

# Newborn Assessment

General Information:		
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:		

• 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:

• 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:
<b>Neurological Assessment:</b>
Level of alertness:
• Reflexes:
Moro reflex:
Grasping reflex:
Babinski reflex
Rooting reflex:

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