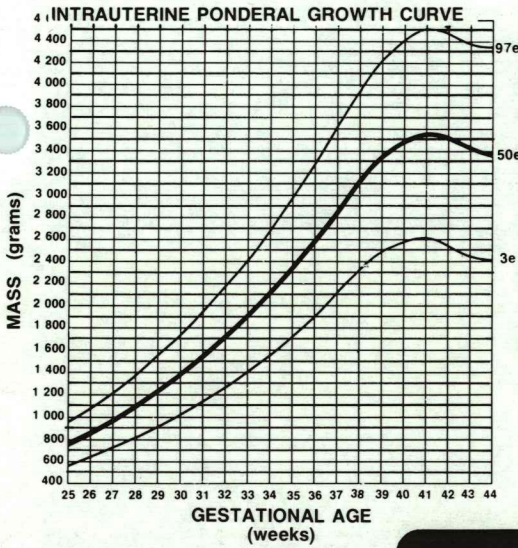


# OBJECTIVE EXAMINATION OF THE NEWBORN

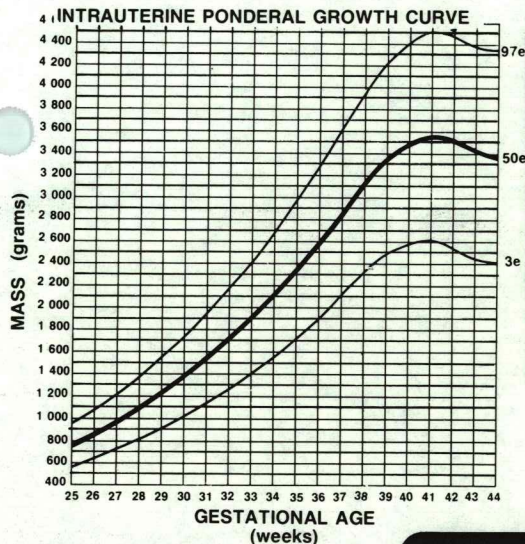


Birth date	a	m.	d
Sex	<input type="checkbox"/> M <input type="checkbox"/> F		
Mass	Adm.:		
	Dis.:		
Length			
Cir. of head			

		INITIAL EXAMEN		DISCHARGE EXAMINATION
Key: O normal or negative X abnormal	O X	Describe abnormalities	O X	Describe abnormalities
<b>General aspect</b> Maturity, muscle tone, cry, color, nutrition, oedema				
<b>Skin</b> Eruptions, hematoma, icterus				
<b>Head, neck</b> Overriding of bones, cephalhematoma caput succedaneum				
<b>Eyes</b> Anomaly, conjunctivitis				
<b>Ears, nose, mouth, throat</b> Lips, gums, palate				
<b>Thorax</b> Indrawing, breasts				
<b>Lungs</b>				
<b>Heart</b> Femoral pulse				
<b>Abdomen</b> Umbilicus				
<b>Genitalia</b> ♀ Vulva, vaginal discharge ♂ Testicles in place, penis				
<b>Trunk, spine</b>				
<b>Extremities, limbs, clavicles, hips</b>				
<b>Reflexes</b>				
<b>Anus</b>				

	INITIAL IMPRESSION	IMPRESSION AND RECOMMENDATIONS
Groupe, Rh (newborn) _____ Groupe, Rh (mother) _____ Direct Coombs : <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. Hemoglobin _____ gr. Max. bilirubin _____ mg % Phototherapy: <input type="checkbox"/> yes <input type="checkbox"/> no Chronological age _____ weeks Gestational age _____ weeks	Signature _____ Date: _____	Signature: _____ Date: _____

# OBJECTIVE EXAMINATION OF THE NEWBORN



Birth date	a	m.	d
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	
Mass	Adm.:		
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	INITIAL IMPRESSION	IMPRESSION AND RECOMMENDATIONS
Groupe, Rh (newborn) _____		
Groupe, Rh (mother) _____		
Direct Coombs : <input type="checkbox"/> Pos. <input type="checkbox"/> Neg.		
Hemoglobin _____ gr.		
Max. bilirubin _____ mg %		
Phototherapy: <input type="checkbox"/> yes <input type="checkbox"/> no		
Chronological age _____ weeks		
Gestational age _____ weeks	Signature _____ Date: _____	Signature: _____ Date: _____