# ADMISSION ASSESSMENT AND HISTORY/INDIVIDUAL CARE PLAN – NEWBORN

| Birth Date/Time: | Admission to Unit Date/Time: | ☐ Male ☐ Female |
|---|---|---|
| **Mother's Name/Age** | **Father's Name** | |
| **Identiband #** | **Weight** gms | |

| T | P | $SpO_2$ % | R | Pain | |
|---|---|---|---|---|---|
| ☐ Axilla<br>☐ Rectal<br>☐ Tympanic | *(apical)* | | ☐ Crying<br>☐ Quiet<br>☐ Laboured | *(0-10)* | **Head Circ**: cms<br>**Length:** cms |

**Growth Maturity Classification:** ☐ Pre-term ☐ Term ☐ Post-term ☐ SGA ☐ AGA ☐ LGA

**Attending Physician:**

Date/time notified:

## ADMISSION ASSESSMENT

| NORMAL FINDINGS | ABNORMAL SIGNS | COMMENTS AND INTERVENTIONS |
|---|---|---|
| **General Appearance** ☐ | ☐ Posture<br>☐ Activity<br>☐ Other: | Isolette/Radiant Heat: ☐ No ☐ Yes *(if Yes, why)*<br>Initial bath done with:<br>☐ Vitamin K _____ mg ☐ IM ☐ Given at Delivery<br>Date/Time _____ / _____ ID_____ |
| **CNS** ☐ | ☐ Hypotonia ☐ ↓ Rooting<br>☐ Convulsing ☐ ↓ Sucking<br>☐ Twitching ☐ ↓ Swallowing<br>☐ ↓ Palmer or planter grasp ☐ Other: | |
| **Head** ☐ | ☐ Asymmetrical ☐ Molding<br>☐ Cephalohematoma ☐ Caput succedaneum<br>☐ Bruising ☐ Sutures<br>☐ Fontanels ☐ Other: | |
| **CVS** ☐ | ☐ Murmur ☐ Arrythmia<br>☐ Tachycardia ☐ Bradycardia<br>☐ Other: | |
| **Colour** ☐ | ☐ Pale ☐ Jaundiced<br>☐ Central cyanosis/dusky ☐ Mottled<br>☐ Other: ☐ Plethoric | **Normal Variations:** ☐ Acrocyanosis |
| **Resp** ☐ | ☐ Grunting ☐ Retractions<br>☐ Nasal flaring ☐ Tachypnea<br>☐ Shallow breathing ☐ ↓ breath sounds<br>☐ Rales or crackling ☐ Chest asymmetrical<br>☐ Other: | ☐ Suctioned |
| **GI** ☐ | ☐ Distention ☐ Flat or flabby<br>☐ Herniation ☐ Scaphoid<br>☐ Other: | ☐ Bowel sounds present |
| **GUR** ☐ | ☐ Hypospadias ☐ Vaginal discharge<br>☐ Undescended testes ☐ Bruising<br>☐ Hydrocele ☐ Edema<br>☐ Imperforate anus ☐ Other: | Voided: ☐ Yes ☐ No<br>Meconium passed: ☐ Yes ☐ No |
| **Integ** ☐<br>**Umbilical cord** ☐ | ☐ Bruising ☐ Dry, peeling<br>☐ Petechiae ☐ Birthmarks<br>☐ Meconium staining ☐ Other:<br>**Umbilical Cord:**<br>☐ Meconium staining ☐ 2 vessels<br>☐ Other: | **Normal Variations:** Vernix: ☐ Small ☐ Medium ☐ Large<br>☐ Milia ☐ Mongolian spot |
| **MS** ☐ | ☐ Neck ☐ Clavicles Lt ☐ Rt ☐<br>☐ Spine<br>☐ Arms Lt ☐ Rt ☐ ☐ Hip Lt ☐ Rt ☐<br>☐ Hand Lt ☐ Rt ☐ ☐ Legs Lt ☐ Rt ☐<br>☐ Other: ☐ Foot | |
| **EENT** ☐ | ☐ Clefts ☐ Eyes *(specify)*<br>☐ Tongue Tied ☐ Nose *(specify)*<br>☐ Ears *(specify)* ☐ Other: | ☐ Eye prophylaxis *(name, dose, date / time)* ☐ Given at Delivery<br>Date/Time _____ / _____ ID_____ |

Date/Time and ID

## INDIVIDUAL CARE PLAN

| DATE ORDERED | TESTS/INTERVENTIONS | DATE COMPLETED /ID | DATE RESULTS RETURNED | COMMENTS |
|---|---|---|---|---|
| | **Bilirubin** | | | |
| | | | | |
| | | | | |
| | **HBsAg** | | | |
| | **Septic screen** (CBC, diff, blood culture) | | | |
| | **PKU/Thyroid screen** | | | |
| | | | | |
| | | | | |

| DATE ORDERED | CONSULTS | DATE INITIATED |
|---|---|---|
| | | |
| | | |

# INDIVIDUAL CARE PLAN/DISCHARGE SUMMARY – NEWBORN

| | INITIATOR | DESIRED OUTCOMES | REVIEW DATE / ID | DATE INITIATED / ID | INTERVENTIONS | DATE DISC ID |
|---|---|---|---|---|---|---|
| PERSONAL HYGIENE | R/f impaired skin integrity r/t age, | No evidence of skin | | | Bath $\bar{c}$ | |
| | incontinence | breakdown | | | Cord care $\bar{c}$ | |
| | | | | | Buttocks and perineum care $\bar{c}$ | |
| | | | | | | |
| ELIM | Bowel and Bladder incontinence r/t age | Cleanliness and comfort | | | Change diaper prn | |
| | R/f altered bowel and urinary elimination | Early detection of | | | Record # of voidings | |
| | pattern r/t ↓ fluid intake | deviations from the norm | | | Record colour and # of BM's | |
| | | | | | | |
| NUTRITION | R/f fluid volume deficit r/t | Wt loss less than gms | | | Breast - | |
| | | | | | | |
| | | | | | | |
| | | | | | Formula - | |
| | | | | | | |
| | | | | | | |
| MOBILITY | R/f aspiration r/t immobility, age | No evidence of | | | Position infant | |
| | | aspiration | | | Reposition | |
| | | | | | | |
| | | | | | | |
| OBSERVATIONS AND MEASUREMENTS | Routine | | | | TPR - | |
| | | | | | Weight daily | |
| | | | | | Assessment daily | |
| | | | | | | |
| | | | | | Blood glucose | |
| | | | | | | |
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| MEDS | | | | | See Med Record | |
| | | | | | | |
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| TREATMENTS AND PROCEDURES | | | | | Isolette/Radiant Warmer | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Phototherapy | |
| | | | | | | |
| | | | | | | |
| TE | | | | | | |
| | | | | | | |
| S | | | | | | |
| | | | | | | |
| PS | | | | | | |
| | | | | | | |

| DISCHARGE SUMMARY | | NORMAL | ABNORMAL | COMMENTS |
|---|---|---|---|---|
| | Appearance | ☐ | ☐ | |
| | CNS/Head | ☐ | ☐ | |
| | CVS/Colour | ☐ | ☐ | |
| | Resp | ☐ | ☐ | |
| | GI/GUR | ☐ | ☐ | |
| | Integ/Cord | ☐ | ☐ | |
| | MS/EENT | ☐ | ☐ | |
| | **Date/Time of Discharge** | | **ID** | |

☐ Breast Fed ☐ Formula *(type)* _____

Feeding concerns: ☐ Yes ☐ No *(comments)*

PKU/Thyroid screen ☐ done *(date)* _____ ☐ not done

*Follow-up Instructions:*

Identiband #: Baby _____ Mom _____

Discharged to my care: ☐ Mother ☐ Father ☐ Other:

**Signature** _____