

Newborn Exam Checklist

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EXAMINATION	OSCE ITEMS
Initial	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABCs <input type="checkbox"/> Distressed? <input type="checkbox"/> Well vs unwell looking <input type="checkbox"/> Level of consciousness <p>Measure and Plot on Growth Chart</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight <input type="checkbox"/> Crown-heel length <input type="checkbox"/> Head circumference <p>Vital Signs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood pressure <input type="checkbox"/> Heart rate <input type="checkbox"/> Respiratory rate <input type="checkbox"/> O2 Sat <input type="checkbox"/> Temperature
General Appearance	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activity <input type="checkbox"/> Quality of cry <input type="checkbox"/> Malformations/abnormalities/dysmorphisms <input type="checkbox"/> Posture/tone <input type="checkbox"/> Size/ Maturity <p>Colour</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pallor <input type="checkbox"/> Plethora <input type="checkbox"/> Jaundice <input type="checkbox"/> Cyanosis/Acrocyanosis
Skin	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Colour (see above section) <input type="checkbox"/> Vernix <input type="checkbox"/> Milia <input type="checkbox"/> Mongolian spots <p><input type="checkbox"/> Hemangiomas</p> <p><input type="checkbox"/> Salmon patch</p> <p><input type="checkbox"/> Café au lait spot</p> <p><input type="checkbox"/> Petichae or bruising</p>
HEENT	<p>HEAD</p> <ul style="list-style-type: none"> <input type="checkbox"/> Molding <input type="checkbox"/> Suture lines <input type="checkbox"/> Fontanelles – ant/post <input type="checkbox"/> Bruising – caput secedaneum, cephalohematomas, subgaleal hematoma <p>EYES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symmetry <input type="checkbox"/> Set/shape <input type="checkbox"/> Discharge <input type="checkbox"/> Erythema <input type="checkbox"/> Red light reflex <p>Dysmorphic features</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flattened nasal bridge <input type="checkbox"/> Epicanthal folds <p>ENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ear set/shape <input type="checkbox"/> Nasal patency <input type="checkbox"/> Palate <p>NECK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpate sternocleidomastoid muscles <input type="checkbox"/> ROM of neck <input type="checkbox"/> Palpate clavicles <input type="checkbox"/> Webbing/redundant skin
Chest	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> asymmetry <input type="checkbox"/> breast hypertrophy <p>Palpate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brachial pulses <input type="checkbox"/> Femoral pulses <p>Auscultate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Air entry <input type="checkbox"/> Crackles <input type="checkbox"/> Heart sounds <input type="checkbox"/> Murmurs
Abdomen	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Defects <input type="checkbox"/> 3 vessel umbilical cord <input type="checkbox"/> Diastasis recti? <input type="checkbox"/> Umbilical hernia? <input type="checkbox"/> Scaphoid abdomen <input type="checkbox"/> Abdominal distention <p>Palpate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Liver <input type="checkbox"/> Spleen tip? <input type="checkbox"/> Kidneys
Genito-Urinary	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ambiguous genitalia? <p>Male</p> <ul style="list-style-type: none"> <input type="checkbox"/> Testes present <input type="checkbox"/> Scrotal swelling – hernia? hydrocele? <input type="checkbox"/> Penis length <input type="checkbox"/> Petichae or bruising <p>Female</p> <ul style="list-style-type: none"> <input type="checkbox"/> Labia majora <input type="checkbox"/> Clitoromegaly? <p>Anus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patent <input type="checkbox"/> Sacral dimple?
MSK	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spontaneous symmetric movements? <p>HANDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Polydactyly <input type="checkbox"/> Syndactyly <input type="checkbox"/> Abnormal dermatoglyphic patterns <p>FEET</p> <ul style="list-style-type: none"> <input type="checkbox"/> Polydactyly <input type="checkbox"/> Syndactyly <input type="checkbox"/> Talipes equinovarus <input type="checkbox"/> Gap between toes <p>HIPS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Barlow maneuver <input type="checkbox"/> Ortolani maneuver <p>SPINE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scoliosis <input type="checkbox"/> Spinal disraphisms – tufts, lipomas, hemangiomas or large dimple.
Neuro	<p>Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Posture <input type="checkbox"/> Alertness – with and without stimulation <p>TONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suspension <p>REFLEXES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plantar <input type="checkbox"/> Rooting <input type="checkbox"/> Moro <input type="checkbox"/> Galant <input type="checkbox"/> Grasp

