

# British Columbia Community Newborn Assessment

Surname	Given name(s)	Mother's surname (if different from newborn's)
Address	City	Postal code
Telephone	Cell	

Date of birth: <u>   </u> / <u>   </u> / <u>   </u> G.A. <u>   </u> Birth wt. <u>   </u>	Discharge Weight <u>   </u> Date <u>   </u>	Nursing Priority Score: Total: Date: <u>   </u> Initials: <u>   </u>
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Date (yy/mm/dd)					
Age in hours (hours to 96 hr then # of days)					
Contact type					

## Assessment and Education

### 1. Growth & Nutrition

Exclusively breastfed at discharge from hospital  Yes  No

Weight (grams)					
Breastfeeding: 1. Exclusive 2. Total 3. Predominant 4. Partial 5. None					
Vitamin D Y/N					
Overall feeding assessment					
Head circumference/length prn	/	/	/	/	/

### 2. Physiological

Head, nares, eyes, ears/hearing, mouth					
Chest, abdomen, umbilicus					
Genitalia					
Skeletal, extremities, neuromuscular					
Skin/jaundice					
Vital signs (T/HR/R) prn					
Elimination – voids/stools	/	/	/	/	/

### 3. General Health/Behaviour / Support

Attachment					
Behaviour (sleeping, crying, quiet patterns)					
Immunizations					
CD risk factors					
Health care follow-up					

### 4. Lifestyle, Safety, Injury Prevention

Exposure to tobacco Y/N					
Safety: Infant child restraint (ICR)					
Hazards (hot water, safe sleep, cribs, etc.)					
Personal Safety					

Other needs/concerns (specify)

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**Initials**

### Legend

<b>Assessment:</b> ✓/NAP = Normal/no apparent problems NA = Not applicable X = Not assessed	V/O = Variance/observation R = Referral UCC = Under continuing care	<b>Contact type:</b> HV = Home visit TC = Telephone CV = Clinic visit	BfC = PH breastfeeding clinic O = Other
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