



8111164

CUSHING REGIONAL HOSPITAL
1027 E. CHERRY CUSHING, OKLAHOMA 74023

DATE: _____

24 HOUR NEWBORN ASSESSMENT

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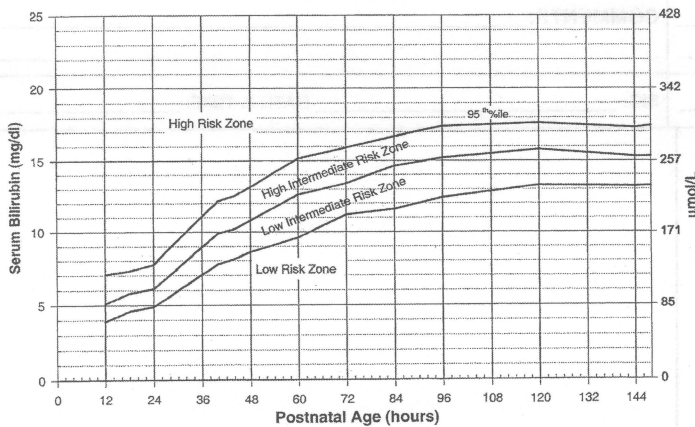
| | | | | | | | | |
|--------|--------|-----------|-----------|-------|--|----|--------------------|--|
| INTAKE | | 0700-1900 | 1900-0700 | TOTAL | BIRTH WEIGHT | LB | | |
| | ORAL | | | | YESTERDAYS WEIGHT | LB | | |
| | IV | | | | TODAYS WEIGHT | LB | | |
| | OTHER | | | | | | | |
| | TOTAL | | | | DIET (CIRCLE ONE): FORMULA _____ | | | |
| OUTPUT | URINE | | | | BREAST _____ | | | |
| | STOOL* | | | | PATIENT HYGIENE: TIME _____ TIME _____ | | | |
| | EMESIS | | | | BATH | | CORD CARE: AIR DRY | |
| | OTHER | | | | LINEN CHANGE | | CORD CLAMP ON/OFF | |
| | TOTAL | | | | SHAMPOO HAIR | | CIRC CARE | |

*M=MECONIUM, T=TRANSITION, Y=YELLOW

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |
| TEMP | | | | | | | | | | | | | | | | | | | | | | | | |
| PULSE | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP | | | | | | | | | | | | | | | | | | | | | | | | |
| PULSE OX | | | | | | | | | | | | | | | | | | | | | | | | |
| HSBS (NORMAL 40-110 mg/dl) | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 at _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| PHOTOTHERAPY ON AND OFF | | | | | | | | | | | | | | | | | | | | | | | | |
| BILIMETER | | | | | | | | | | | | | | | | | | | | | | | | |
| POSITION | | | | | | | | | | | | | | | | | | | | | | | | |
| PHOTOTHERAPY MASK | | | | | | | | | | | | | | | | | | | | | | | | |
| TCB (Normal See Graph) | | | | | | | | | | | | | | | | | | | | | | | | |

| Learner | Needs | Method | Instruction | Evaluation | | | |
|---|---|---|---|---|-------------|------------|----------|
| 1. Guardian 2. Family 3. Other | 1. Infant bath 2. Circumcision Care 3. Infant Elimination 4. Infant Behavior 5. Positioning and Burping 6. Suctioning 7. Lactation Process 8. Signs of Infection | 9. Follow-up Apptmts. 10. Formula Preparation 11. Immunizations 12. Car Seat | 1. Verbal 2. Written 3. Demonstration 4. Video | 1. Initial 2. Reinforce 3. Denies Need 4. Referral | | | |
| 1. Satisfactory Verbal Feedback 2. Satis Return Demo 3. Additional Instruction Needed | | | | | | | |
| DATE | TIME | LEARNER | NEEDS | METHOD | INSTRUCTION | EVALUATION | COMMENTS |
| | | | | | | | |
| | | | | | | | |

Transcutaneous Bilirubin Graph





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| | 7A-7P | 7P-7A |
|---------------------|---|---|
| NEUROLOGICAL | <input type="checkbox"/> WDL – Active. Strong cry. Suck present after 32 weeks gestation. No visual deformity of head or spine. <input type="checkbox"/> WDL Except: <input type="checkbox"/> LETHARGIC <input type="checkbox"/> QUIET <input type="checkbox"/> JITTERY CRY: <input type="checkbox"/> WEAK <input type="checkbox"/> HIGH PITCHED <input type="checkbox"/> LOW PITCHED COMMENTS: _____ | <input type="checkbox"/> WDL – Active. Strong cry. Suck present after 32 weeks gestation. No visual deformity of head or spine. <input type="checkbox"/> WDL Except: <input type="checkbox"/> LETHARGIC <input type="checkbox"/> QUIET <input type="checkbox"/> JITTERY CRY: <input type="checkbox"/> WEAK <input type="checkbox"/> HIGH PITCHED <input type="checkbox"/> LOW PITCHED COMMENTS: _____ |
| HEENT | <input type="checkbox"/> WDL – Anterior fontanel soft and flat. Facial shape and movements symmetrical to observation. Eyes clear. Mouth clear. No nasal congestion observed. Nares patent. Neck full ROM without visible masses or edema. <input type="checkbox"/> WDL Except: HEAD: <input type="checkbox"/> ASYMMETRICAL <input type="checkbox"/> MOLDING <input type="checkbox"/> FORCEPS MARKS <input type="checkbox"/> CAPUT <input type="checkbox"/> CEPHALOHEMATOMA <input type="checkbox"/> ABNORMALITIES EAR POSITION: <input type="checkbox"/> HIGH <input type="checkbox"/> LOW EYE POSITION: <input type="checkbox"/> ASYMMETRICAL <input type="checkbox"/> EDEMA TO EYELIDS <input type="checkbox"/> REDNESS TO EYELIDS <input type="checkbox"/> DRAINAGE <input type="checkbox"/> SCLERAL HEMORRHAGE PRESENT NOSE: <input type="checkbox"/> NOT PATENT <input type="checkbox"/> MINIMAL FLARING <input type="checkbox"/> MARKED FLARING <input type="checkbox"/> DISCHARGE <input type="checkbox"/> UPPER AIRWAY SOUNDS <input type="checkbox"/> CLEFT LIP <input type="checkbox"/> CLEFT HARD PALATE <input type="checkbox"/> CLEFT SOFT PALATE <input type="checkbox"/> CLEFT GUMS <input type="checkbox"/> TEETH PRESENT <input type="checkbox"/> ENLARGED TONGUE <input type="checkbox"/> DEVIATED TONGUE <input type="checkbox"/> EPSTEIN'S PEARLS COMMENTS: _____ | <input type="checkbox"/> WDL – Anterior fontanel soft and flat. Facial shape and movements symmetrical to observation. Eyes clear. Mouth clear. No nasal congestion observed. Nares patent. Neck full ROM without visible masses or edema. <input type="checkbox"/> WDL Except: HEAD: <input type="checkbox"/> ASYMMETRICAL <input type="checkbox"/> MOLDING <input type="checkbox"/> FORCEPS MARKS <input type="checkbox"/> CAPUT <input type="checkbox"/> CEPHALOHEMATOMA <input type="checkbox"/> ABNORMALITIES EAR POSITION: <input type="checkbox"/> HIGH <input type="checkbox"/> LOW EYE POSITION: <input type="checkbox"/> ASYMMETRICAL <input type="checkbox"/> EDEMA TO EYELIDS <input type="checkbox"/> REDNESS TO EYELIDS <input type="checkbox"/> DRAINAGE <input type="checkbox"/> SCLERAL HEMORRHAGE PRESENT NOSE: <input type="checkbox"/> NOT PATENT <input type="checkbox"/> MINIMAL FLARING <input type="checkbox"/> MARKED FLARING <input type="checkbox"/> DISCHARGE <input type="checkbox"/> UPPER AIRWAY SOUNDS <input type="checkbox"/> CLEFT LIP <input type="checkbox"/> CLEFT HARD PALATE <input type="checkbox"/> CLEFT SOFT PALATE <input type="checkbox"/> CLEFT GUMS <input type="checkbox"/> TEETH PRESENT <input type="checkbox"/> ENLARGED TONGUE <input type="checkbox"/> DEVIATED TONGUE <input type="checkbox"/> EPSTEIN'S PEARLS COMMENTS: _____ |
| RESPIRATORY | <input type="checkbox"/> WDL – Breath sounds clear and equal bilaterally with good air entry. Chest expansion symmetrical. Respiratory pattern is regular and unlabored. <input type="checkbox"/> WDL Except: <input type="checkbox"/> CHEST ASYMMETRICAL <input type="checkbox"/> IRREGULAR RATE <input type="checkbox"/> LABORED RETRACTIONS: <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE SOUNDS: <input type="checkbox"/> UNEQUAL <input type="checkbox"/> DIMINISHED <input type="checkbox"/> WHEEZES <input type="checkbox"/> CRACKLES POSITION: <input type="checkbox"/> ANT <input type="checkbox"/> POST <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILATERAL <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> MIDDLE GRUNTING: <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE COMMENTS: _____ | <input type="checkbox"/> WDL – Breath sounds clear and equal bilaterally with good air entry. Chest expansion symmetrical. Respiratory pattern is regular and unlabored. <input type="checkbox"/> WDL Except: <input type="checkbox"/> CHEST ASYMMETRICAL <input type="checkbox"/> IRREGULAR RATE <input type="checkbox"/> LABORED RETRACTIONS: <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE SOUNDS: <input type="checkbox"/> UNEQUAL <input type="checkbox"/> DIMINISHED <input type="checkbox"/> WHEEZES <input type="checkbox"/> CRACKLES POSITION: <input type="checkbox"/> ANT <input type="checkbox"/> POST <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILATERAL <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> MIDDLE GRUNTING: <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE COMMENTS: _____ |
| CARDIAC | <input type="checkbox"/> WDL – Heart sounds clear and distinct without murmur. Heart rhythm regular. Non-active precordium with PMI at 4 th ICS MCL. Central capillary refill time < 3 seconds. Extremities pink and warm. Variable heart rate with respiration. <input type="checkbox"/> WDL Except: <input type="checkbox"/> IRREGULAR <input type="checkbox"/> HEART MURMUR CAPILLARY REFILL: <input type="checkbox"/> >3 SECONDS EXTREMITIES: <input type="checkbox"/> COOL <input type="checkbox"/> COLD <input type="checkbox"/> PALE <input type="checkbox"/> DUSKY COMMENTS: _____ | <input type="checkbox"/> WDL – Heart sounds clear and distinct without murmur. Heart rhythm regular. Non-active precordium with PMI at 4 th ICS MCL. Central capillary refill time < 3 seconds. Extremities pink and warm. Variable heart rate with respiration. <input type="checkbox"/> WDL Except: <input type="checkbox"/> IRREGULAR <input type="checkbox"/> HEART MURMUR CAPILLARY REFILL: <input type="checkbox"/> >3 SECONDS EXTREMITIES: <input type="checkbox"/> COOL <input type="checkbox"/> COLD <input type="checkbox"/> PALE <input type="checkbox"/> DUSKY COMMENTS: _____ |
| | SIG: _____ DATE & TIME: _____ | SIG: _____ DATE & TIME: _____ |



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Form with columns for GI, GU, MUSCULOSKELETAL, INTEGUMENTARY, PSYCHOSOCIAL, and PAIN - NPASS. Each column contains assessment criteria and checkboxes for 'WDL' (Within Normal Limits) and 'WDL Except'. Includes a table for sedation and pain/agitation levels.



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SAFETY 7A-7P 7P-7A
SURGICAL SITE
BULB SYRINGE AT HOB: []
2 ID BANDS IN PLACE: []
CRIB CARD COMPLETED: []
ID BANDS CHECKED WITH MOTHER: []
CIRCUMCISION DONE ON: _____
TYPE: _____
[] WDL - Lack of swelling, drainage or redness.
[] WDL Except:
[] SWELLING [] DRAINAGE: _____
[] REDNESS
SITE CHECKED: [] 15 MIN [] 30 MIN [] 60 MIN [] 90 MIN

LATCHES - BREASTFEEDING ASSESSMENT

Table with 6 columns: L=LATCH, A=AUDIBLE SWALLOWING, T= TYPE OF NIPPLE, SHAPE OF NIPPLE (AFTER FEEDING), C=COMFORT, ---BREAST, ---NIPPLE, ---GENERAL FEEDING, H=HOLD POSITIONING, E=ELIMINATION, ---URINE, ---STOOL, ---STOOL COLOR, S=SATIATION. Rows describe various breastfeeding metrics and observations.

Call physician for:
24-48 hours old - lack of urine for >12 hours, lack of stool for >36 hours
3-5 days old - Lack of urine for >8 hours, dark urine, dry mouth
>6 days old - still has meconium stools, lack of urine for >6 hours; less than 6-8 wets in 24 hours; dark urine

SIG: _____ DATE & TIME: _____ SIG: _____ DATE & TIME: _____

PAIN ASSESSMENT

Table with 6 columns: Assessment Time/Date, Location of Pain, Score, Treatment, Score After Treatment, Ints. Includes a row for SIG and INIT.

