

**DATE/TIME**

Today's weight:	T:	HR:	RR:
Birth weight:	TcB:		
Percent change:	POC glucose:		
Gen: <input type="checkbox"/> Alert <input type="checkbox"/> Active <input type="checkbox"/> Vigorous <input type="checkbox"/> Crying <input type="checkbox"/> Asleep			
Head: <input type="checkbox"/> Anterior fontanelle soft/flat <input type="checkbox"/> Caput <input type="checkbox"/> Cephalohematoma			
Eyes: <input type="checkbox"/> Pupils equal, round, reactive to light			
Throat: <input type="checkbox"/> Pink <input type="checkbox"/> Moist			
Chest: <input type="checkbox"/> Clear <input type="checkbox"/> Retractions <input type="checkbox"/> Tachypnea <input type="checkbox"/> Rales			
Card: <input type="checkbox"/> RRR <input type="checkbox"/> Murmur <input type="checkbox"/> +Femoral pulses B/L			
Abd: <input type="checkbox"/> Soft <input type="checkbox"/> Bowel sounds present, normal <input type="checkbox"/> Mass <input type="checkbox"/> Distension <input type="checkbox"/> Tender			
GU: <input type="checkbox"/> Normal female <input type="checkbox"/> Normal male with testicles descended bilaterally <input type="checkbox"/> Circumcised			
Neuro: <input type="checkbox"/> Normal tone <input type="checkbox"/> Normal suck <input type="checkbox"/> Symmetric movement <input type="checkbox"/> Deep tendon reflexes present			
Skin: <input type="checkbox"/> Capillary refill less than 3 seconds <input type="checkbox"/> Jaundice			

The assessment and plan is discussed in detail with the attending physician and the Peds-Res team.  
Male / Female born at \_\_\_\_\_ weeks who is now day-of-life \_\_\_\_\_

SIGNATURE:

DATE/TIME:

**YORK HOSPITAL**  
*NUR-114 (MRRC Approval 11/10/11)*

