



## Newborn History and Physical Template

<p><b>Birth History</b></p>	<p>Baby boy/girl ___ is a ___ week gestation (boy/girl) delivered by [NSVD/planned C-section/unplanned C-section] at _____. Gestational age was determined by last menstrual period and consistent with [1st/ 2nd/ 3rd] trimester ultrasound. [Spontaneous/ artificial] rupture of membranes occurred ___ hours prior to delivery and amniotic fluid was [clear/ blood-tinged/ stained with meconium]. The baby was [vertex/ breech] presentation. The baby was dried, stimulated, and [did not require suction/ bulb suctioned/ given free flowing O2/ bagged and masked/ intubated]. Apgar scores of ___ at one minute and ___ at five minutes, with points being lost for _____. She/he is [AGA/SGA/LGA].</p>
<p><b>Prenatal History</b></p>	<p>Prenatal Hx: The baby was born to a ___ year old G__P__ with blood type __, Ab screen negative, hepatitis B surface antigen negative, RPR non-reactive, GC/chlamydia negative, and HIV negative. She began her prenatal care in the ___ trimester and had ___ prenatal visits. She did not smoke, drink, or use illicit drugs during the pregnancy. She was taking the following medications ____.</p> <p>The pregnancy and delivery were [uncomplicated/ complicated by _____ ]</p>
<p><b>Physical Exam</b></p>	<p>Physical Exam: See newborn exam page.</p>
<p><b>Family</b></p>	<p>Family: [Relationship of neonate's mother and father (married, divorced, cohabiting, live apart, no contact maintained, etc.) Mother: amount of education, and is she employed outside of the home? Father: age, amount of education, occupation. Any illnesses or other problems in household members? Any significant illnesses (physical, mental, growth failure) in other members of father's or mother's family? If so, what? Is there any disorder(s) in particular that mother worries her child might develop?]</p>
<p><b>Environment</b></p>	<p>Environment: [Type of housing (trailer, apartment, house etc.). Number of bedrooms; running water, bath; explain problems. Is adequate heating or cooling a problem? If yes, explain. Is there a crib or adequate substitute for the baby? Do any of the children sleep in the same bed or same room as their parents? Are there adults other than the parents sleeping or living in the house? Approximate level of income. Are there a lot of debts? Will the baby be an added financial stress? Any previous contact with social agencies? If so, which ones and opinions about the reasons for using the resources. Any relatives or friends in town? Type of support systems they provide?]</p>
<p><b>Mother-Child Relationship</b></p>	<p>Mother-child Relationship: [Mother's affect; attitude toward the child; knowledge of child care]</p>
<p><b>Assessment and Plan</b></p>	<p>Assessment and Plan: Baby [boy/girl] [full term, appropriate for gestational age, or other.]</p> <ul style="list-style-type: none"> <li>● Routine newborn care.</li> <li>● Anticipatory guidance.</li> <li>● Hepatitis B immunization prior to discharge.</li> <li>● Bilirubin level after 24 hours of life to assess for hyperbilirubinemia</li> </ul>