Sioux Lookout Zone Nursing Office, Health Canada - First Nations Inuit Health

NEWBORN INFANT SUMMARY

PRENATAL HISTORY (DETAILS ON PREVIOUS SUMMARIES)			
MOTHER – AGE	G-	P-	EDC-
COMPLICATIONS OF PREGNANCY –			
COMPLICATIONS OF LABOUR & DELIVERY –			

BIRTH RECORD (DETAILS ON LABOUR SUMMARY)

TIME OF DELIVERY	Hour	Day	Month	Year	BIRTH WEIGHT GM	SEX	APGAR 1	APGAR 5

RESUCITATION (02 BY MASK, VENTILATION, INTUBATION, ETC)

PHYSICAL EXAMINATION	√ IF NORMAL	BIRTH	√ IF NORMAL	DISCHARGE/MEDICAL
GENERAL (TONE, ACTIVITY, COLOUR, CRY)				
SKIN (RASHES, HAEMATOMATA)				
HEAD, NECK (MOLDING, CAPUT)				
EYES (DISCHARGE, RED REFLEX)				
ENT GUMS, PALATE, EARS)				
THORAX (BREAST HYPERTROPHY)				
LUNGS				
CVS (MURMURS, FEMORAL, PULSES)				
ABDOMEN (MASSES, UMBILICUS)				
GENITALIA (TESTES, CIRCUMCISION)				
TRUNK & SPINE				
EXTREMITIES (CLAVICLES, HIPS)				
REFLEXES (MORO, GRASP, SUCKING)				
ANUS				
	Date	Signature	Date	Signature
GESTATIONAL ESTIMATE_____WKS	Length	Head Circumference		Chest Circumference

SUMMARY OF MEDICATIONS

VITAMIN K-Inj	Date/Time_____	Site_____	Initials_____
ERYTHROMYCIN-Ung	Date/Time_____	Initials_____	
BCG-Inj	Date/Time_____	Site_____	Initials_____

SUMMARY OF COURSE IN FACILITY (FEEDING, INITIAL BATH, CORD CARE)

ISCHARGE

DISCHARGE TO _____ DATE _____ TIME_____

DISCHARGED BY _____ DATE_____

Newborn Baby Examination

Group Demonstration

This examination is performed on all newborn babies, ideally within 48 hours of birth. It is also rechecked by the baby's general practitioner at the 8-week check. It is basically a top-to-toe examination of a baby and therefore has many parts to it, which we will explore together as a group demonstration.

Steps for History and Physical

1.Equipment required for this station:

- Stethoscope
- Opthalmoscope
- Oxygen saturation monitor/pulse oximeter

2. Introduce yourself to parent and clarify her, and baby's identity. Explain what you would like to do, i.e. full examination of her new baby(s) and gain her consent. Congratulate her on the birth as this will put her at ease and help gain your trust. New mums are protective of their babies so trust and rapport is essential.

3. History :"How was the birth?"Good to know as forcep deliveries can cause facial bruising, c-sections can occasionally cut the baby's skin. Baby's born by c-section are usually more "mucusy" too.

   "Did your baby need any help after birth with breathing?"i.e. did the midwives or paediatric doctors have to give oxygen/rescue breaths."How are you feeding your baby? Breast or bottle?

   "If breast feeding ask her "How is it going/baby latching ok, etc?"If bottle feeding ask "Which milk are you giving your baby/is baby taking bottles ok, etc?

   "Don't criticise if mum has not opted to breast feed, this is an individual decision.

newborns. Are there any extra sounds e.g. grunting or stridor.

10. Palpate the abdomen and check the umbilical stump/clamp to ensure no signs of infection.

11. Turn the baby over and check down its spine and between buttock cheeks for the sacral dimple.

12. Look for any obvious genital abnormalities. If it's a male infant you should check the scrotum to see if the testicles have descended. If not you may be able to palpate them in the spermatic cord and gently bring them down yourself. Check the patency of the anus at this point too.

13. Test the baby's hips. This is done by two techniques, Ortolani and Barlow tests. Essentially cup the baby's hips in the palm of your hand and gently abduct the hips, this should be smooth with no clicks. Next move your hands to the front of the baby and with their knees flexed push gently downwards into the bed, again this should be smooth with no clunks.

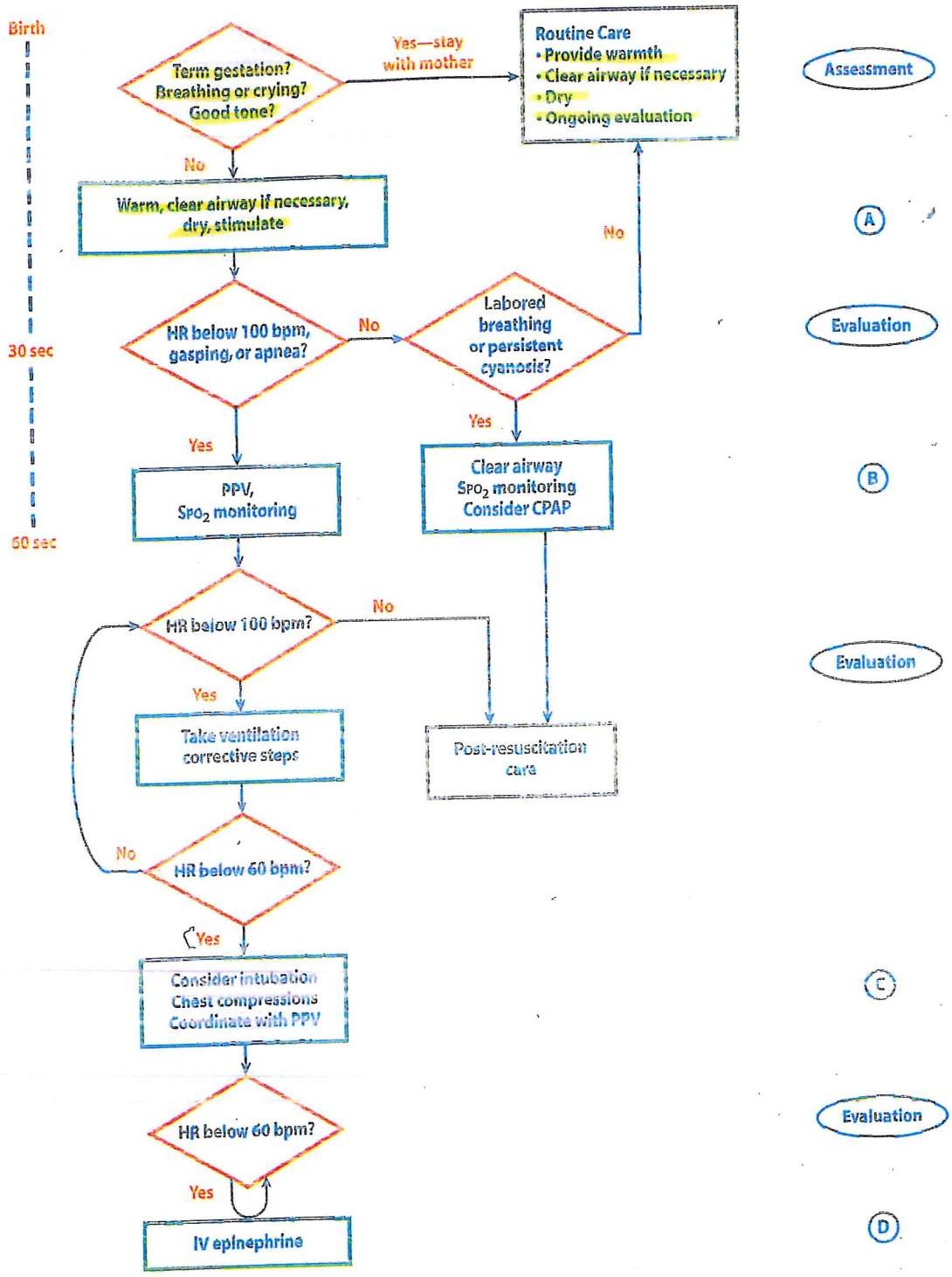
14. At this point redo the diaper and again wash your hands. With your hands freshly washed you now want to assess inside the baby's mouth. Use your little finger to feel the palate of the mouth. Look to see if there is a tongue-tie.

15. Again wash your hands. Attach the pulse/oxygen monitor to the baby's foot. Remember if a baby is sleeping or crying the heart rate may be higher or lower than the normal range.

16. There are a number of primitive reflexes present in newborns, which you should elicit. Moro, grasp and sucking.

17. Thank the parent, offer to dress the baby, although she will usually wish to do this herself. Answer any questions she may have.

Again wash your hands and document your findings.



Evaluation occurs after initiation of each action and is based on primarily the following 3 signs:

- Respirations
- Heart rate
- Assessment of oxygenation (color or, preferably, oximetry reading)