Meditech Newborn Documentation

Newborn Assessment

Interventions
Newborn Assessment... ✔

Assessments
Isolation Precautions ✔
Isolation Precautions

*Isolation	○ Initiated ○ Maintained ○ Removed
Isolation Type	☐ Not in Isolation ☐ Airborne/Negative Pressure ☐ Contact ☐ Contact for Enteric C. Diff or Candida Auris ☐ Droplet ☐ Environmental ☐ Neutropenic ☐ Airborne Plus (Airborne/Contact with eye protection) ☐ Droplet Plus N95/Contact with eye protection (without negative air pressure room) ☐ Standard Plus Standard precautions plus surgical mask or N95
Comment	

Newborn Assessment ✔
Vital Signs

Oximetry Determination	○ Yes
	Mark YES once in 24 hour period to automatically generate charge
Is the Patient on a Cardiorespiratory Monitor?	○ Yes

Measurements

Birth Weight	
Daily Weight.	
% Change in Weight (%)	
	Negative numbers indicate weight loss. Positive numbers indicate weight gain.
Length	
Head circumference	
Chest Circumference (30-35 cm)	
Abdominal Girth (50.0-100.0 cm)	

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NIPS Pain Scale

NIPS Face	○ Relaxed ○ Grimace
NIPS Cry	○ No Cry ○ Whimper ○ Vigorous Cry
NIPS Breathing	○ Relaxed ○ Change in Breathing
NIPS Arms	○ Relaxed ○ Restrained ○ Flexed ○ Extended
NIPS Legs	○ Relaxed ○ Restrained ○ Flexed ○ Extended
NIPS Arousal	○ Sleeping ○ Quiet Awake ○ Fussy
NIPS Score	
Infant Pain Intervention	☐ Feeding ☐ Warm Blankets ☐ Positioning Strategies ☐ Non-Nutritive Sucking ☐ Swaddling ☐ Reduce Environmental Stimulation ☐ Pacifier ☐ Nesting / Containment ☐ Medicate ☐ Sucrose Pacifier ☐ Cluster Care ☐ Skin to Skin

Activity/Behavior

Newborn Activity	☐ Alert ☐ Irritable/Fussy ☐ Unable to Quiet Self ☐ Drowsy ☐ Active ☐ Quiet Sleep ☐ Unable to Quiet w/ Help ☐ Lethargic/Sleepy ☐ Awake ☐ Tremors ☐ Jittery ☐ Exhibits Self Quieting ☐ Seizure-Like Activity

Head/Face/Neck

Fontanel Description	☐ Flat ☐ Soft ☐ Bulging ☐ Sunken ☐ Depressed ☐ Tense ☐ Wide ☐ Non-Palpable
Skull Sutures	○ Separated ○ Fixed ○ Overlapping ○ Approximated ○ Mobile
Head Molding	○ Yes ○ No Comment:
Cephalohematoma	○ Yes ○ No Comment:
Caput Succedaneum	○ Yes ○ No Comment:
Face/Neck	☐ Face Symmetrical ☐ Forceps Mark ☐ Neck Full ROM ☐ Neck Webbing ☐ Face Asymmetrical ☐ Neck Moves Freely ☐ Neck Limited ROM ☐ Neck Torticollis

Eyes/Ears/Nose/Mouth

Eyes/Ears/Nose/Mouth	☐ Eyes Clear ☐ Soft Palate Intact ☐ Tongue Tied ☐ Ears Normal ☐ Eye Discharge ☐ Cleft Palate Hard ☐ Nares Patent ☐ Eyelid Edema ☐ Cleft Palate Soft ☐ Mucous Membranes Pink and Moist ☐ Sclera Yellow ☐ Cleft Lip ☐ Hard Palate Intact ☐ Ears Low Set ☐ Epstein Pearls

Cardiac

Cardiac	☐ Apical Pulse Strong ☐ Pulses Equal/Present ☐ Central Cyanosis ☐ Heart Rate Irregular ☐ Apical Pulse Regular ☐ Dusky ☐ Diaphoresis ☐ Tachycardia ☐ Extremities Pink/Warm ☐ Pallor ☐ Mottled ☐ Murmur Ausculated
Capillary Refill	○ Immediate (< 3 Seconds) ○ Delayed (> 3 Seconds)

Respiratory/Chest

Respiratory Effort	☐ Normal ☐ Nasal Flaring ☐ Seesaw Respirations ☐ Shortness of Breath ☐ Non-Labored ☐ Accessory Muscle Use ☐ Cyanosis ☐ Increased Work of Breathing ☐ Labored ☐ Retractions ☐ Grunting ☐ Mechanically Assisted
Respiratory Pattern	☐ Normal ☐ Bradypnea ☐ Hyperpnea ☐ Kussmaul ☐ Ataxic ☐ Irregular ☐ Tachypnea ☐ Apnea ☐ Cheyne-Stokes ☐ Apneustic
Respiratory Depth	☐ Normal ☐ Deep ☐ Shallow
Retraction Type	☐ Subclavicular ☐ Suprasternal ☐ Substernal ☐ Subcostal ☐ Midclavicular ☐ Sternal ☐ Intercostal
Retraction Frequency	○ Intermittent ○ Continuous
Respiratory Symptoms	☐ Shallow Breathing ☐ Breath Sounds Unequal ☐ Mottled Skin ☐ Stridor ☐ Periodic Breathing ☐ Breath Sounds Diminished ☐ Crepitus ☐ Coarse ☐ Restlessness ☐ Dusky Skin ☐ Gasping ☐ Rhonchi ☐ Dyspnea ☐ No Spontaneous Effort ☐ Barrel Chest ☐ Rales ☐ Auditory Wheezing ☐ Peripheral Cyanosis ☐ Chest Asymmetrical

Abdomen/GI

Abdomen/GI	☐ Soft ☐ Symmetrical ☐ Non-Distended ☐ Bowel Sounds Present ☐ Bowel Sounds Absent ☐ Hernia ☐ Passing Stool ☐ Rectum Patent ☐ No Stool Passed ☐ Rectum Non-Patent ☐ Adequate Stool Output (~1 stool/day of life)
Newborn Stool Description	☐ Meconium ☐ Bile ☐ Seedy ☐ Thick ☐ Mushy ☐ Bright Red ☐ Mustard-Yellow ☐ Soft ☐ Bloody ☐ Loose ☐ Golden ☐ Transitional ☐ Yellow ☐ Pasty ☐ Mucoid ☐ Green-Brown ☐ Light Green ☐ Green ☐ Watery ☐ Tarry ☐ Yellow-Brown ☐ Bright Yellow
Umbilical Cord	☐ Cord Clamp On ☐ Cord Clamp Removed ☐ Cord Clamp Off ☐ Cord Dry ☐ Cord Moist

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Genital/GU

GU Assessment	☐ Voiding Urine Freely ☐ Bladder Non-Palpable ☐ Adequate Urine Output (3-4 wets/day) ☐ No Urine Output ☐ Decreased Urine Output
Newborn Urine Color	○ Pale Yellow ○ Yellow ○ Pink ○ Bright Red ○ Concentrated
Odor	○ Normal ○ Strong ○ Foul ○ Sweet ○ Ammonia ○ Sulphur ○ Fecal
Diaper Area Care	☐ Vaseline ☐ A and D Ointment ☐ Diaper Rash Cream
Newborn Genital	☐ Normal Genitalia ☐ Undescended Right Testicle ☐ Chordee ☐ Labia Swollen ☐ Ambiguous ☐ Undescended Left Testicle ☐ Hypospadias ☐ Vaginal Skin Tag ☐ Testicles Descended ☐ Testicular Torsion ☐ Epispadias ☐ Clitoromegaly ☐ Undescended Testicles ☐ Hydrocele ☐ Vaginal Discharge

Neurological/ Musculoskeletal

Neuro Assessment	☐ Closed Vertebral Column ☐ Sacral Cyst ☐ Spine Asymmetry ☐ Hypertonic ☐ Straight Vertebral Column ☐ Sacral Dimple ☐ Spinal Column Open ☐ Weak Grasp ☐ Tone Good ☐ Tuft of Hair ☐ Flaccid ☐ Absent Grasp ☐ Normal Flexion ☐ Myelomeningocele ☐ Floppy ☐ Unequal Grasp ☐ Grasp Strong ☐ Meningomyelocele ☐ Hypotonic
Cry Description	☐ Strong ☐ Weak ☐ Shrill ☐ Grunt ☐ Lusty ☐ Stridor ☐ Absent
Extremity Assessment	☐ Extremities Symmetrical ☐ No Hip Click ☐ Polydactyly ☐ Webbing ☐ Normal ROM ☐ Limited ROM ☐ Syndactyly ☐ Normal Foot Position ☐ Right Hip Click ☐ Abnormal Foot Position ☐ Moves Extremities Freely ☐ Left Hip Click ☐ Simian Crease Present
Sucking Reflex Response	○ Present ○ Weak ○ Asymmetrical ○ Absent ○ Other:
Rooting Reflex Response	○ Present ○ Weak ○ Asymmetrical ○ Absent ○ Other:
Moro Reflex Response	○ Present ○ Weak ○ Asymmetrical ○ Absent ○ Other:
Babinski Reflex Response	○ Absent Bilateral ○ Present Left ○ Present Right ○ Present Bilateral ○ Other:

Skin

Skin Characteristics	☐ Vernix ☐ Milia ☐ Lesions ☐ Pale ☐ Lanugo ☐ Petechiae ☐ Infiltrate ☐ Jaundice ☐ Cracking or Peeling ☐ Rash ☐ Bruising ☐ Acrocyanosis ☐ Stork Bite ☐ Birthmark ☐ Abrasion ☐ Mottled ☐ Eccyhmosis ☐ Erythema Toxicum ☐ Laceration ☐ Central Cyanosis ☐ Port Wine Stain ☐ Meconium Staining ☐ Skin Tags ☐ Circumoral Cyanosis ☐ Forcep Marks ☐ Harlequin Color Change ☐ Normal for Race ☐ Skin Intact ☐ Mongolian Spots ☐ Vesicles ☐ Pink

Safety Check

ID Band Number	
Security Device Location	○ Right Leg ○ Left Leg ○ Right Arm ○ Left Arm ○ Umbilicus
Security Device	

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Newborn I/O

Interventions
Newborn Feeding/I&O .... ✔

Assessments

Newborn Intake Assessment ✔

Type/Method

Type	☐ Breast Milk ☐ Isomil ☐ Similac ☐ Other ☐ Donor Breast Milk ☐ Neosure ☐ Similac Sensitive
Method	☐ Breast ☐ Bottle ☐ Cup ☐ Spoon ☐ Finger ☐ NG/OT Tube ☐ Syringe

Formula/Other Amount

Amount (ML)	

Supplements

Tolerance

Feeding Tolerance	○ Well ○ Fair ○ Poor ○ Refused
Newborn Feeding Problems	☐ None ☐ Skin Color Changes ☐ Excessive Mucous in Airway ☐ Coughing ☐ Apnea ☐ Absent Swallow Reflex ☐ Choking ☐ Cleft Palate ☐ Disorganized Sucking Pattern ☐ Food Refusal ☐ Cleft Lip ☐ Sensory Defensive Response ☐ Difficulty Swallowing ☐ Projectile Vomiting ☐ Hypersensitive Response ☐ Crying ☐ Swallowing Disorder ☐ Eating Aversion ☐ Back Arching ☐ Hyper-extension of Neck ☐ Failure-to-Thrive

Additional Notes

Text	

Newborn Output Assessment ✔

Urine

Newborn Urine Color	○ Pale Yellow ○ Yellow ○ Pink ○ Bright Red ○ Concentrated
Number of Urine Diapers	
Amount	○ Scant ○ Small ○ Moderate ○ Large ○ Excessive

Stool

Newborn Stool Description	☐ Meconium ☐ Bile ☐ Seedy ☐ Thick ☐ Mushy ☐ Bright Red ☐ Mustard-Yellow ☐ Soft ☐ Bloody ☐ Loose ☐ Golden ☐ Transitional ☐ Yellow ☐ Pasty ☐ Mucoid ☐ Green-Brown ☐ Light Green ☐ Green ☐ Watery ☐ Tarry ☐ Yellow-Brown ☐ Bright Yellow
Number of Bowel Movement Diapers	
Amount	○ Scant ○ Small ○ Moderate ○ Large ○ Excessive

Emesis

Comment

Comment	

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Vital Signs

Interventions
- Vital Signs Q4HR ✔

Assessments
- **Vital Signs** ✔
  - Temperature
    - Temperature (97.6 F-99.0 F)
    - Source: ○ Oral ○ Axillary ○ Temporal ○ Core ○ Rectal ○ Tympanic ○ Urethral ○ Esophageal
  - Pulse
    - New Pulse Location: Add a Pulse Location
    - Pulse Rate (110-160 beats/min)
    - Pulse Rhythm
    - Strength
    - Method
  - Respirations
    - Respiratory Rate (30-60 breaths/min)
    - Depth: ○ Normal ○ Deep ○ Shallow
    - Effort:
      - ☐ Unlabored ☐ Accessory Muscle Use ☐ Snoring ☐ Gasping
      - ☐ Labored ☐ Retracting ☐ Dyspnea on Exertion ☐ Witnessed Apnea
      - ☐ Nasal Flaring ☐ Splinting ☐ Dypsnea at Rest ☐ Mechanically Ventilated
      - ☐ Pursed Lip ☐ Grunting ☐ Head Bobbing
      - ☐ Stridor ☐ Tripoding ☐ Orthopnea
    - Pattern:
      - ☐ Normal ☐ Bradypnea ☐ Hyperpnea ☐ Kussmaul ☐ Ataxic
      - ☐ Irregular ☐ Tachypnea ☐ Apnea ☐ Cheyne-Stokes ☐ Apneustic
  - Oxygen
    - Pulse Oximetry (95-100 %)
    - %
    - **Charge for newborn pulse ox check**: ○ Yes
    - Oxygen Delivery Method:
      - ○ Room Air ○ CPAP ○ Partial Rebreather ○ Trach Collar
      - ○ Nasal Cannula ○ Mechanical Ventilation ○ Venturi Mask ○ Bag-Valve Mask
      - ○ Simple Mask ○ Hood ○ Nonrebreather ○ Heliox
      - ○ BiPAP ○ High Flow ○ T-Piece
    - Flow Rate (L/min)
    - FIO2 (%)
    - SaO2/FiO2 Ratio
    - Oxygen Humidified: ○ Yes ○ No
    - EtCO2 (mmHg)
  - Blood Pressure
    - New Blood Pressure Location: Add a Blood Pressure Location
    - Blood Pressure (mmHg)
    - Blood Pressure Mean (mm Hg)
    - Source
  - CVP
    - Central Venous (RA) Pressure (2-6 mmHg)

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Screenings

Interventions
Newborn Screenings (... ✔

Assessments

Newborn Hearing Screen ✔

Results of Hearing Screen

Charge for hearing screening	○ Yes ○ No
Right Ear	○ Passed ○ Failed
Left Ear	○ Passed ○ Failed
Hearing screening performed by	
Ear cups used?	○ Yes ○ No
	Must have previously failed using Beraphone
Hearing Screen Comment	

Congenital Heart Defect Screen ✔

Screening

Second screening 1 hour following inital failed screen. Third screening 1 hour following second failed screen.

Delivery Date	
Delivery Time	
Screen Date	
Screen Time	
Age at Inital Screen	
	Hours
Testing Conditions	☐ Vital Signs WNL ☐ Infant Warm ☐ On Room Air ☐ Phototherapy Off During Therapy ☐ Infant Alert and Quiet ☐ Oximeter Readings Taken for 60 Seconds ☐ Infant Calm
Initial or Repeat Test	○ Initial Test ○ Second Repeated Test ○ Third Repeated Test

Oximetry

Pulse Ox Saturation of Right Hand (%)	
Pulse Ox Saturation of Foot (%)	
Difference of Saturation of Right Hand and Foot (%)	

Screen Results

- If pulse ox saturation is less than 90% in either hand or foot, the infant's physician must be notified immediately. "FAIL" MUST BE CHECKED!
- If pulse ox saturations are less than 95% in BOTH hand and foot or there is a greater than 3% difference between the two on all three screening each separated by 1 hour the physician must be notified. "FAIL" MUST BE CHECKED!
- If pulse ox saturations are greater than or equal to 95% in either extremity, with a less than or equal to 3% difference between the two, the reading is expected for the infant."PASS" MUST BE CHECKED!

Screening Result	○ Pass ○ Fail ○ Retest
	An automatic charge will be generated once one of these options are selected

Reason Not Screened

Metabolic Screen ✔

PKU Screening

PKU Screening Completed?	○ Yes ○ No Comment:
PKU Card Number	