

Newborn Assessment

Newborn Assessment

General Information:

Date of Birth:

Time of Birth:

Baby's Name:

Medical Record Number:

Gestational Age:

Birth Weight:

Length:

Head Circumference:

Apgar Score:

1 Minute Apgar Score:

Heart Rate:

Respiratory Rate:

Muscle Tone:

Reflex Irritability:

Color:

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

Anterior Fontanelle:

Posterior Fontanelle:

Pupillary response to light:

Presence of red reflex:

External ear assessment:

Hearing response:

Patency of nasal passages:

Presence of nasal flaring:

Presence of cleft lip / palate:

Sucking reflex:

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:

Neurological Assessment:

Level of Alertness:

Reflexes:

Moro reflex:

Grasping reflex:

Babinski reflex:

Rooting reflex:

Behavioral Assessment:

Feeding ability:

Sleeping patterns:

Interaction and responsiveness to stimuli:

Parent Education and Follow-Up:

Feeding schedule and technique:

Diaper changing:

Bathing guidelines:

Warning signs for seeking medical attention:

Additional Notes:

Any additional observations or concerns: