

Newborn Assessment

| General Information: | | |
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| Date and Time of Birth: | | |
| Baby's Name: | | |
| Medical Record Number: | | |
| Gestational Age: | | |
| Birth Weight: | | |
| Length: | | |
| Head Circumference: | | |
| Apgar Score: | | |
| | 1 Minute Apgar Score: | 5 Minute Apgar Score: |
| Heart Rate: | | |
| Respiratory Rate: | | |
| Muscle Tone: | | |
| Reflex Irritability: | | |
| Color: | | |
| Vital Signs: | | |
| Temperature: | | |
| Heart Rate: | | |
| Respiratory Rate: | | |
| Blood Pressure: | | |
| Physical Examination: | | |
| • Head and Face | | |
| Fontanelle Assessment (if applicable): | | |
| • Anterior Fontanelle: | | |
| • Posterior Fontanelle: | | |

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| • Head and Face |
| Eyes: |
| • Pupillary response to light: |
| • Presence of red reflex: |
| Ears: |
| • External ear assessment: |
| • Hearing response: |
| Nose: |
| • Patency of nasal passages: |
| • Presence of nasal flaring: |
| Mouth: |
| • Presence of cleft lip / palate: |
| • Sucking reflex: |
| • Neck |
| Range of motion: |
| Presence of any masses or abnormalities: |
| • Chest and Lungs: |
| Respiratory effort: |
| Breath sounds: |
| Presence of retractions or nasal flaring: |
| • Heart: |
| Heart sounds: |
| Presence of murmurs: |

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| • Abdomen: |
| Abdominal distension: |
| Bowel sounds: |
| Presence of hernias: |
| • Genitalia: |
| Assessment of male / female genitalia: |
| Presence of any abnormalities: |
| • Extremities: |
| Movement and muscle tone: |
| Presence of extra digits or abnormalities: |
| • Skin: |
| Color: |
| Rashes or lesions: |
| Lanugo or vernix remnants: |
| Neurological Assessment: |
| Level of alertness: |
| • Reflexes: |
| Moro reflex: |
| Grasping reflex: |
| Babinski reflex |
| Rooting reflex: |

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| Behavioral Assessment: |
| • Feeding Ability: |
| Breastfeeding or bottle-feeding evaluation: |
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| • Sleeping Patterns: |
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| • Interaction and responsiveness to stimuli: |
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| Parent Education and Follow-Up |
| • Instructions for care at home: |
| Feeding schedule and techniques: |
| Diaper changing: |
| Bathing guidelines: |
| Warning signs for seeking medical attention: |
| Additional Notes: |
| • Any additional observations or concerns: |
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