

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> |
|--|--|---|

| | | | | | |
|--|--|--|--|--|--|
| 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)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Initials

Legend

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

