

Describe use of accessory muscles—nasal flaring or substernal, intercostal, or suprasternal retractions.

Determine respiratory rate and regularity.

Auscultate and describe breath sounds—crackles, wheezing, wet or diminished sounds, grunting, diminished air movement, stridor, equality of breath sounds.

Describe cry if not intubated.

Describe ambient oxygen and method of delivery; if intubated, describe size and position of tube, type of ventilator, and settings.

Determine oxygen saturation by pulse oximetry and partial pressure of oxygen, and describe carbon dioxide by transcutaneous carbon dioxide (tcPCO<sub>2</sub>).

## Cardiovascular Assessment

Determine heart rate and rhythm.

Describe heart sounds, including any murmurs.

Determine the point of maximum impulse (PMI), the point at which the heartbeat sounds and palpates loudest (a change in the PMI may indicate a mediastinal shift).

Describe infant's color: Cyanosis (may be of cardiac, respiratory, or hematopoietic origin), pallor, plethora, jaundice, mottling.

Assess color of mucous membranes, lips.

Determine blood pressure (BP) as indicated. Indicate extremity used and cuff size.

Describe femoral pulses, capillary refill, and peripheral perfusion (mottling).

Describe monitors, their parameters, and whether alarms are in the “on” position.