

NEWBORN EXAMINATION FORM

Name: _____ Date of Assessment: _____ Time: _____
 Date of Birth: _____ Time of Birth: _____ Sex: ☐ M ☐ F Age at time of Assessment (days/hrs) _____ Gestational Age _____
 Mode of Delivery: ☐ Vaginal ☐ Assisted Vaginal ☐ C-Section APGAR: 1min _____ 5min _____ Birth Weight: _____ kg
 Length: _____ cm Head Circumference: _____ cm Temperature at time of Assessment: _____ °C
 Urine passed: Yes ☐ No ☐ Meconium passed: ☐ Yes ☐ No Name of Assessor
 (Midwife/Doctor): _____

<p>1. Respiration</p> <p>Rate _____</p> <p><input type="checkbox"/> Rate < 30 b/m *</p> <p><input type="checkbox"/> Rate ≥ 60 b/m*</p> <p><input type="checkbox"/> 30-60 b/m</p> <p><input type="checkbox"/> Retractions *</p> <p><input type="checkbox"/> Grunting *</p> <p><input type="checkbox"/> Stridor *</p> <p>2. Activity/Movement</p> <p><input type="checkbox"/> Spontaneous symmetric movements</p> <p><input type="checkbox"/> Reduced/Absent movement in ≥ 1 limb *</p> <p><input type="checkbox"/> No movement*</p> <p>3. Tone</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Floppy *</p> <p><input type="checkbox"/> Increased *</p> <p>4. Colour</p> <p><input type="checkbox"/> Pink all over</p> <p><input type="checkbox"/> Pink body but blue hands/feet</p> <p><input type="checkbox"/> Blue all over *</p> <p><input type="checkbox"/> Pale *</p> <p><input type="checkbox"/> Jaundiced *</p> <p>5. Cord</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Red, draining pus</p> <p><input type="checkbox"/> Bleeding</p> <p>6. Cry</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Shrill *</p> <p><input type="checkbox"/> Absent *</p>	<p>7. Suck</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Weak</p> <p><input type="checkbox"/> Absent *</p> <p>8. Head swelling</p> <p><input type="checkbox"/> Caput succedaneum</p> <p><input type="checkbox"/> Cephalhaematoma</p> <p><input type="checkbox"/> Subgaleal hemorrhage</p> <p><input type="checkbox"/> No swelling</p> <p>9. Sutures</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Overlapping</p> <p><input type="checkbox"/> Fused</p> <p><input type="checkbox"/> Widely separated *</p> <p>10. Fontanelle</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Sunken *</p> <p><input type="checkbox"/> Raised *</p> <p><input type="checkbox"/> Wide (>5cm)*</p> <p>11. Eyes</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Subconjunctival bleed</p> <p><input type="checkbox"/> White pupil or cornea</p> <p><input type="checkbox"/> Eye discharge</p> <p><input type="checkbox"/> Other _____</p> <p>12. Ears</p> <p><input type="checkbox"/> Normal (size/shape/position)</p> <p><input type="checkbox"/> Abnormal: _____</p> <p>13. Mouth</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Cleft palate</p> <p><input type="checkbox"/> Cleft lip</p> <p><input type="checkbox"/> Other: _____</p>	<p>15. Neck</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Swelling</p> <p><input type="checkbox"/> Webbed</p> <p><input type="checkbox"/> Other: _____</p> <p>16. Clavicle</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Swelling/Fracture</p> <p>17. Chest</p> <p><input type="checkbox"/> Normal (shape/movement)</p> <p><input type="checkbox"/> Abnormal _____</p> <p>18. Heart rate</p> <p>Rate: _____</p> <p><input type="checkbox"/> Normal (100-160)</p> <p><input type="checkbox"/> <100*</p> <p><input type="checkbox"/> >160 *</p> <p>19. Femoral pulse</p> <p><input type="checkbox"/> Present</p> <p><input type="checkbox"/> Not palpable*</p> <p>20. Abdomen</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Distended *</p> <p><input type="checkbox"/> Scaphoid *</p> <p><input type="checkbox"/> Abdominal defect *</p> <p><input type="checkbox"/> Masses: _____</p> <p><input type="checkbox"/> Other _____</p> <p>21. Back (spine)</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal Swelling *</p> <p><input type="checkbox"/> Hairy patch over spine</p> <p><input type="checkbox"/> Abnormal dimple</p> <p><input type="checkbox"/> Abnormal curvature</p>	<p>22. Limbs</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal _____</p> <p>23. Genitalia</p> <p>Male Genitalia</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Undescended testes</p> <p><input type="checkbox"/> Abnormal meatus</p> <p><input type="checkbox"/> Hernia</p> <p><input type="checkbox"/> Other: _____</p> <p>Female Genitalia</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Fistula (meconium/urine through abnormal opening in vagina) *</p> <p><input type="checkbox"/> Large clitoris *</p> <p><input type="checkbox"/> Other: _____</p> <p>24. Anus</p> <p><input type="checkbox"/> Patent</p> <p><input type="checkbox"/> Imperforate*</p> <p>25. Resuscitation provided</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Suction/stimulation</p> <p><input type="checkbox"/> Bag and mask</p> <p><input type="checkbox"/> Endotracheal Tube</p> <p><input type="checkbox"/> Ventilator/ CPAP</p> <p>26. Services provided</p> <p><input type="checkbox"/> Vitamin K₁ given</p> <p><input type="checkbox"/> Eye care provided</p> <p><input type="checkbox"/> Cord care provided</p> <p><input type="checkbox"/> Breastfeeding initiated</p> <p><input type="checkbox"/> Breastfeeding established</p> <p><input type="checkbox"/> BCG <input type="checkbox"/> Polio Immunization</p> <p><input type="checkbox"/> Antibiotics in</p> <p><input type="checkbox"/> Other</p> <p>Antenatal corticosteroids</p>
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*May indicate severe disease that requires urgent referral

Diagnoses (if known) _____

Classification: (Overall assessment) [] Normal [] Baby with a Problem [] Danger Sign/ <1800g/ severe Jaundice

Plan: [] Routine Care [] Problem. Continue supportive in-patient care [] Urgent Referral / Advanced Care [] Discharge