

Manitoba Public Health Nurse Newborn Assessment

Surname: _____

Given Name(s): _____

DOB: _____

PHIN/Nunavut #: _____

MFRN: _____

Mother's surname (if different from newborn)

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

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

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.