

Determine changes in head circumference (if indicated), size and tension of fontanelles, suture lines.

Determine pupillary responses in infant older than 32 weeks of gestation.

Check hip alignment (only experienced practitioner should perform).

Temperature

Determine axillary temperature.

Determine relationship to environmental temperature.

Skin Assessment

Note any skin lesions or birthmarks.

Describe any discoloration, reddened area, signs of irritation, blisters, abrasions, or denuded areas, especially where monitoring equipment, infusions, or other apparatus come in contact with skin; also check and note any skin preparation used (e.g., skin disinfectants).

Determine texture and turgor of skin—dry, smooth, flaky, peeling, and so on.

Describe any rash, skin lesion, or birthmarks.

Determine whether intravenous (IV) infusion catheter is in place and observe for signs of infiltration.

Describe parenteral infusion lines—location, type (arterial, venous, peripheral, umbilical, central, peripheral central venous), type of infusion (medication, saline, dextrose, electrolyte, lipids, total parenteral nutrition), type of infusion pump and rate of flow, type of catheter, and appearance of insertion site.

Observational assessments of high-risk infants are made according to each infant's acuity; critically ill infants require close