

**Alliance University
Newborn Assessment**

Student Name Stephanie Duque Date of care 1/27/23 Infant initial F Gender F
 Date & time of birth 1/27/23 Type of delivery vaginal/delivery (vacuum delivery)
 Complications/ resuscitation measures vacuum assist baby delivery
 Apgar 7.8 Blood type O⁺ Coombs (-) comb TCB/ bili levels 11.6
 Newborn screening: yes no Hearing screen: yes no results: Passed

Medications

Medication name	Dose/ Route/Frequency	Use/Action
Erythromycin	10mg/kg/dose	Prevents gonorrhea eye
Vitamin K	0.5mg - Prng	Blood clotting infection
Hepatitis B	Recombivax / Engix 1ml	5ml Immunity

Assessment

Vital Signs: Temp 98F Pulse 127 Resp 60 BP _____ O₂ sat 99
 Weight _____ Birth weight 3070g % change _____
 Length 20.47 Head 36cm Chest 32cm
52cm

Skin
 Turgor: good poor Condition: smooth dry, cracked peeling
 Color: pink ruddy pale cyanotic acrocyanosis
 jaundice: Location Face, Nose Type Physiological
 TCB _____
 Variations: (rashes, lesions, birthmarks etc) N/A

Head & Neck
 Shape: normocephalic other: Chinyong head shape
 Fontanelles: Anterior: flat bulging sunken/depressed
 Posterior: flat bulging sunken/depressed
 Sutures: open closed overriding

Variation: molding caput succedaneum cephalhematoma
Facial: symmetrical non-symmetrical: _____
Eyes (symmetry, conjunctiva, sclera, eyelids, PERL): normal abnormal
Ears (shape, position, auditory, auditory response): normal abnormal
Nose (patency): normal abnormal
Mouth (lip, mucous membranes, tongue, palate): normal abnormal *tongue tied*
Neck (ROM, symmetry): normal abnormal

Chest- Respiratory/ Cardiovascular

Appearance (shape, breasts, nipples): *normal nipple, breast shape*
Breath sounds: clear adventitious
Heart sounds: S₁ S₂ murmurs: _____
S/S of respiratory distress yes: _____ no
Clavicles: normal abnormal
Brachial/femoral pulse (compare strength, equality): normal abnormal

Abdomen

Appearance (shape, size): normal abnormal
Umbilical cord condition: *knotted up - fell off*
Bowel sounds: BS: normoactive hypoactive absent
Date/Time of Last BM: _____ How many BM in last 24hrs: _____
Describe BM during shift _____

Genitalia

Male (circumcision, urethral meatus, scrotum, testes): _____
Female (labia majora/minora, pseudomenstruation, vaginal tag, discharge): _____
Circumcision: yes no
Femoral pulses: normal abnormal
Urine output: Number of output in last 24hrs: _____
Anal patency: normal abnormal _____

Musculoskeletal

Posture: upper and lower flexed partially flexed extended
ROM all extremities: normal abnormal
extra digits: *NO*

Neurological Reflexes

(normal: positive, symmetrical)
(abnormal: absent, weak, asymmetrical)
Blink: normal abnormal
Moro: normal abnormal
Grasp: normal abnormal

Tonic neck: normal abnormal

Sneeze: normal abnormal

Rooting: normal abnormal

Suck: normal abnormal

Swallow: normal abnormal

Gag reflex: normal abnormal

Stepping: normal abnormal

Babinski: normal abnormal

Notes _____

Behavior (Sleep/Activity Pattern 24hrs)

Sleep/ wake patterns: normal abnormal

Consolability: normal abnormal

Nutrition

Breast Milk: frequency 4-6hrs Positioning: correct incorrect Latch: correct

incorrect Audible swallow: yes no Expressed breast milk in bottle: yes no

Notes: Mom had problems breastfeeding

Formula:

Type: Enfamil

frequency: 4-6hrs. last feeding was at 10 am.

Amount: 60 oz

Satiation: yes no

Regurgitation: yes no

Pacifier use: yes no

Stool (number per day, color, consistency) Light yellow Seedy color

Urine output (number per day/ color) 3 wet diapers

Bonding

Describe interaction between mother and infant

This was a young mom, first-time giving birth (primip), she was not knowledgeable on how to take care of her newborn. She was worried more on her pain level, and how she looked after delivery.

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information
<u>Educated her on how to massage her nipple for successful lactation.</u>	<u>Patient demonstrated technique within 2 hrs of patient education</u>	<u>we advised to put baby on nipple as much as possible, so more breast milk gets produced.</u>

Maturation Assessment of Gestational Age
(New Ballard Score)

Neuromuscular Maturity

Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140-180°	110-140°	90-110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	Maturity Rating
Plantar surface	Heel-heel 40-50 mm: -1 < 40 mm: -2	> 50 mm, no crease	Faint red marks	Anterior transverse crease only	Creases, anterior 2/3	Creases over entire sole	
Breast	Imperceptible	Barely perceptible	Flat areola, no bud	Stippled areola, 1-2 mm bud	Raised areola, 3-4 mm bud	Full areola, 5-10 mm bud	Score
Eye/Ear	Lids fused loosely: -1 tightly: -2	Lids open; pinna flat; stays folded	Slightly curved pinna; soft; slow recoil	Well curved pinna; soft but ready recoil	Formed and firm, instant recoil	Thick cartilage, ear stiff	Weeks
							-10
Genitals (male)	Scrotum flat, smooth	Scrotum empty, faint rugae	Testes in upper canal, rare rugae	Testes descending, few rugae	Testes down, good rugae	Testes pendulous, deep rugae	0
							24
Genitals (female)	Clitoris prominent, labia flat	Clitoris prominent, small labia minora	Clitoris prominent, enlarging minora	Majora and minora equally prominent	Majora large, minora small	Majora cover clitoris and minora	5
							26
							10
							15
							20
							25
							30
							35
							40
							45
							50