British Columbia
Community Newborn Assessment

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<th>Surname</th>
<th>Given name(s)</th>
<th>Mother’s surname (if different from newborn’s)</th>
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Date of birth: __/__/__

Birth wt. ____________

Date of discharge: __/__/__

Birth wt. ____________

Nursing Priority Score: Total: ____________

Date: __/__/__

Initials: ____________

Assessment and Education

1. Growth & Nutrition

Exclusively breastfed at discharge from hospital ☐ Yes ☐ No

Weight (grams)


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
BIC = PH breastfeeding clinic
TC = Telephone
O = Other
CV = Clinic visit
## Variance Record/Progress Notes

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