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NEWBORN NURSERY ADMISSION ASSESSMENT

PATIENT IDENTIFICATION

BIRTHDATE:	TIME: (Military time)	APGAR: /	ID BRACELET #:
BIRTHWEIGHT: _____ LBS _____ OZ _____ GM	BALLARD GA: _____ WKS	NURSE'S SIGNATURE / TITLE (L&D):	
LENGTH: _____ CM _____ INS	HEAD CIR.: _____ CMS _____ INS	NURSE'S SIGNATURE / TITLE (NSY):	
HEP "B" VACC: SITE _____ TIME _____ INT.: _____ LOT #: _____	ERTHROMYCIN: TIME: _____	INT: _____	
MAT AGE:	MAT BLOOD TYPE:	G / P:	VIT K: SITE _____ TIME _____ INT. _____

CATEGORY	OBSERVATIONS	COMMENTS (Findings Indicated by * require notes).
General Appearance	COLOR: pink • pale • acrocyanosis* • jaundice* CRY: strong • weak • high-pitched* TONE: good tone • hypotonic* • hypertonic* MATURITY: term • pre-term • post-term	
Skin	Clear • Peeling • Rash* • Bruising* • Vernix • Petechiae* • Mongolian Spot	
Head	Intact • Molding • Caput • Bruising* • Open Flat Fontanels • Cephalohematoma	
Eyes	Clear • Discharge* • Jaundice* • Hemorrhage*	
ENT	Intact palate • Normal Ear Setting • Patent Nares • Nasal Flaring*	
Thorax	_____ cms • Symmetrical • Clavicle (intact / fractured* L ____ R ____)	
Lungs	Clear • Equal Expansion Bilaterally • Retractions* • Grunting* • Coarse Breath Sounds*	
Heart	Regular Rate • Peripheral Pulses Bilaterally (Y/N) • Murmur*	
Abdomen	Girth _____ cms • Abdomen Soft / Distended* _____ Vessels • Bowel Sounds (present / diminished / absent)	
Genitalia	Male • Female • Ambiguous* Testes: L ____ R ____ • Discharge*	
Anus	Patent • Meconium (present / absent)	
Trunk - Spine	Gluteal Folds (equal/unequal*) • Hip Click (R/L) • Good Alignment • Pilonidal Dimple*	
Extremities	Symmetrical • Extra Digits* • Syndactyly*	
Reflexes (noted)	Moro • Grasp • Suck • Swallow	

PHYSICIAN NOTIFIED:	TIME:
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DELIVERY PHYSICIAN: _____ N / A	REASON
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DATE:	INIT:	NURSE'S SIGNATURE / TITLE:	INIT:	NURSE'S SIGNATURE / TITLE:
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PART OF THE MEDICAL RECORD

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TRANSITION NOTE:

HISTORY:	GBS:	PROM: _____ Hrs	Mat Temp:	MDA:	Untrx Chlamydia:	Other:						
Date	HR	Temp	BP	Accu	Silver	Activ.	CFT	Color	Urine	Stool	Other	Initials
Time	RR	Isol										

ACTIVITY OBSERVATIONS **++ = Spontaneous** **+ = With Stimulation** **L = Limp**

BATH: _____ Time TRIPLE DYE: _____ Time _____ Initials FIRST FEED _____ Time _____ Type/Amt _____ Breast _____ Initials

N-PASS: Neonatal Pain, Agitation & Sedation Scale

Pat Hummel MA, RNC, NNP, PNP, APN/CNP & Mary Puchalski MS, RNC, APN/CNS

ASSESSMENT CRITERIA	SEDATION		NORMAL	PAIN / AGITATION	
	-2	-1	0	1	2
Crying / Irritability	No cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying; Not irritable	Irritable or crying at intervals; Consolable	High-pitched or silent-continuous cry; Inconsolable
Behavior State	No arousal to any stimuli; Not spontaneous movement	Arouses minimally to stimuli; Little spontaneous movement	Appropriate for gestational age	Restless, squirming; Awakens frequently	Arching, kicking Constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax; No expression	Minimal expression with stimuli	Relaxed; Appropriate	Any pain expression; intermittent	Any pain expression; continual
Extremities Tone	No grasp reflex; Flaccid tone	Weak grasp reflex muscle tone ↓	Relaxed hands and feet; Normal tone	Intermittent clenched toes, fists or finger splay; Body is not tense	Continual clenched toes, fists or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli; Hypoventilation or apnea	< 10% variability from baseline with stimuli	Within baseline or normal for gestational age	10% - 20% from baseline SaO ₂ 76%-85% with stimulation - quick recovery	>20% from baseline SaO ₂ ≤ 75% with stimulation - slow recovery; Out of sync with vent

INTERVENTIONS

PHARMACOLOGIC	Med = Medications
NON - PHARMACOLOGIC	He = Heat Hld = Held / Rocked Re = Repositioned Mus = Music Env = Light / Noise Tik = Talking Dia = Diapering Suc = Sucking Sup = Postural Support Tu = Touch / Stroke Mas = Massage / Stroke Swd = Swaddling / Nestled

DATE	TIME	PAIN LOCATION	SEDATION RATING	PAIN RATING	PAIN SCALE	INTERVENTION	INITIALS	EVALUATION TIME / PAIN #	INITIALS

DATE	TIME	NURSING NOTES

INITIALS:	SIGNATURE / TITLE:	INITIALS:	SIGNATURE / TITLE:
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