MNRS
Maternal/Newborn Record System™

Newborn Assessment

To order call: **1.800.245.4080** Re-order No. **5844N**

PATIENT IDENTIFICATION

Record No. _____

Name _____

Home address _____
STREET

CITY STATE ZIP

Date __MO__/__DAY__/__YR__ Time Begin:_____ Date of Birth __MO__/__DAY__/__YR__
Time End:_____

Significant History ☐ None Identify_____

PHYSICAL

Temp_____ Pulse (rate/rhythm)_____ Resp_____
Weight_____ Birth Weight_____ % Change_____
Length_____ Head_____ Chest_____

Head/Neck

1. Fontanels — Level ☐ Bulging ☐ Depressed ☐
   - Anterior ☐ ☐ ☐
   - Posterior ☐ ☐ ☐
   - Sutures ☐ Open ☐ Closed ☐ Overriding
2. Variations ☐ Molding ☐ Caput ☐ Cephalhematoma

	NORMAL	ABNORMAL	DETAIL VARIATIONS/ ABNORMAL FINDINGS
3. Face (symmetry)	☐	☐	
4. Eyes (symmetry, conjunctiva, sclera, eyelids, PERL)	☐	☐	
5. Ears (shape, position, auditory response)	☐	☐	
6. Nose (patency)	☐	☐	
7. Mouth (lips, mucous membranes, tongue, palate)	☐	☐	
8. Neck (ROM, symmetry)	☐	☐	
Chest			
9. Appearance (shape, breasts, nipples)	☐	☐	
10. Breath Sounds	☐	☐	
11. Clavicles	☐	☐	
Cardiovascular			
12. Heart Sounds	☐	☐	
13. Brachial/Femoral Pulses (compare strength, equality)	☐	☐	
Abdomen			
14. Appearance (shape, size)	☐	☐	
15. Cord (condition)	☐	☐	
16. Liver (less than or equal to 3 cm below ® costal margin)	☐	☐	
Genitalia			
17. Female (labia, introitus, discharge)	☐	☐	
18. Male (meatus, scrotum, testes)	☐	☐	
19. Circumcision ☐ No ☐ Yes	☐	☐	
Musculoskeletal			
20. Muscle Tone	☐	☐	
21. Extremities (symmetry, digits, ROM)	☐	☐	
22. Hips (symmetry, ROM)	☐	☐	
23. Spine (alignment, integrity)	☐	☐	
Neurologic			
24. Reflexes (presence, symmetry)			
Moro	☐	☐	
Grasp	☐	☐	
Babinski	☐	☐	
25. Cry (presence, quality)	☐	☐	

PHYSICAL (CONT'D)

Skin

Turgor ☐ Good ☐ Poor
Condition ☐ Smooth ☐ Dry, cracked ☐ Peeling
Color ☐ Pink ☐ Ruddy ☐ Cyanotic ☐ Pale
☐ Jaundice (note levels)
- ☐ Head (3 mg per dl)
- ☐ Head & Upper Chest (6 mg per dl)
- ☐ Head & Entire Chest (9 mg per dl)
- ☐ Head, Chest & Abdomen To Umbilicus (12 mg per dl)
- ☐ Head, Chest & Entire Abdomen (15 mg per dl)
- ☐ Head, Chest, Abdomen, Legs & Feet (18 mg per dl)

Variations (Rashes, Lesions, Birthmarks): _____

NUTRITION

Feeding

Reflexes ☐ Root ☐ Suck ☐ Swallow
Hunger Cues Identified ☐ Yes ☐ No/Instructed

Breast	Formula
Frequency ____ times in _____ hours	Type _____
Time per breast _____ min _____min	Amount _____oz.
Positioning ☐ Correct	Frequency_____
☐ Incorrect _____	Preparation ☐ Correct
Latch ☐ Correct	☐ Incorrect _____
☐ Incorrect _____	
Appropriate audible swallows	Technique ☐ Correct
☐ Yes ☐ No_____	☐ Incorrect _____

Satiation Demonstrated ☐ Yes
☐ No (describe) _____
Regurgitation ☐ No ☐ Yes (describe) _____
Pacifier Use ☐ No ☐ Yes (type/pattern) _____

Elimination

Stool (number/day, color, consistency)_____
Urine (number/day, color)_____

BEHAVIOR

Sleep/Activity Pattern (24 hours)

Sleep (16-20 hrs) ☐ Yes ☐ No (describe) _____
Awake-Alert (2-8 hrs) ☐ Yes ☐ No (describe) _____
Awake-Crying (less than 1-4 hrs) ☐ Yes ☐ No (describe) _____

Consolability (Key on Reverse) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

TESTS ☐ None Time
- ☐ Metabolic Screen Kit no._____ _____
- ☐ Bilirubin _____
- ☐ Hematocrit _____
- ☐ Congenital Heart Screen (CCHD) _____
- ☐ Saturation Preductal/Postductal _____/_____ _____
- ☐ _____ _____

IDENTIFIED NEEDS _____

Signature_____

SAMPLE
www.BriggsHealthcare.com
(800) 245.4343

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Consolability Key

0	=	Continues to cry, regardless of consoling maneuvers
1	=	No effort by infant to console self Requires extensive consoling efforts by caregiver(s): • Movement (e.g., car ride, stroller, swing) • Sense of security (e.g., enfolding, swaddling) • Sounds (e.g., voice, music, fan) • Sucking (e.g., pacifier, feeding)
2	=	No effort by infant to console self Requires some consoling efforts by caregiver(s) (see above)
3	=	Requires minimal consoling efforts by caregiver(s) Displays some self-consoling behaviors: • Hand to mouth • Sucking fingers, fist, or tongue • Alerts to voices, faces, or environmental stimuli
4	=	Requires no consoling efforts by caregiver(s) Able to console self (see above)

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