUDENT'S NAME:

GU:

Male: urethral opening at tip of penis; testes descended bilaterally

Circumcised: **When:** **Type:**

Female: vaginal opening apparent **Voided**

Note abnormal findings:

GI:

Abdomen soft, no distension **Cord attached and clamped, no redness**

Anus appears patent **Stool Time:**

Note abnormal findings:

Skin:

Color: **Pink** **Acrocyanotic** **Janudice**

No lesions or abrasions **No peeling**

Birthmarks (describe and location) **Caput / molding**

Vacuum cap **Forceps marks**

Forceps marks **Other**

Note abnormal findings:

MS:

Spine straight **Dimples**

Hip Click **Limb lengths equal**

Symmetrical gluteal folds **Clavicle Stable**

Note abnormal findings:

Maturity Rating / Neuromuscular
(See Ballard Scale for newborn maternity rating; Lowdermilk, pg. 710)

Score		Score	
	Posture		Square Window
	Arm recoil		Popiteal angle
	Scarf sign		Heel to ear
	Neuro maternity score total		

Physical Maturity:

Score		Score	
	Skin		Lanugo
	Plantar Surface		Breast
	Eye/Ear		Genitals Male
	Genitals Female		
	Physical maturity score total		

Gestational age determined:

Classification of Newborn:

SGA **AGA** **LGA**

Lab:

<i>Lab Test</i>	<i>Date</i>	<i>Results</i>	<i>Treatment</i>
Newborn screening			
Glucose			
Bilirubin TC			
Serum			

Medications:

<i>Medication</i>	<i>Dosage</i>	<i>Route</i>	<i>Action</i>	<i>Indications</i>
Phytonadione				
Erythromycin (Eye prophylaxis)				
Hepatitis B Vaccine				
Antibiotics				
Other				

Feeding Method:

<input type="checkbox"/> Breast Feeding	<input type="checkbox"/>	Position, alignment
<input type="checkbox"/> Latch-on	<input type="checkbox"/>	Sucking / swallowing
<input type="checkbox"/> Behavior after/between feeding:	<input type="checkbox"/>	Contented <input type="checkbox"/> Sleepy
<input type="checkbox"/> Use of shield / pumping		
Frequency:	Length of feeding:	
<input type="checkbox"/> Bottle	Formula:	
Frequency:	Amount:	

Note abnormal findings:

Discuss any other significant data you encountered during your care of this newborn infant:
