

## BNG: Postnatal Midwives / Baby Examination

**Bolded Underlined texts are compulsory fields Circle Response where able**

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<b><u>Full Name (Baby)</u></b>		This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. <b>DO NOT SEND TO CHARTVIEW</b>
<b><u>NHI</u></b>		
<b><u>Or attach Patient Label</u></b>		
<b>POSTNATAL MIDWIVES / BABY EXAMINATION</b>		
<b><u>Inpatient: Baby Examination</u></b>		<b><u>Outpatient: Baby Postnatal Visit</u></b>
<b><u>Date and Time of Examination:</u></b>		
<b><u>Examination Type</u></b>	First / Detailed / Daily	
<b>Baby Examined By:</b>		
<b><u>Location Examined:</u></b>	Home / Ward / Other	
<b>Type of User:</b> <i>Midwife / Paediatrician etc.</i>		
<b>Risk factors for baby:</b>		
<b>Baby requires NEWS Monitoring for early onset of sepsis?</b> Yes / No		
<b><u>Temperature Route</u></b>	Not Done / Tympanic / Axilla / Rectal <b>Temperature degrees C</b> ____	
<b><u>Heart Rate BPM:</u></b>	<b><u>Respirations RPM:</u></b>	<b><u>Oxygen Saturation %:</u></b>
<b><u>Head Circumference Measured</u></b>	Yes No	cm
<b><u>Length Measured</u></b>	Yes No	cm
<b><u>Weighed Today</u></b>	Yes No	grams
<b><u>PO Preductal Sats %</u></b>	<b><u>PO Post ductal Sats %</u></b>	
<b><u>Birthweight Concerns:</u></b> Yes / No	<b><u>Details:</u></b>	
<b><u>Colour:</u></b>	Normal	Jaundiced
<b><u>Jaundice: Severity</u></b>	Severe / Moderate / Mild	
<b><u>Jaundice: Where</u></b>	Sclera / Face / Trunk / Limbs	
<b><u>Jaundice: Current State</u></b>	Worsening / Improving / Static	
<b><u>Neonatal Jaundice Discussed</u></b>	Yes	No
<b><u>Skin:</u></b> Normal / Abnormal / Unsure	<b><u>Movement:</u></b> Normal / Abnormal / Unsure	
<b><u>Tone:</u></b> Normal / Abnormal / Unsure	<b><u>Reflexes:</u></b> Normal / Abnormal / Unsure	
<b><u>Fontanelles:</u></b> Normal / Abnormal / Unsure	<b><u>Head:</u></b> Normal / Abnormal / Unsure	
<b><u>Face:</u></b> Normal / Abnormal / Unsure	<b><u>Eyes:</u></b> Normal / Abnormal / Unsure	
<b><u>Red Reflex Right:</u></b> Present / Absent	<b><u>Red Reflex Left:</u></b> Present / Absent	

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<b>Ears:</b> Normal / Abnormal / Unsure	<b>Mouth:</b> Normal / Abnormal / Unsure
<b>Palate Visual Inspected:</b> Yes / No	<b>Palate:</b> Normal / Abnormal / Unsure
<b>Neck:</b> Normal / Abnormal / Unsure	
<b>Arms:</b> Normal / Abnormal / Unsure	<b>Hands:</b> Normal / Abnormal / Unsure
<b>Chest:</b> Normal / Abnormal / Unsure	<b>Lungs:</b> Normal / Abnormal / Unsure
<b>Heart Sounds:</b> Normal / Abnormal / Unsure	<b>Abdomen:</b> Normal / Abnormal / Unsure
<b>Legs:</b> Normal / Abnormal / Unsure	<b>Feet:</b> Normal / Abnormal / Unsure
<b>Spine:</b> Normal / Abnormal / Unsure	<b>Posture:</b> Normal / Abnormal / Unsure
<b>Cry:</b> Normal / Abnormal / Unsure	<b>Breath Sounds:</b> Normal / Abnormal / Unsure
<b>Right Femoral Pulse :</b> Normal / Abnormal / Unsure	<b>Left Femoral Pulse:</b> Normal / Abnormal / Unsure
<b>Hips:</b> Normal / Abnormal / Unsure	
<b>Anus:</b> Normal / Abnormal / Unsure	<b>Buttocks:</b> Normal / Abnormal / Unsure
<b>Clavicle:</b> Normal / Abnormal / Unsure	
<b>Male Genitalia:</b> Normal / Abnormal / Unsure	<b>Female Genitalia:</b> Normal / Abnormal / Unsure
<b>Sucking Reflex:</b> Present / Absent	Sucking Reflex Comments:
<b>Moro Reflex:</b> Present / Absent	<b>Grasp Reflex:</b> Present / Absent
<b>Cord:</b> Off / Clamp on / Clamp off / Clean and Dry /	Moist Bleeding / Red / Swelling
<b>Passed Urine:</b> Yes / No / Unsure	<b>Has baby passed urine today:</b> Yes / No
<b>If Male Infant - Has a stream of urine been seen:</b> Yes / No	
<b>Passed Meconium:</b> Yes / No / Unsure	
<b>Has baby passed any stools in last 24 hours:</b> Yes / No	
<b>Stool Colour:</b> Meconium / Black / Green / Changing / Yellow / White	
<b>Genitourinary Concerns:</b> Yes / No	
<b>Any Birth Trauma:</b> Yes / No / Unsure <b>Birth Trauma Details:</b>	
<b>Severity of Birth Trauma:</b> Mild / Moderate / Severe	
<b>Abnormalities Suspected:</b> Yes / No <b>Abnormalities Confirmed When:</b> Antenatally / At Birth	
<b>Referrals Required:</b> Yes / No	<b>Is baby fit for discharge:</b> Yes / No
<b>BCG required:</b> Yes / No	<b>PKU Taken:</b> Yes / No <b>Date Taken:</b>
<b>Chosen Well Child Provider:</b>	
<b>Additional Examination Notes, Comments on above when Abnormal or Instructions:</b> (Relevant Family History, Blood Glucose, etc.)	