Manitoba Public Health Nurse
Newborn Assessment

Surname: _____

Given Name(s): _____

DOB: _____

PHIN/Nunavut #: _____

MFRN: _____

_____
Mother's surname *(if different from newborn)*

Date of birth: _____ (Month/DD/YYYY) G.A. _____ _____ (Birth wt.)

Discharge _____ (Weight) _____ (Weight loss %) _____ (Date (Month/DD/YYYY))

Date (Month/DD/YYYY)					
Time of Interaction					
Age in days	0	0	0	0	0
Contact type	DC	DC	DC	DC	DC

Assessment and Education

1. Growth & Nutrition

Exclusively breastfed at discharge from hospital ◯ Yes ◯ No

Breastfeeding					
Human Milk Substitute					
Weight *(grams)*					
Weight loss percentage %					
Vitamin D *(As per breastfeeding/human milk substitute pathways)*					

2. Physiological

Head, nares, eyes, ears, mouth					
Chest, abdomen/umbilicus					
Skeletal/extremities					
Skin/jaundice					
Neuromuscular					
Genitalia					
Elimination – Urine/stool	/	/	/	/	/
Vital signs (T/HR/R) prn					

3. General Health

Behaviour					
Crying					
Immunization					
Communicable diseases					
Health follow-up					

4. Lifestyle, Safety, Injury Prevention

Safety and injury prevention					
Exposure to tobacco					
Hazards *(hot water, pets, environment, carbon monoxide/ smoke detectors, etc)*					
Safe Sleep/SIDS					
Personal Safety *(shaking, falls, pacifiers, choking, etc)*					
Newborn screening *(metabolic, hearing)*					
Initials					

Other *(specify)*

Note: This form must be used in conjunction with Newborn Care Pathway.

Manitoba