

# Nursing Clinical Assignment and Newborn Pediatric– Assessment Form

Date: [Click here to enter a date.](#) Pt. Initials: [Click here to enter text.](#) DOB : [Click here to enter text.](#) Time: [Click here to enter text.](#) Rm# [Click here to enter text.](#)  
 Student: [Click here to enter text.](#) Allergies: [Click here to enter text.](#) EDD: [Click here to enter text.](#) Gestational Age: [Click here to enter text.](#)  
 Gravida: [Click here to enter text.](#) Para: [Click here to enter text.](#) Mat. Blood Type: [Click here to enter text.](#) Coombs: [Click here to enter text.](#)  
 Delivery Type: [Click here to enter text.](#) Appgar: [Click here to enter text.](#) Birth weight: [Click here to enter text.](#) Lbs. [Click here to enter text.](#) Oz. [Click here to enter text.](#)  
[Click here to enter text.](#) Length: [Click here to enter text.](#) Head Circumference: [Click here to enter text.](#) NB Blood Type: [Click here to enter text.](#)  
 GBS: [Click here to enter text.](#) Other labs: [Click here to enter text.](#) Chest: Labor Analgesia/Anesthesia [Click here to enter text.](#)

## Physiologic needs: Oxygenation Neurological Assessment



### Glasgow Coma Scale (GCS) For Assessment of Coma in infants & Children

\* Add the score from each category max.15, mini. 3, total neurologic unresponsiveness

<b>Pupil Reaction</b>	B-brisk <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> S-Sluggish <input type="checkbox"/> NR - no reaction <input type="checkbox"/> <input type="checkbox"/> C-eye closed by swelling <input type="checkbox"/> Red reflex <input type="checkbox"/>
<b>Pupil size (mm)</b>	<b>Right</b> <a href="#">Click here to enter text.</a> <b>Left</b> <a href="#">Click here to enter text.</a>
<b>Activity</b>	4-Alert <input type="checkbox"/> 3-lethargic <input type="checkbox"/> 2-Stuporous <input type="checkbox"/> 1-Comatose <input type="checkbox"/> Sleepy <input type="checkbox"/> Jittery <input type="checkbox"/>
<b>Emotional state</b>	CA-Calm <input type="checkbox"/> Cry-shrill <input type="checkbox"/> AN-Anxious <input type="checkbox"/> weak <input type="checkbox"/> CO-Combative <input type="checkbox"/> lusty <input type="checkbox"/> AG-agitated <input type="checkbox"/>
<b>Reflexes</b>	Moro <input type="checkbox"/> Grasp <input type="checkbox"/> Tonic neck <input type="checkbox"/> Sucking <input type="checkbox"/> Babinski <input type="checkbox"/> Rooting <input type="checkbox"/> Stepping <input type="checkbox"/> Galant <input type="checkbox"/> Blink <input type="checkbox"/> Gag <input type="checkbox"/>

Category	Score*	Preverbal Child Criteria	Older Child and Adult Criteria
<b>Eye opening</b>	4	Spontaneous opening	Spontaneous
	3	To loud noise	To verbal Stimuli
	2	To pain	To pain
	1	No response	No response
<b>Verbal response</b>	5	Smiles, coos, cries to appropriate stimuli	Oriented to time, place, and person; uses appropriate words and phrases. Confused
	4	Irritable; cries	Inappropriate words or verbal response
	3	Cries to pain	Incomprehensible words
	2	Moans to pain	No response
<b>Motor response</b>	6	Spontaneous	Obeys commands
	5	Movement	Localizes pain
	4	Purposeful, localizes pain	Withdraws to pain
	3	Withdraws to pain	Flexor posturing
	2	Flexor posturing	Extensor posturing
<b>Total Score</b>			

## 2.) Cardiovascular Assessment

<b>emp site – record with temp measurement</b> O-oral R-rectal A-axillary T-tympanic F- forehead strip	<b>BP SITE – record where taken</b> <b>Newborn– record value each site</b> RUA- right upper arm <input type="checkbox"/> LUA –left upper arm <input type="checkbox"/> RLA- right lower arm LLA- left lower arm RLL- right lower leg <input type="checkbox"/> LLL- left lower leg <input type="checkbox"/> <b>PULSE SITE – record where taken</b> R-radial B-brachial F-femoral A-apical O-other (location)	<b>SKIN COLOR</b> N- normal for ethnicity F- flushed P- pale C- cyanotic M- mottled J- jaundice	<b>SKIN TEMP</b> H- hot W-warm C- cool O- cold	<b>SKIN PALPATION</b> D-dry M-moist C-clammy/diaphoretic <b>CAPILLARY REFILL</b> B- brisk (less than 3 sec) M- moderate (greater than 3 sec, to 5 sec) S – sluggish (greater than 5 sec)		
<b>TIME</b>	<b>Temp</b>	<b>BP/Site</b>	<b>Pulse rate/site</b>	<b>Skin color</b>	<b>Skin Temp</b>	<b>Skin palpation //Capillary refill</b>
<b>PULSE SITES –</b> <b>Record which pulse sites were assessed for pulse strength for each extremity</b>		<b>Upper:</b> R-radial U- ulnar B-brachial <b>Lower:</b> F-femoral P-popliteal DP-dorsalis pedis PT-posterior tibial	<b>PULSE STRENGTH</b> 3+bounding 2+normal 1+ weak D- doppler A- absent	<b>EDEMA/ Location</b> O-None TR-Trace 1+ 3+ 2+ 4+ G-Generalized W-** Skin Weeping O- orbital H- hand A- arm F- foot AN- ankle C- calf T- thigh **Requires further documentation		
<b>Right upper</b>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>
<b>Left upper</b>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>
<b>Right lower</b>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>
<b>Left lower</b>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>		<a href="#">Click here to enter text.</a>

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### 3.) Pulmonary Assessment

AIRWAY CODE			OXYGEN THERAPY.				Signs of Respiratory Distress.		Breath Sounds**	INTERVENTION
TR-tracheostomy			NV-non-invasive ventilator			A-apnea	NF-nasal flaring	CL-clear	CPT-Chest physiotherapy	
L-laryngectomy			TC-trach collar			G-grunting	R-retractions	CR crackles	IS-Incentive spirometry	
LM-laryngomalacia			VM-venti-mask			<b>Secretions</b>		W-wheeze	S-Suction	
N-No Artificial Airway			NRB-non-rebreather mask			S-small	W-white	R-rhonchi	B- bulb syringe	
			RA-room air			M-moderate	Y-yellow	D-diminished		
			O-other( requires comment)			C-copious	G-green			
						TN-thin	T-tan			
						TK-Thick	F-Foul smelling			
						BL-blood tinged				
						N-none				

### 4.) Fluid and Electrolytes Assessment

Skin Turgor.		MUCOUS MEMBRANES		Fluid Intake		Fluid Restriction Previous 24 hrs.		IV Infusion	
N-normal		TD- tongue dry		thirst- Presence of thirst		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
P-poor		LD- lips dry/cracked		Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Fluid Restriction amt. for 24 hrs. and distribution every shift.</b>		Site Flush	
<b>**Fontanels</b>		TM – tongue moist		nausea/ vomiting**		Total mL <a href="#">Click here to enter text.</a>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
flat <input type="checkbox"/>		M - lips moist		Yes <input type="checkbox"/> No <input type="checkbox"/>		Day shift <a href="#">Click here to enter text.</a>		IV D/C **	
sunken <input type="checkbox"/>				NPO Yes <input type="checkbox"/> No <input type="checkbox"/>		Night shift <a href="#">Click here to enter text.</a>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
bulging <input type="checkbox"/>				Fluid Intake previous 24 hrs. <a href="#">Click here to enter text.</a>				<b>** Note needed</b>	
Anterior <input type="checkbox"/>	Posterior <input type="checkbox"/>			**Requires note					
				Breast <input type="checkbox"/> Bottle <input type="checkbox"/>					
Fontanels	Skin turgor	Mucous membranes	Fluid intake for shift	Fluid allowed for shift	IV site location/ condition/ pain**	Note needed		IV Solution and rate	

### 5.) Nutrition Assessment

<b>Ordered Nutrition</b> R-Regular T-TPN/PPN S-soft B- Breast P-Pureed BL- Bottle  CL-Clear liquid NPO-Nothing by mouth  E-Enteral feeding (type) O-other (specify) Dietary Supplement type <a href="#">Click here to enter text.</a>		Latch scoring	0	1	2	<b>Formula Type.</b> <a href="#">Click here to enter text.</a>  <b>Nutrition Problems</b> E-Eating S-Swallowing H-Heartburn T-Taste C-chewing N-None  <b>Changes in weight</b> Yes** <input type="checkbox"/> No <input type="checkbox"/>		
		L = <i>latch to breast</i>	Too sleepy or reluctant No latch achieved	Repeated attempts, staff holds nipple in mouth Stimulates baby to suck repeatedly; does not compress sinuses.	Infant gum line well over lactiferous sinuses. Tongue under areola, Lips flanges outward, Jaw movement at temple, Sustained rhythmic sucking, adequate suction with no dimpling.			
		A = <i>Audible swallowing</i>	No audible swallowing	Swallowing heard infrequently & usually after stimulation.	Spontaneous & intermittent < 24hrs old/ Spontaneous & frequent > 24hrs old			
		T= <i>Type of nipple</i>	Inverted	Flat and projects forward minimally.	Everted and projects outward at rest or after stimulation			
		C = <i>Comfort (Breast or Nipple)</i>	Breasts are firm, engorged, tender with non-elastic tissue. Nipples are cracked, bleeding, blisters, & or bruising, Severe discomfort	Filling/ decreased elasticity when breasts fill. Reddened nipples/small blisters or bruising. Mild/ moderate discomfort.	Soft and elastic. Nipples have no signs of redness, bruising, blistering, bleeding or cracking. Mom states she is comfortable.			
% /ounces consumed	Ordered nutrition	H = <i>Hold (Positioning)</i>	Full assist(staff holds infant at breast entire feeding)	Needs assistance with positioning & latching on; first breast only	No assist from staff Mother able to position/hold infant.	Problem	Weight	Length.

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### 6.) Elimination Assessment

### 6a. GI Assessment

ABDOMEN INSPECTION: F-Flat D-Distended O-Obese C-Concave R-rectum patent D-dimple S- sinus	BOWEL SOUNDS 3+ Hyperactive 2+ Normal 1+ Hypoactive 0-Absent	PALPATION S-Soft F-Firm R-Rigid N-Guarding NT-Non-Tender T-Tender	Bowel movement Mec-Meconium TR- Transitional P- Pasty S- Seedy Y- Yellow <b>Colostomy</b> <input type="checkbox"/> Yes** requires note <input type="checkbox"/> No	COLOR: G-Green BR-Brown BL-Black Y-Yellow R-Red CG-Coffee Ground N/A-Not applicable	Nasal Gastric Tube type. Salem sump <input type="checkbox"/> Feeding tube <input type="checkbox"/> PEG <input type="checkbox"/> J-Tube <input type="checkbox"/> <b>Placement confirmation method:</b> Aspiration <input type="checkbox"/> Air bolus <input type="checkbox"/> X-ray <input type="checkbox"/> Date <a href="#">Click here to enter text.</a>	TUBE SUCTION: LIS-Low Intermittent Suction LCS-Low Continuous Suction G-Gravity Drainage C-Clamped		
Inspection	Bowel Sounds	Palpation	BM (Size, Color Consistency)	Drainage Color	Tube type	Tube Location: (e.g., left nare, RUQ)	Tube suction	Residual/ amount of drainage or vomit

### 6b.) GU Assessment

GU CATHETER. type I-Indwelling S-Straight SP-Suprapubic N-Nephrostomy N/A-not applicable		URINE COLOR: Y-Yellow    A-Amber    N-Colorless B-Brown    O-Orange    R-Red P-Pale       D-Dark			CLARITY. C-Clear T-Turbid	SEDIMENT P-Present 0- None	TOILETING S-Self    D- Diapered A-BRP w/assist C-Bedside commode I-Incontinent @ times B-incontinence brief
TIME	Catheter type	Days in place	Urine Color	Amount voided/emptied	Clarity	Sediment	Toileting

GENITALIA	Male. Testes Descended    Undescended Left <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hydrocele <input type="checkbox"/>	Female. Developed Labia Majora <input type="checkbox"/> Labial swelling <input type="checkbox"/> Vaginal Discharge <input type="checkbox"/>

### 7.) Mobility & Activity

	ROM. RANGE OF MOTION. A-Active P-Passive	Strength 0-No movement 1-Trace 2-Movement but not against gravity 3-Movement against gravity but NOT against resistance 4-Movement against Gravity AND against some resistance 5-Full power	AMBULATION. S-Self A-Assist W-Walker CR-Crutches CA-Cane PT-Physical Therapy I-Infant	EXTREMITIES. P- Polydactyly S- Syndactyly P- Palmar Creases C- Congenital hip dysplasia  <b>TONE.</b> F= Flaccid FL=Some Flexion of extremities FA= Well Flexed/active motion		MOVEMENT. A-Moves all extremities LU-weak/flaccid RU-weak/flaccid LL- weak/flaccid RL- weak/flaccid	BED POSITION. F-Flat L-Low Fowler's SF-Semi-Fowler's HF-High-Fowler's T-Trendelenburg RT-Reverse Trendelenburg
TIME	ROM	Strength RU/LU/RL/LL	Ambulation	Extremities	Tone	Movement	Bed Position

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## 8.) Rest and Sleep (Check mark response)

### Assessment of Sleep Pattern

Difficulty falling asleep

Difficulty staying asleep longer than 4 hrs.

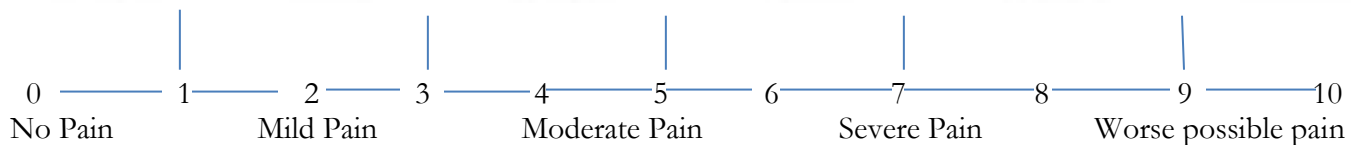
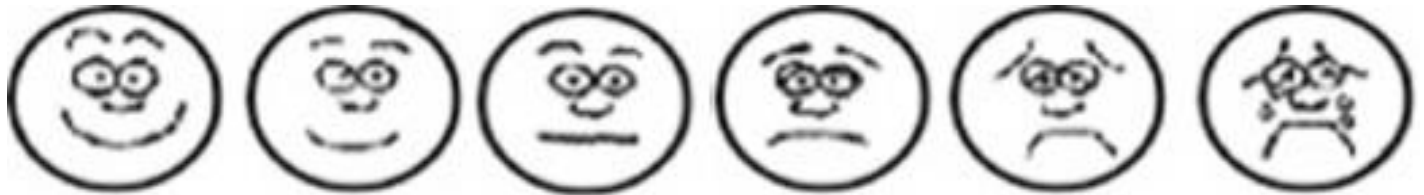
Number of hours between feedings: [Click here to enter text.](#)

Difficult to arouse

## 9.) Pain

<b>DESCRIPTION of PREDOMINANT PAIN:</b> P-Prickling A-Aching B-Burning T-Throbbing	SH-Sharp ST-Stabbing PR-Pressure O-Other	<b>Pain scale used.</b> N-Numeric F-Faces N- NIPS V-Verbal descriptor	<b>FREQUENCY of Pain.</b> C-Constant E-Episodic WM with Movement WB with breathing	<b>What worked in the past?</b> <a href="#">Click here to enter text.</a>	<b>INTERVENTIONS.</b> P-Pharmacological H-Heat R -Relaxation C-Position for comfort I-Imagery E-Emotional Support D-Distraction Q-Quiet Environment M-Massage N- Non-nutritive sucking O- Other
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TIME	Location	Description	Intensity (0-10) and scale used	Frequency	Intervention ** Note required



### NIPS Pain Assessment Scale:

Objective Signs	0	1	2	Score
Facial Expression	Relaxed muscles Neutral expression	Tight facial muscles. Furrowed Brow, chin, jaw.		<a href="#">Click here to enter text.</a>
Cry	Quiet—not crying	Mild moaning - intermittent cry	Loud scream, rising, shrill continuous. Silent cry (intubated) as evidenced by facial movement.	<a href="#">Click here to enter text.</a>
Breathing Patterns	Relaxed	Changes in breathing: irregular, faster than usual, gagging, breath holding.		<a href="#">Click here to enter text.</a>
Arms	Relaxed. No muscle rigidity. Occasional random movements of arms	Flexed/extended. Tense, straight arms, rigid and or rapid extension, flexion.		<a href="#">Click here to enter text.</a>
Legs	Relaxed. . No muscle rigidity. Occasional random movements of arms	Flex/extended. Tense, straight legs, rigid and /or rapid extension, flexion.		<a href="#">Click here to enter text.</a>
State of Arousal	Sleeping/awake. Quiet, peaceful, sleeping or alert and settled.	Fussy. Alert, restless and thrashing.		<a href="#">Click here to enter text.</a>

**Total** [Click here to enter text.](#)

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### 10.) Safety and Security needs - Skin and Safety Assessments

<b>SKIN/UMBILICAL CONDITION:</b> I-Intact 2. Circumcision: <a href="#">Click here to enter a date.</a> N-Non-Intact ** (Requires further documentation) D-Drainage <b>WOUND TYPE:</b> P-Pressure ulcer S-Surgical wound L-Laceration A-Abrasion E-Ecchymosis R-Rash <b>SURGICAL DRAINS</b> Yes** <input type="checkbox"/> ** Note needed No <input type="checkbox"/>	<b>DESCRIPTION</b> B-Blanching erythema Stage I (Non-blanching erythema ) Stage II: (Skin open to superficial layer) Stage III (Skin open to SC tissue layer) Stage IV (Skin open to muscle or bone) U-Unstageable – Eschar present DTI-Deep tissue injury	<b>BATH</b> C-Complete P-Partial S-Self A-Assist	<b>SIDE RAILS:</b> 4-4 Rails Up 3-3 Rails Up 2-2 Rails Up 1-1 Rail Up 0- Side Rails <span style="color: blue;">↓</span>	<b>**BRADEN SCALE SCORE# _____</b> HIGH <input type="checkbox"/> MED <input type="checkbox"/> LOW <input type="checkbox"/> <b>**FALL RISK Score # _____</b> HIGH <input type="checkbox"/> MED <input type="checkbox"/> LOW <input type="checkbox"/> Fall risk scale used <a href="#">Click here to enter text.</a>	
<b>Wound type/Size (cm)/Location</b>	<b>Surgical drain type and location</b>	<b>Description (wound and drainage)</b>	<b>Bath</b>	<b>Side rails</b>	
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

### Love and Belonging:

#### 11.) Psychosocial Assessment

<b>Bonding/Parent-Infant Interaction: Describe observations-</b>
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<b>ERICKSON'S STAGE OF DEVELOPMENT: (1) State the Developmental Stage the client is exhibiting. (2) Support your decision on the developmental stage and the part that best represents the client's behavior and <u>WHY you feel this is the part of the stage the client is exhibiting?</u> (Make sure you explain your decision process in your explanation.) <a href="#">Click here to enter text.</a></b>
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**Check your assessment data.** When you see \*\* you need to provide further documentation in a narrative note for the patient's chart that includes further details of the assessment or problem identified, the treatment and the patient's response to that treatment.